1 A bill to be entitled 2 An act relating to workers' compensation; 3 amending s. 440.02, F.S.; revising a monetary 4 limit in a definition; excluding work done by 5 state prisoners and county inmates from the 6 definition of employment; amending s. 440.09, 7 F.S.; excluding employees covered under the Defense Base Act from payment of benefits; 8 9 amending s. 440.12, F.S.; providing for 10 electronic payment of compensation payments; amending s. 440.13, F.S.; revising requirements 11 12 for submission of certain medical reports and bills; granting rehabilitation providers access 13 14 to medical records; amending s. 440.134, F.S.; revising a definition; requiring certain 15 insurers to provide medically necessary 16 17 remedial treatment, care, and attendance under certain circumstances; requiring insurers' 18 19 workers' compensation managed care arrangements to grant or deny requests for medical care 20 within a time certain; requiring insurers' 21 22 workers' compensation managed care arrangements 23 to notify injured workers of the outcome of grievances within a time certain; providing a 24 presumption of resolution of a grievance absent 25 26 timely notice; amending s. 440.185, F.S.; authorizing the division to contract with a 27 private entity for collection of certain policy 28 29 information; providing application; amending s. 440.192, F.S.; revising requirements and 30 procedures for filing petitions for benefits; 31

CODING: Words stricken are deletions; words underlined are additions.

1 permitting judges to dismiss portions of a 2 petition; specifying that dismissal of 3 petitions is without prejudice; amending s. 4 440.20, F.S.; providing for payment of 5 compensation by direct deposit under certain 6 circumstances; authorizing not holding a 7 hearing under certain circumstances; revising the period for payment; revising lump-sum 8 9 settlement requirements; amending s. 440.22, F.S.; excluding child support and alimony 10 claims from general exemption of workers' 11 12 compensation benefits from claims of creditors; amending s. 440.271, F.S.; requiring the First 13 14 District Court of Appeal to establish a specialized division to hear workers' 15 compensation cases; amending s. 440.38, F.S.; 16 17 providing for the type of qualifying security 18 deposit necessary to become a self-insured 19 employer; providing requirements, procedures, 20 and criteria; correcting cross references; 21 amending s. 440.45, F.S.; requiring the 22 judicial nominating commission to consider 23 whether judges of compensation claims have met certain requirements; providing procedures; 24 25 authorizing the Governor to appoint certain 26 judges of compensation claims; requiring the Office of Judges of Compensation Claims to 27 28 adopt certain additional rules; requiring the 29 Office of the Judges of Compensation Claims to submit draft rules to the Legislature by 30 November 1, 2000; requiring review by the 31

Legislature; providing requirements and 1 2 procedures; amending s. 61.14, F.S.; requiring 3 judges of compensation claims to consider the 4 interests of the worker and the worker's family 5 when approving settlements of workers' 6 compensation claims; requiring appropriate 7 recovery of any child-support arrearage from those settlements; amending s. 61.30, F.S.; 8 9 providing that gross income includes all workers' compensation benefits and settlements; 10 amending ss. 489.114, 489.510, F.S.; providing 11 12 an exception to certain workers' compensation coverage evidence requirements; amending ss. 13 14 489.115, 489.515, F.S.; revising certification and registration requirements for initial 15 licensure; amending s. 627.311, F.S.; providing 16 17 for use of policyholder surplus for purposes of funding certain deficits; amending s. 627.914, 18 19 F.S.; revising the requirements for reports of information by workers' compensation insurers; 20 21 deleting a reporting requirement for the Division of Workers' Compensation; providing an 22 23 appropriation; repealing s. 440.45(3), F.S., relating to judges of compensation claims 24 serving as docketing judges; amending s. 25 26 440.102, F.S.; redefining the term 27 "safety-sensitive position"; amending s. 28 624.461, F.S.; redefining the term 29 "self-insurance fund" to include local government self-insurance funds organized under 30 s. 624.4622, F.S., for purposes of regulation 31

by the Department of Insurance; amending s. 1 2 624.4621, F.S.; exempting local government 3 self-insurance funds from the premium tax; 4 applying other provisions applicable to group 5 self-insurance funds to local government 6 self-insurance funds; amending s. 624.4622, 7 F.S.; conforming changes to requirements for local government self-insurance funds; amending 8 9 s. 631.904, F.S.; revising definitions to include local government self-insurance funds 10 in the Florida Workers' Compensation Insurance 11 12 Guaranty Association; providing appropriations to the Department of Insurance to cover 13 14 workers' compensation claims of the Governmental Risk Insurance Trust; authorizing 15 16 the department to enter into repayment 17 agreements with the insured employer and to 18 require reimbursement from a reinsurer; 19 authorizing the department to contract for the administration of claims; authorizing the 20 21 department to request appointment as receiver of GRIT in a specified court; providing that 22 23 the appropriation is null and void unless such appointment is made; immunizing the state and 24 specified agencies from liability; requiring 25 26 the department to report to the Governor and 27 Legislature; providing for the reversion of 28 remaining funds; 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 (4) and paragraph (c) of subsection (16) of section 440.02, Florida Statutes, are amended to read:

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

(4) "Casual" as used in this section shall be taken to refer only to employments when the work contemplated is to be completed in not exceeding 10 working days, without regard to the number of persons employed, and when the total labor cost of such work is less than\$1,000\$

(16)

- (c) "Employment" does not include service performed by
 or as:
 - 1. Domestic servants in private homes.
- 2. Agricultural labor performed on a farm in the employ of a bona fide farmer, or association of farmers, who employs 5 or fewer regular employees and who employs fewer than 12 other employees at one time for seasonal agricultural labor that is completed in less than 30 days, provided such seasonal employment does not exceed 45 days in the same calendar year. The term "farm" includes stock, dairy, poultry, fruit, fur-bearing animals, fish, and truck farms, ranches, nurseries, and orchards. The term "agricultural labor" includes field foremen, timekeepers, checkers, and other farm labor supervisory personnel.
- 3. Professional athletes, such as professional boxers, wrestlers, baseball, football, basketball, hockey, polo, tennis, jai alai, and similar players, and motorsports teams competing in a motor racing event as defined in s. 549.08.

4. Labor under a sentence of a court to perform community services as provided in s. 316.193.

5. State prisoners or county inmates except those performing services for private employers or those enumerated in s. 948.03(8)(a).

Section 2. Subsection (2) of section 440.09, Florida Statutes, 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. 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. 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 account at a financial institution. For purposes of this subsection, the term "financial institution," means a financial institution as defined in s. 655.005(1)(h).

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

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

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(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, and attendance 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.
- (c) 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, an authorized qualified 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 5. Paragraph (d) of subsection (1), paragraph (b) of subsection (2), and paragraphs (c) and (d) of subsection (15) of section 440.134, Florida Statutes, are amended to read:

440.134 Workers' compensation managed care arrangement.--

- (1) As used in this section, the term:
- (d) "Grievance" means <u>a written complaint filed by an injured worker expressing</u> dissatisfaction with the <u>insurer's workers' compensation managed care arrangement's refusal to provide</u> medical care provided by an insurer's workers' compensation managed care arrangement health care providers, expressed in writing by an injured worker.

(2)

(b) 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 injury or the process of recovery requires <u>pursuant to s.</u> 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 for such a period as the nature of the injury or the process of recovery requires, pursuant to s. 440.13(2)(a) and (b), through managed care arrangements or without managed care arrangements. An employer that has secured coverage under s. 440.38(1)(b) as an individual self-insurer or under s. 440.38(6) is exempt from the application and approval requirements of s. 440.134(2)(a) and the filing requirements of subsections (5) and (12), and paragraph (15)(g).

(15)

- (c) At the time the workers' compensation managed care arrangement is implemented, the insurer must provide detailed information to workers and health care providers describing how a grievance may be registered with the insurer. Within 30 days after the date a request for medical care is received by the insurer or the insurer's workers' compensation managed care arrangement, whichever date is earlier, the insurer shall grant or deny the request. If the insurer denies the request, the insurer shall notify the injured worker in writing of his or her right to file a grievance.
- (d) Grievances must be considered in a timely manner and must be transmitted to appropriate decisionmakers who have the authority to fully investigate the issue and take corrective action. If the insurer does not notify the injured worker of the outcome of the grievance in writing within 30 days from the receipt of the grievance, the grievance shall be presumed to be resolved against the injured worker and the grievance procedures shall be presumed to be exhausted for purposes of s. 440.192(3).
- Section 6. Subsection (7) of section 440.185, Florida Statutes, 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 submission of policy information or notices of cancellation or expiration to the contracted private entity satisfies the filing requirements of this subsection and s. 440.42(2).

Section 7. Subsections (1), (2), and (5) of section 440.192, Florida Statutes, are amended to read:

440.192 Procedure for resolving benefit disputes.--

(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, or by electronic means approved by the Chief Judge, 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 inform employees of 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, or by electronic means approved by the Chief

<u>Judge</u>, 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.

- (2) <u>Upon receipt</u>, the judge <u>The Office of the Judges</u> of compensation claims shall review each petition and shall dismiss each petition <u>or any portion of such petition</u>, upon <u>the judge's</u> <u>its</u> own motion or upon the motion of any party, that does not on its face specifically identify or itemize the following:
- (a) Name, address, telephone number, and social security number of the employee.
- (b) Name, address, and telephone number of the employer.
- (c) A detailed description of the injury and cause of the injury, including the location of the occurrence.
- (d) A detailed description of the employee's job, work responsibilities, and work the employee was performing when the injury occurred.
- (e) The time period for which compensation was not timely provided.
- (f) Date of maximum medical improvement, character of disability, and specific statement of all benefits or compensation that the employee is seeking.
- (g) All travel costs to which the employee believes she or he is entitled, including dates of travel and purpose of travel, means of transportation, and mileage.
- (h) Specific listing of all medical charges alleged unpaid, including the name and address of the medical provider, the amounts due, and the specific dates of treatment.

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The type or nature of treatment care or attendance sought and the justification for such treatment.

Specific explanation of any other disputed issue that a judge of compensation claims will be called to rule upon.

The dismissal of any petition or any portion of such petition under this section shall be without prejudice and shall not require a hearing.

(5) All motions to dismiss must state with particularity the basis for the motion. The judge of compensation claims shall enter an order upon such motions without hearing, unless good cause for hearing is shown. When any petition or portion of such petition is dismissed for lack of specificity under this subsection, the claimant must be allowed 20 days after the date of the order of dismissal in which to file an amended petition. Any grounds for dismissal for lack of specificity under this section not asserted within 30 days after receipt of the petition for benefits are thereby waived.

Section 8. Paragraph (a) of subsection (1), subsection (6), and paragraph (a) of subsection (11) of section 440.20, Florida Statutes, are amended and paragraph (d) is added to subsection (11), to read:

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

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compensation directly to the employee is satisfied when the carrier directly deposits, by electronic transfer or other means, compensation into the employee's account at a financial institution. For purposes of this paragraph, the term, "financial institution," means a financial institution as defined in s. 655.005(1)(h). Compensation by direct deposit shall be deemed paid on the date the funds become available for withdrawal by the employee.

(6) If any installment of compensation for death or 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 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

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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 account at a financial institution. For purposes of this subsection, the term, "financial institution," means a financial institution as defined in s. 655.005(1)(h).

(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 written 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 judge of compensation claims shall not be required to hold a hearing if the claimant is represented by an attorney and all parties stipulate that a hearing is unnecessary. 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

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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.

(d) When reviewing any settlement of lump-sum payment pursuant to this subsection, judges of compensation claims shall consider the interests of the worker and the worker's family when approving the settlement, which must consider and provide for appropriate recovery of child-support arrearage.

Section 9. Section 440.22, Florida Statutes, is amended to read:

440.22 Assignment and exemption from claims of creditors.—No assignment, release, or commutation of compensation or benefits due or payable under this chapter except as provided by this chapter shall be valid, and such compensation and benefits shall be exempt from all claims of creditors, and from levy, execution and attachments or other

remedy for recovery or collection of a debt, which exemption may not be waived. However, the exemption of workers' compensation claims from creditors does not extend to claims based on an award of child support or alimony.

Section 10. Section 440.271, Florida Statutes, is amended to read:

440.271 Appeal of order of judge of compensation claims.—Review of any order of a judge of compensation claims entered pursuant to this chapter shall be by appeal to the District Court of Appeal, First District. To promote consistency and uniformity in the application of this chapter, the District Court of Appeal, First District, shall establish a specialized division to hear all appeals of orders of judges of compensation claims. The court may structure the division to hear workers' compensation cases exclusively or in addition to other appeals. Appeals shall be filed in accordance with rules of procedure prescribed by the Supreme Court for review of such orders. The division shall be given notice of any proceedings pertaining to s. 440.25, regarding indigency, or s. 440.49, regarding the Special Disability Trust Fund, and shall have the right to intervene in any proceedings.

Section 11. Subsection (1) of section 440.38, Florida Statutes, is amended to read:

440.38 Security for compensation; insurance carriers and self-insurers.--

- (1) Every employer shall secure the payment of compensation under this chapter:
- (a) By insuring and keeping insured the payment of such compensation with any stock company or mutual company or association or exchange, authorized to do business in the state;

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(b) By furnishing satisfactory proof to the division of her or his financial ability to pay such compensation and receiving an authorization from the division to pay such compensation directly in accordance with the following provisions:

The division may, as a condition to such authorization, require an such employer to deposit with in a depository designated by the division a qualifying security deposit. The division shall determine the type and amount of the qualifying security deposit and shall either an indemnity bond or securities, at the option of the employer, of a kind and in an amount determined by the division and subject to such conditions as the division may prescribe conditions for the qualifying security deposit, which shall include authorization for to the division to call the qualifying security deposit in the case of default to sell any such securities sufficient to pay compensation awards or to bring suit upon such bonds, to procure prompt payment of compensation under this chapter. In addition, the division shall require, as a condition to authorization to self-insure, proof that the employer has provided for competent personnel with whom to deliver benefits and to provide a safe working environment. Further, the division shall require such employer to carry reinsurance at levels that will ensure the actuarial soundness of such employer in accordance with rules promulgated by the division. The division may by rule require that, in the event of an individual self-insurer's insolvency, such qualifying security deposits indemnity bonds, securities, and reinsurance policies are shall be payable to the Florida Self-Insurers Guaranty Association, Incorporated, created pursuant to s. 440.385. Any employer securing compensation in

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accordance with the provisions of this paragraph shall be known as a self-insurer and shall be classed as a carrier of her or his own insurance.

- If the employer fails to maintain the foregoing requirements, the division shall revoke the employer's authority to self-insure, unless the employer provides to the division the certified opinion of an independent actuary who is a member of the American Society of Actuaries as to the actuarial present value of the employer's determined and estimated future compensation payments based on cash reserves, using a 4-percent discount rate, and a qualifying security deposit equal to 1.5 times the value so certified. The employer shall thereafter annually provide such a certified opinion until such time as the employer meets the requirements of subparagraph 1. The qualifying security deposit shall be adjusted at the time of each such annual report. Upon the failure of the employer to timely provide such opinion or to timely provide a security deposit in an amount equal to 1.5 times the value certified in the latest opinion, the division shall then revoke such employer's authorization to self-insure, and such failure shall be deemed to constitute an immediate serious danger to the public health, safety, or welfare sufficient to justify the summary suspension of the employer's authorization to self-insure pursuant to s. 120.68.
- 3. Upon the suspension or revocation of the employer's authorization to self-insure, the employer shall provide to the division and to the Florida Self-Insurers Guaranty Association, Incorporated, created pursuant to s. 440.385 the certified opinion of an independent actuary who is a member of the American Society of Actuaries of the actuarial present value of the determined and estimated future compensation

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payments of the employer for claims incurred while the member exercised the privilege of self-insurance, using a discount rate of 4 percent. The employer shall provide such an opinion at 6-month intervals thereafter until such time as the latest opinion shows no remaining value of claims. With each such opinion, the employer shall deposit with the division a qualifying security deposit in an amount equal to the value certified by the actuary. The association has a cause of action against an employer, and against any successor of the employer, who fails to timely provide such opinion or who fails to timely maintain the required security deposit with the division. The association shall recover a judgment in the amount of the actuarial present value of the determined and estimated future compensation payments of the employer for claims incurred while the employer exercised the privilege of self-insurance, together with attorney's fees. For purposes of this section, the successor of an employer means any person, business entity, or group of persons or business entities, which holds or acquires legal or beneficial title to the majority of the assets or the majority of the shares of the employer.

- 4. A qualifying security deposit shall consist, at the option of the employer, of:
- a. Surety bonds, in a form and containing such terms as prescribed by the division, issued by a corporation surety authorized to transact surety business by the Department of Insurance, and whose policyholders' and financial ratings, as reported in A.M. Best's Insurance Reports, Property-Liability, are not less than "A" and "V", respectively.
- b. Certificates of deposit with financial institutions, the deposits of which are insured through the

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30 31 Federal Deposit Insurance Corporation or the Federal Savings and Loan Insurance Corporation.

b.c. Irrevocable letters of credit in favor of the division issued by financial institutions located within this state, the deposits of which are insured through the Federal Deposit Insurance Corporation described in sub-subparagraph b.

- d. Direct obligations of the United States Treasury backed by the full faith and credit of the United States.
- e. Securities issued by this state and backed by the full faith and credit of this state.
- The qualifying security deposit shall be held by the division, or by a depository authorized by the division, exclusively for the benefit of workers' compensation claimants. The security shall not be subject to assignment, execution, attachment, or any legal process whatsoever, except as necessary to guarantee the payment of compensation under this chapter. No surety bond may be terminated, and no letter of credit other qualifying security may be allowed to expire lapse, without 90 days' prior notice to the division and deposit by the self-insuring employer of some other qualifying security deposit of equal value within 10 business days after such notice. Failure to provide such notice or failure to timely provide qualifying replacement security after such notice shall constitute grounds for the division to call or sue upon the surety bond, or to act with respect to other pledged security in any manner necessary to preserve its value for the purposes intended by this section, including the exercise its of rights under a letter of credit. Current self-insured employers must comply with this section on or before December 31, 2000, or upon maturity of existing security deposits, whichever occurs later, the sale of any

paragraph;

(d)

pool pursuant to s. 624.4622 440.575;

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security at then prevailing market rates, or the withdrawal of any funds represented by any certificate of deposit forming part of the qualifying security deposit;

under an approved utility-provided self-insurance program as set forth in s. 624.46225 440.571 in effect as of July 1,

other local governmental entities to create a local government

than a local government unit, may elect coverage under the

exclusiveness of liability provided in s. 440.11 by obtaining

a 24-hour health insurance policy from an authorized property

partially self-insured 24-hour health plan that is established or maintained by or for two or more employers, so long as the

law of this state is not preempted by the Employee Retirement

amendment to that law, which policy or plan must provide, for at least occupational injuries and illnesses, medical benefits

that are comparable to those required by this chapter. A local

government unit, as a single employer, in accordance with s.

440.135, may participate in the 24-hour health insurance coverage plan referenced in this paragraph. Disputes and

Workers' Compensation Law and retain the benefit of the

and casualty insurance carrier or an authorized life and health insurance carrier, or by participating in a fully or

Income Security Act of 1974, Pub. L. No. 93-406, or any

1983. The division shall adopt rules to implement this

(c) By entering into a contract with a public utility

By entering into an interlocal agreement with

(e) In accordance with s. 440.135, an employer, other

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remedies arising under policies issued under this section are governed by the terms and conditions of the policies and under the applicable provisions of the Florida Insurance Code and

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rules adopted under the insurance code and other applicable laws of this state. The 24-hour health insurance policy may provide for health care by a health maintenance organization or a preferred provider organization. The premium for such 24-hour health insurance policy shall be paid entirely by the employer. The 24-hour health insurance policy may use deductibles and coinsurance provisions that require the employee to pay a portion of the actual medical care received by the employee. If an employer obtains a 24-hour health insurance policy or self-insured plan to secure payment of compensation as to medical benefits, the employer must also obtain an insurance policy or policies that provide indemnity benefits as follows:

- 1. If indemnity benefits are provided only for occupational-related disability, such benefits must be comparable to those required by this chapter.
- 2. If indemnity benefits are provided for both occupational-related and nonoccupational-related disability, such benefits must be comparable to those required by this chapter, except that they must be based on 60 percent of the average weekly wages.
- 3. The employer shall provide for each of its employees life insurance with a death benefit of \$100,000.
- 4. Policies providing coverage under this subsection must use prescribed and acceptable underwriting standards, forms, and policies approved by the Department of Insurance. If any insurance policy that provides coverage under this section is canceled, terminated, or nonrenewed for any reason, the cancellation, termination, or nonrenewal is ineffective until the self-insured employer or insurance carrier or carriers notify the division and the Department of Insurance

of the cancellation, termination, or nonrenewal, and until the division has actually received the notification. The division must be notified of replacement coverage under a workers' compensation and employer's liability insurance policy or plan by the employer prior to the effective date of the cancellation, termination, or nonrenewal; or

(f) By entering into a contract with an individual self-insurer under an approved individual self-insurer-provided self-insurance program as set forth in s. 624.46225 440.571. The division may adopt rules to implement this subsection.

Section 12. Subsections (2) and (5) of section 440.45, Florida Statutes, are amended to read:

440.45 Office of the Judges of Compensation Claims. --

- (2)(a) The Governor shall appoint full-time judges of compensation claims to conduct proceedings as required by this chapter or other law. No person may be nominated to serve as a judge of compensation claims unless he or she has been a member of The Florida Bar in good standing and is knowledgeable in the practice of law of workers' compensation. No judge of compensation claims shall engage in the private practice of law during a term of office.
- (b) Except as provided in paragraph (c), the Governor shall appoint a judge of compensation claims from a list of three persons nominated by a statewide nominating commission. The statewide nominating commission shall be composed of the following:
- 1. Five members, at least one of whom must be a member of a minority group as defined in s. 288.703(3), one of each who resides in each of the territorial jurisdictions of the district courts of appeal, appointed by the Board of Governors

of The Florida Bar from among The Florida Bar members who are engaged in the practice of law. On July 1, 1999, the term of office of each person appointed by the Board of Governors of The Florida Bar to the commission expires. The Board of Governors shall appoint members who reside in the odd-numbered district court of appeal jurisdictions to 4-year terms each, beginning July 1, 1999, and members who reside in the even-numbered district court of appeal jurisdictions to 2-year terms each, beginning July 1, 1999. Thereafter, each member shall be appointed for a 4-year term;

- 2. Five electors, at least one of whom must be a member of a minority group as defined in s. 288.703(3), one of each who resides in each of the territorial jurisdictions of the district courts of appeal, appointed by the Governor. On July 1, 1999, the term of office of each person appointed by the Governor to the commission expires. The Governor shall appoint members who reside in the odd-numbered district court of appeal jurisdictions to 2-year terms each, beginning July 1, 1999, and members who reside in the even-numbered district court of appeal jurisdictions to 4-year terms each, beginning July 1, 1999. Thereafter, each member shall be appointed for a 4-year term; and
- 3. Five electors, at least one of whom must be a member of a minority group as defined in s. 288.703(3), one of each who resides in the territorial jurisdictions of the district courts of appeal, selected and appointed by a majority vote of the other 10 members of the commission. On October 1, 1999, the term of office of each person appointed to the commission by its other members expires. A majority of the other members of the commission shall appoint members who reside in the odd-numbered district court of appeal

jurisdictions to 2-year terms each, beginning October 1, 1999, and members who reside in the even-numbered district court of appeal jurisdictions to 4-year terms each, beginning October 1, 1999. Thereafter, each member shall be appointed for a 4-year term.

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A vacancy occurring on the commission shall be filled by the original appointing authority for the unexpired balance of the term. No attorney who appears before any judge of compensation claims more than four times a year is eligible to serve on the statewide nominating commission. The meetings and determinations of the nominating commission as to the judges of compensation claims shall be open to the public.

(c) Each judge of compensation claims shall be appointed for a term of 4 years, but during the term of office may be removed by the Governor for cause. Prior to the expiration of a judge's term of office, the statewide nominating commission shall review the judge's conduct and determine whether the judge's performance is satisfactory. Effective January 1, 2001, in determining whether a judge's performance is satisfactory, the commission shall consider the extent to which the judge has met the requirements of this chapter, including, but not limited to, the requirements of ss. 440.192(2), 440.25(1), 440.25(4)(a)-(f), 440.34(2), and 440.442. If the commission finds that judges generally are unable to meet a particular statutory requirement for reasons beyond their control, the commission shall request the Legislature to review that particular requirement. If the judge's performance is deemed satisfactory, the commission shall report its finding to the Governor no later than 6 months prior to the expiration of the judge's term of office.

The Governor shall review the commission's report and may reappoint the judge for an additional 4-year term. If the Governor does not reappoint the judge, the Governor shall inform the commission. The judge shall remain in office until the Governor has appointed a successor judge in accordance with paragraphs (a) and (b). If a vacancy occurs during a judge's unexpired term, the statewide nominating commission does not find the judge's performance is satisfactory, or the Governor does not reappoint the judge, the Governor shall appoint a successor judge for a term of 4 years in accordance with paragraph (b).

- of experience in the practice of law in this state to serve as a judge of compensation claims pro hac vice in the absence or disqualification of any full-time judge of compensation claims or to serve temporarily as an additional judge of compensation claims in any area of the state in which the Governor determines that a need exists for such additional judge.

 However, no attorney so appointed by the Governor shall serve for a period to exceed 60 successive days.
- shall promulgate rules to effect the purposes of this section by November 1, 2000. Such rules shall not be subject to rule challenges under s. 120.56(2) or to drawout proceedings under s. 120.54(3)(c)(2). Such rules shall include procedural rules applicable to workers' compensation claim resolution and uniform criteria for measuring the performance of the office, including, but not limited to, the number of cases assigned and disposed, the age of pending and disposed cases, timeliness of decisionmaking, extraordinary fee awards, and the data necessary for the judicial nominating commission to

review the performance of judges as required in paragraph (2)(c)and other performance indicators. Such rules shall 3 become effective only after they have been submitted to the President of the Senate and the Speaker of the House of 4 5 Representatives, for review by the Legislature, no later than 6 30 days prior to the next regular session of the Legislature. The Office of Judges of Compensation Claims shall conform the 8 rules to legislation enacted by the Legislature, or, if no 9 action is taken by the Legislature, the rules of the Office of Judges of Compensation Claims shall become effective. The 10 workers' compensation rules of procedure approved by the 11 12 Supreme Court shall apply until the rules promulgated by the Office of the Judges of Compensation Claims pursuant to this 13 14 section become effective.

Section 13. Subsection (8) of section 61.14, Florida Statutes, is amended to read:

- 61.14 Enforcement and modification of support, maintenance, or alimony agreements or orders. --
- (8)(a) When reviewing any settlement of lump-sum payment pursuant to s. 440.20(11)(a) and (b), judges of compensation claims shall consider the interests of the worker and the worker's family when approving the settlement, which must consider and provide for appropriate recovery of child-support arrearage.
- (b) In accordance with Notwithstanding the provisions of s. 440.22, any compensation due or that may become due an employee under chapter 440 is exempt from garnishment, attachment, execution, and assignment of income, except for the purposes of enforcing child or spousal support obligations.

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Section 14. Paragraph (a) of subsection (2) of section 61.30, Florida Statutes, is amended to read:

- 61.30 Child support guidelines; retroactive child support. --
- (2) Income shall be determined on a monthly basis for the obligor and for the obligee as follows:
- (a) Gross income shall include, but is not limited to, the following items:
 - 1. Salary or wages.
- Bonuses, commissions, allowances, overtime, tips, and other similar payments.
- Business income from sources such as 3. self-employment, partnership, close corporations, and independent contracts. "Business income" means gross receipts minus ordinary and necessary expenses required to produce income.
 - 4. Disability benefits.
 - 5. All worker's compensation benefits and settlements.
 - 6. Unemployment compensation.
 - 7. Pension, retirement, or annuity payments.
- 21 8. Social security benefits.
 - Spousal support received from a previous marriage or court ordered in the marriage before the court.
 - 10. Interest and dividends.
 - 11. Rental income, which is gross receipts minus ordinary and necessary expenses required to produce the income.
 - 12. Income from royalties, trusts, or estates.
- Reimbursed expenses or in kind payments to the 13. 30 extent that they reduce living expenses.

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14. Gains derived from dealings in property, unless the gain is nonrecurring.

Section 15. Section 489.114, Florida Statutes, is amended to read:

489.114 Evidence of workers' compensation coverage. -- Except as provided in s. 489.115(5)(d), any person, business organization, or qualifying agent engaged in the business of contracting in this state and certified or registered under this part shall, as a condition precedent to the issuance or renewal of a certificate, registration, or certificate of authority of the contractor, provide to the Construction Industry Licensing Board, as provided by board rule, evidence of workers' compensation coverage pursuant to chapter 440. In the event that the Division of Workers' Compensation of the Department of Labor and Employment Security receives notice of the cancellation of a policy of workers' compensation insurance insuring a person or entity governed by this section, the Division of Workers' Compensation shall certify and identify all persons or entities by certification or registration license number to the department after verification is made by the Division of Workers' Compensation that such cancellation has occurred or that persons or entities governed by this section are no longer covered by workers' compensation insurance. certification and verification by the Division of Workers' Compensation shall result solely from records furnished to the Division of Workers' Compensation by the persons or entities governed by this section. The department shall notify the persons or entities governed by this section who have been determined to be in noncompliance with chapter 440, and the persons or entities notified shall provide certification of

compliance with chapter 440 to the department and pay an administrative fine as provided by rule. The failure to maintain workers' compensation coverage as required by law shall be grounds for the board to revoke, suspend, or deny the issuance or renewal of a certificate, registration, or certificate of authority of the contractor under the provisions of s. 489.129.

Section 16. Paragraph (d) is added to subsection (5) of section 489.115, Florida Statutes, to read:

489.115 Certification and registration; endorsement; reciprocity; renewals; continuing education.--

(5)

(d) If qualifying for an exemption from workers' compensation coverage requirements under s. 440.05, an applicant for initial issuance of a certificate or registration shall submit as a prerequisite an affidavit attesting to the fact that the applicant will obtain an exemption within 30 days after the date the initial certificate or registration is issued by the board.

Section 17. Section 489.510, Florida Statutes, is amended to read:

489.510 Evidence of workers' compensation coverage.—Except as provided in s. 489.515(3)(b), any person, business organization, or qualifying agent engaged in the business of contracting in this state and certified or registered under this part shall, as a condition precedent to the issuance or renewal of a certificate or registration of the contractor, provide to the Electrical Contractors' Licensing Board, as provided by board rule, evidence of workers' compensation coverage pursuant to chapter 440. In the event that the Division of Workers' Compensation of the

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Department of Labor and Employment Security receives notice of the cancellation of a policy of workers' compensation insurance insuring a person or entity governed by this section, the Division of Workers' Compensation shall certify and identify all persons or entities by certification or registration license number to the department after verification is made by the Division of Workers' Compensation that such cancellation has occurred or that persons or entities governed by this section are no longer covered by workers' compensation insurance. Such certification and verification by the Division of Workers' Compensation shall result solely from records furnished to the Division of Workers' Compensation by the persons or entities governed by 14 this section. The department shall notify the persons or entities governed by this section who have been determined to be in noncompliance with chapter 440, and the persons or 16 entities notified shall provide certification of compliance with chapter 440 to the department and pay an administrative fine as provided by rule. The failure to maintain workers' compensation coverage as required by law shall be grounds for the board to revoke, suspend, or deny the issuance or renewal 21 of a certificate or registration of the contractor under the provisions of s. 489.533.

Section 18. Subsection (3) of section 489.515, Florida Statutes, is amended to read:

> 489.515 Issuance of certificates; registrations.--(3)(a) As a prerequisite to the initial issuance or

the renewal of a certificate or registration, the applicant shall submit an affidavit on a form provided by the board attesting to the fact that the applicant has obtained both

certificate issued by the department and public liability and property damage insurance for the health, safety, and welfare of the public in amounts determined by rule of the board. The board shall by rule establish a procedure to verify the accuracy of such affidavits based upon a random audit method.

(b) If qualifying for an exemption from workers' compensation coverage requirements under s. 440.05, an applicant for initial issuance of a certificate or registration shall submit as a prerequisite an affidavit attesting to the fact that the applicant will obtain an exemption within 30 days after the date the initial certificate or registration is issued by the board.

Section 19. Paragraphs (g) and (p) of subsection (4) of section 627.311, Florida Statutes, are 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 <u>not</u> 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 sub-subparagraph, the term "recklessness" means the acting, or omission to act, in conscious disregard of a risk:
- (I) Known, or so obvious that it should have been known, to the member; and
- (II) Known to the member, or so obvious that it should have been known, to be so great as to make it highly probable that harm would follow from such act or omission.
- Section 20. Effective July 1, 2000, section 627.914, Florida Statutes, is amended to read:
- 627.914 Reports of information by workers' compensation insurers required.--
- (1) The department shall promulgate rules and statistical plans which shall thereafter be used by each insurer and self-insurance fund as defined in s. 624.461 in

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experience, in order that the experience of all insurers and self-insurance funds self-insurers may be made available at least annually in such form and detail as may be necessary to aid the department in determining whether Florida experience for workers' compensation insurance is sufficient for establishing rates. (2) Any insurer authorized to write a policy of workers' compensation insurance shall transmit the following information to the department each year with its annual report, and such information shall be reported on a net basis with respect to reinsurance for nationwide experience and on a direct basis for Florida experience: (a) Premiums written; (b) Premiums earned; (c) Dividends paid or credited to policyholders; (d) Losses paid; (e) Allocated loss adjustment expenses; (f) The ratio of allocated loss adjustment expenses to losses paid; (g) Unallocated loss adjustment expenses; (h) The ratio of unallocated loss adjustment expenses to losses paid; (i) The total of losses paid and unallocated and

the recording and reporting of loss, expense, and claims

(j) The ratio of losses paid and unallocated and allocated loss adjustment expenses to premiums earned;

allocated loss adjustment expenses;

 $\frac{(k)}{(k)}$ The number of claims outstanding as of December 31 of each year;

(1) The total amount of losses unpaid as of December 31 of each year;

(m) The total amount of allocated and unallocated loss adjustment expenses unpaid as of December 31 of each year; and

- (n) The total of losses paid and allocated loss adjustment expenses and unallocated loss adjustment expenses, plus the total of losses unpaid as of December 31 of each year and loss adjustment expenses unpaid as of December 31 of each year.
- (3) A report of the information required in subsection (2) shall be filed no later than April 1 of each year and shall include the information for the preceding year ending December 31. All reports shall be on a calendar-accident year basis, and each calendar-accident year shall be reported at eight stages of development.
- (2) (4) Each insurer and self-insurance fund authorized to write a policy of workers' compensation insurance shall transmit the information for paragraphs (a), (b), (c), (d), and (e) annually on both Florida experience and nationwide experience separately:
 - (a) Payrolls by classification.
 - (b) Manual premiums by classification.
 - (c) Standard premiums by classification.
 - (d) Losses by classification and injury type.
 - (e) Expenses.

A report of this information shall be filed no later than <u>July April</u> 1 of each year. All reports shall be filed in accordance with standard reporting procedures for insurers, which procedures have received approval by the department, and shall contain data for the most recent policy period available. A <u>statistical or rating organization may be used</u> by insurers <u>and self-insurance funds</u> to report the data

required by this section. The <u>statistical or</u> rating organization shall report each data element in the aggregate only for insurers <u>and self-insurance funds</u> required to report under this section who elect to have the <u>rating</u> organization report on their behalf. Such insurers <u>and self-insurance funds</u> shall be named in the report.

(3)(5) Individual self-insurers as defined authorized to transact workers' compensation insurance as provided in s. 440.02 shall report only Florida data as prescribed in paragraphs (a) through (e) of subsection(2)(4)to the Division of Workers' Compensation of the Department of Labor and Employment Security.

- (a) The Division of Workers' Compensation shall publish the dates and forms necessary to enable $\underline{individual}$ self-insurers to comply with this section.
- (b) The Division of Workers' Compensation shall report the information collected under this section to the Department of Insurance in a manner prescribed by the department.
- $\underline{\text{(b)}(c)}$ A statistical or rating organization may be used by $\underline{\text{individual}}$ self-insurers for the purposes of reporting the data required by this section and calculating experience ratings.
- $\underline{(4)}$ (6) The department shall provide a summary of information provided pursuant to <u>subsection</u> subsections (2) and (4) in its annual report.
- Section 21. There is appropriated to the Department of Labor and Employment Security from the Workers' Compensation Administration Trust Fund \$1,400,000 for the purpose of hiring additional mediators to carry out the functions of section 440.25(3), Florida Statutes.

Section 22. <u>Subsection (3) of section 440.45, Florida</u> Statutes, is repealed.

Section 23. Paragraph (o) of subsection (1) of section 440.102, Florida Statutes, is amended 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:

- (1) DEFINITIONS.--Except where the context otherwise requires, as used in this act:
- (o) "Safety-sensitive position" means, with respect to a public employer, a position in which a drug impairment constitutes an immediate and direct threat to public health or safety, such as a position that requires the employee to carry a firearm, perform life-threatening procedures, work with confidential information or documents pertaining to criminal investigations, or work with controlled substances; a position in the Family Safety and Preservation Program of the

 Department of Children and Family Services in which the employee is responsible for the well-being of a minor; a position subject to s. 110.1127; or a position in which a momentary lapse in attention could result in injury or death to another person.

Section 24. Effective October 1, 2001, section 624.461, Florida Statutes, is amended to read:

624.461 Definition.--For the purposes of the Florida Insurance Code, "self-insurance fund" means both commercial self-insurance funds organized under s. 624.462, and group self-insurance funds organized under s. 624.4621, and local government self-insurance funds organized under s. 624.4622.

The term "self-insurance fund" does not include a governmental self-insurance pool created under s. 768.28(15).

Section 25. Effective October 1, 2001, subsections (7), (8), and (9) of section 624.4621, Florida Statutes, are amended to read:

624.4621 Group self-insurance funds.--

- (7) Premiums, contributions, and assessments received by a group self-insurer's fund are subject to ss. 624.509(1) and (2) and 624.5092, except that the tax rate shall be 1.6 percent of the gross amount of such premiums, contributions, and assessments. This subsection does not apply to a local government self-insurance fund organized under s. 624.4622.
- (8) This section does not apply to any program, intergovernmental agreement, cooperative effort, consortium, or agency through which two or more governmental entities, without pooling their liabilities, administer the payment of workers' compensation to their respective employees, except for a local government self-insurance fund organized under s. 624.4622.
- (9) A group self-insurance fund shall participate in the Florida <u>Workers' Compensation Insurance</u> <u>Self-Insurance</u> <u>Fund Guaranty Association</u>.

Section 26. Effective October 1, 2001, subsection (2) of section 624.4622, Florida Statutes, is amended to read:

624.4622 Local government self-insurance funds.--

(2) A local government self-insurance fund that meets the requirements of this section is not subject to s. 624.4621 and all other provisions of law applicable to group self-insurance funds organized is not required to file any report with the department under s. 440.38(2)(b) which is uniquely required of group self-insurer funds qualified under

s. 624.4621. If any of the requirements of this section are not met, the local government self-insurance fund is subject to the requirements of s. 624.4621.

Section 27. Effective October 1, 2001, subsections (6) and (7) of section 631.904, Florida Statutes, are amended to read:

631.904 Definitions.--As used in this part, the term:

- (6) "Insurer" means an insurance carrier or self-insurance fund authorized to insure under chapter 440. For purposes of this act, "insurer" does not include $\frac{1}{2}$ qualified local government self-insurance fund, as defined in $\frac{1}{2}$ s. 624.4622, or an individual self-insurer as defined in s. 440.385.
- (7) "Self-insurance fund" means a group self-insurance fund authorized under s. 624.4621, a commercial self-insurance fund writing workers' compensation insurance authorized under s. 624.462, or an assessable mutual insurer authorized under s. 628.6011, or a local government self-insurance fund authorized under s. 624.4622. For purposes of this act, "self-insurance fund" does not include a qualified local government self-insurance fund, as defined in s. 624.4622, or an individual self-insurer as defined in s. 440.385.
- (1)(a) There is appropriated \$10 million from the

 General Revenue Fund and \$5 million from the Workers'

 Compensation Administrative Trust Fund in the Department of

 Labor and Employment Security to the Insurance Commissioner's

 Regulatory Trust Fund in the Department of Insurance.

Section 28. Effective upon this act becoming a law:

(b) There is appropriated \$15 million from the

Insurance Commissioner's Regulatory Trust Fund to the

Department of Insurance as receiver of the Governmental Risk

Insurance Trust (GRIT) to cover exclusively and solely the claims and the administration of claims for injured employees formerly insured for workers' compensation claims by GRIT.

These funds may not be used for any purpose other than that specified in this section. Prior to making claim settlements, the department shall seek a repayment agreement with the insured employer member for reimbursement of claim payments and related administrative expenses paid on that member's behalf. The department shall require reimbursement from the applicable reinsurer for any claims covered by reinsurance. The department may contract with third parties to administer its responsibilities under this section.

- (2) The Department of Insurance must request appointment as receiver of the Governmental Risk Insurance Trust under chapter 631, Florida Statutes, in the Circuit Court of the Second Judicial Circuit of Florida. If the department is not appointed receiver, this appropriation is null and void. Upon the department's appointment as receiver, the department shall transfer the funds appropriated under subsection (1) to the receivership account.
- (3) The State of Florida, the Division of Workers'
 Compensation, the Workers' Compensation Administration Trust
 Fund, and the Department of Insurance are immune from
 liability for any claims, whether those claims are made by
 creditors, either secured or unsecured, debtors, or former
 insured employer members of GRIT.
- (4) The department shall report to the Governor, the President of the Senate, and the Speaker of the House of Representatives by February 1 of each year on the status of the implementation of this section.

Of the funds remaining after all the liability claims of insured workers have been resolved, two-thirds of such funds shall revert to the Insurance Commissioner's Regulatory Trust Fund and one-third of such funds shall revert to the Workers' Compensation Administrative Trust Fund. Section 29. Except as otherwise provided in this act, and except for this section, which shall take effect upon becoming a law, this act shall take effect October 1, 2000.

CODING: Words stricken are deletions; words underlined are additions.