Bill No. CS/HB 1927, 2nd Eng.

Amendment No. ____ Barcode 025544

	CHAMBER ACTION Senate House
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11 12	Senator Latvala moved the following amendment:
	Courte Brondwort (with title amondmort)
13	Senate Amendment (with title amendment)
14 15	Delete everything after the enacting clause
15 16	and insert:
10 17	Section 1. Subsections (7), (14), (15), (16), and (37)
18	of section 440.02, Florida Statutes, are amended to read:
19	440.02 DefinitionsWhen used in this chapter, unless
20	the context clearly requires otherwise, the following terms
21	shall have the following meanings:
22	(7) "Construction industry" means any business that
23	carries out for-profit activities involving the carrying out
24	of any building, clearing, filling, excavation, or substantial
25	improvement in the size or use of any structure or the
26	appearance of any land. When appropriate to the context,
27	"construction" refers to the act of construction or the result
28	of construction.However, the term "construction" does shall
29	not mean a homeowner's landowner's act of construction or the
30	result of a construction upon his or her own premises,

31 provided such premises are not intended to be sold or resold

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or leased by the owner within 1 year after the commencement of the construction. The division may by rule establish those standard industrial classification codes and their definitions which meet the criteria of the definition of the term "construction industry" as set forth in this section.

- (14)(a) "Employee" means any person who receives remuneration from an employer for the performance of any work or service or for the provision of any goods or supplies, whether by engaged in any employment under any appointment or contract for of hire or apprenticeship, express or implied, oral or written, whether lawfully or unlawfully employed, and includes, but is not limited to, aliens and minors.
- "Employee" includes any person who is an officer of a corporation and who performs services within this state for remuneration for such corporation within this state, whether or not such services are continuous.
- 1. Any officer of a corporation may elect to be exempt from this chapter by filing written notice of the election with the division as provided in s. 440.05.
- 2. As to officers of a corporation who are actively engaged in the construction industry, no more than three officers may elect to be exempt from this chapter by filing written notice of the election with the division as provided in s. 440.05.
- 3. An officer of a corporation who elects to be exempt from this chapter by filing a written notice of the election with the division as provided in s. 440.05 is not an employee.

Services are presumed to have been rendered to the corporation if the officer is compensated by other than dividends upon 31 shares of stock of the corporation which the officer owns.

(c) "Employee" includes all persons who are being paid		
by a general contractor for work performed by or as a		
subcontractor or employee of a subcontractor are employees of		
the general contractor, except any person who: a sole		
proprietor or a partner who devotes full time to the		
proprietorship or partnership and, except as provided in this		
paragraph, elects to be included in the definition of employee		
by filing notice thereof as provided in s. 440.05. Partners or		
sole proprietors actively engaged in the construction industry		
are considered employees unless they elect to be excluded from		
the definition of employee by filing written notice of the		
election with the division as provided in s. 440.05. However,		
no more than three partners in a partnership that is actively		
engaged in the construction industry may elect to be excluded.		
A sole proprietor or partner who is actively engaged in the		
construction industry and who elects to be exempt from this		
chapter by filing a written notice of the election with the		
division as provided in s. 440.05 is not an employee. For		
purposes of this chapter, an independent contractor is an		
employee unless he or she meets all of the conditions set		
forth in subparagraph (d)1.		
(d) "Employee" does not include:		
1. An independent contractor, if:		
a. The independent contractor		
1. Maintains a separate business with his or her own		
work facility, truck, equipment, materials, or similar		
accommodations;		
2. b. Has a social security number; or The independent		

identification number, if required to do so by any federal,

contractor holds or has applied for a federal employer

31 state, or local statute, rule, or regulation unless the

independent contractor is a sole proprietor who is not 2 required to obtain a federal employer identification number 3 under state or federal requirements; 4 3.c. The independent contractor performs or agrees to 5 perform specific services or work for specific amounts of 6 money and Controls the means of performing the services or 7 work that he or she was hired to perform or supply; 8 4.d. The independent contractor Incurs the principal 9 expenses related to the service or work that he or she 10 performs or agrees to perform; 5.e. The independent contractor Is responsible for the 11 12 satisfactory completion of work or services that he or she 13 performs or agrees to perform and is or could be held liable for a failure to complete the work or services; 14 15 6.f. The independent contractor Receives compensation 16 for work or services performed for a commission or on a 17 per-job or competitive-bid basis and not on any other basis, such as salary or wages; 18 19 7.g. The independent contractor May realize a profit 20 or suffer a loss in connection with performing work or 21 services; and 8.h. The independent contractor Has continuing or 22 recurring business liabilities or obligations. 7 and 23 24 i. The success or failure of the independent 25 contractor's business depends on the relationship of business 26 receipts to expenditures. 27 28 However, the determination as to whether an individual included in the Standard Industrial Classification Manual of 29

1987, Industry Numbers 0711, 0721, 0722, 0751, 0761, 0762, $31 \mid 0.781, 0.782, 0.783, 0.811, 0.831, 0.851, 2411, 2421, 2435, 2436,$

2448, or 2449, or a newspaper delivery person, is independent contractor is governed not by the criteria in this paragraph but by common-law principles, giving due consideration to the business activity of the individual.

(d) The term "employee" does not include:

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1.2. A real estate salesperson or agent, if that person agrees, in writing, to perform for remuneration solely by way of commission.

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2.3. Bands, orchestras, and musical and theatrical performers, including disk jockeys, performing in licensed premises as defined in chapter 562, if a written contract evidencing an independent contractor relationship is entered into before the commencement of such entertainment.

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3.4. An owner-operator of a motor vehicle who transports property under a written contract with a motor carrier which evidences a relationship by which the owner-operator assumes the responsibility of an employer for the performance of the contract, if the owner-operator is required to furnish the necessary motor vehicle equipment and all costs incidental to the performance of the contract, including, but not limited to, fuel, taxes, licenses, repairs, and hired help; and the owner-operator is paid a commission for transportation service and is not paid by the hour or on some other time-measured basis.

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4.5. A person whose employment is both casual and not in the course of the trade, business, profession, or occupation of the employer.

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5.6. A volunteer, except a volunteer worker for the state or a county, municipality, or other governmental entity. A person who does not receive monetary remuneration for 31 services is presumed to be a volunteer unless there is

substantial evidence that a valuable consideration was intended by both employer and employee. For purposes of this chapter, the term "volunteer" includes, but is not limited to:

- a. Persons who serve in private nonprofit agencies and who receive no compensation other than expenses in an amount less than or equivalent to the standard mileage and per diem expenses provided to salaried employees in the same agency or, if such agency does not have salaried employees who receive mileage and per diem, then such volunteers who receive no compensation other than expenses in an amount less than or equivalent to the customary mileage and per diem paid to salaried workers in the community as determined by the division; and
- b. Volunteers participating in federal programs established under Pub. L. No. 93-113.
 - 6. Domestic servants in private houses.
- 7. Agricultural laborers on a farm in the employ of a bona fide farmer or association of farmers who employ 5 or fewer regular employees and who employ fewer than 12 other employees at one time for seasonal agricultural labor that is completed in less than 30 days, if 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.
- 8. Professional athletes, such as professional boxers, wrestlers, baseball, football, basketball, hockey, polo, tennis, jai alai, and similar players, and motor sports teams competing in a motor racing event as defined in s. 549.08.

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9. Persons performing labor under a sentence of a court to perform community services as provided in s. 316.193.

7. Any officer of a corporation who elects to be exempt from this chapter.

8. A sole proprietor or officer of a corporation who actively engages in the construction industry, and a partner in a partnership that is actively engaged in the construction industry, who elects to be exempt from the provisions of this chapter. Such sole proprietor, officer, or partner is not an employee for any reason until the notice of revocation of election filed pursuant to s. 440.05 is effective.

10.9. An exercise rider who does not work for a single horse farm or breeder, and who is compensated for riding on a case-by-case basis, provided a written contract is entered into prior to the commencement of such activity which evidences that an employee/employer relationship does not exist.

11.10. A taxicab, limousine, or other passenger vehicle-for-hire driver who operates said vehicles pursuant to a written agreement with a company which provides any dispatch, marketing, insurance, communications, or other services under which the driver and any fees or charges paid by the driver to the company for such services are not conditioned upon, or expressed as a proportion of, fare revenues.

(15)(a) "Employer" means the state and all political subdivisions thereof, all public and quasi-public corporations therein, every person carrying on any employment, and the legal representative of a deceased person or the receiver or trustees of any person. If the employer is a corporation, 31 parties in actual control of the corporation, including, but

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not limited to, the president, officers who exercise broad corporate powers, directors, and all shareholders who directly or indirectly own a controlling interest in the corporation, are considered the employer for the purposes of ss. 440.105 and 440.106.

- (b) However, a landowner shall not be considered the employer of any person hired by the landowner to carry out construction upon his or her own premises, if those premises are not intended for immediate sale or resale within 1 year.
- (16) (a) "Employment," means, not including subsection (4), the payment of any remuneration for work or services rendered or promised, or the provision of goods or services and, subject to the other provisions of this chapter, means any service performed by an employee for the person employing him or her; and.

(b) "Employment" includes:

- (a) Employment by the state and all political subdivisions thereof and all public and quasi-public corporations therein, including officers elected at the polls.
- (b) All private employments in which four or more employees are employed by the same employer or, with respect to the construction industry, all private employment in which one or more employees are employed by the same employer.
- (c)3. Volunteer firefighters responding to or assisting with fire or medical emergencies whether or not the firefighters are on duty.
- (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 31 employ of a bona fide farmer, or association of farmers, who

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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.
- (37) "Catastrophic injury" means a permanent impairment constituted by:
- (a) Spinal cord injury involving severe paralysis of an arm, a leg, or the trunk;
- (b) Amputation of an arm, a hand, a foot, or a leg involving the effective loss of use of that appendage;
- (c) Severe brain or closed-head injury as evidenced by:
 - 1. Severe sensory or motor disturbances;
 - 2. Severe communication disturbances;
- 3. Severe complex integrated disturbances of cerebral function;
 - 4. Severe episodic neurological disorders; or
- 5. Other severe brain and closed-head injury conditions at least as severe in nature as any condition provided in subparagraphs 1.-4.;

1	(d) Second-degree or third-degree burns of 25 percent
2	or more of the total body surface or third-degree burns of 5
3	percent or more to the face and hands; or
4	(e) Total or industrial blindness <u>.</u> ; or
5	(f) Any other injury that would otherwise qualify
6	under this chapter of a nature and severity that would qualify
7	an employee to receive disability income benefits under Title
8	II or supplemental security income benefits under Title XVI of
9	the federal Social Security Act as the Social Security Act
10	existed on July 1, 1992, without regard to any time
11	limitations provided under that act.
12	Section 2. Section 440.05, Florida Statutes, is
13	amended to read:
14	(Substantial rewording of section. See
15	s. 440.05, F.S., for present text.)
16	440.05 Election of exemption; revocation of
17	election
18	(1) The following classes of persons, as defined by s.
19	440.02, who are not primarily engaged in the construction
20	industry, as that term is defined in s. 440.02, are exempt
21	from this chapter unless they elect otherwise in accordance
22	with subsection (2):
23	(a) Sole proprietors;
24	(b) Partners as defined in this section; and
25	(c) Corporate officers as defined in this section.
26	(2) Any person who is exempted from this chapter under
27	this section who secures, or whose employer secures for him or
28	her, workers' compensation insurance coverage is considered to
29	have waived the right to such an exemption and is subject to
30	the provisions of this chapter.

31 (3) Every enterprise conducting business in this state

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29 30 shall maintain business records as specified by the division by rule, which rules must include the provision that any corporation with exempt officers and any partnership with exempt partners must maintain written statements of those exempted persons affirmatively acknowledging each such individual's exempt status.

- (4) Any sole proprietor or partner claiming an exemption under this section shall maintain a copy of his or her federal income tax records for each of the immediately previous 3 years in which he or she claims an exemption. Such federal income tax records must include a complete copy of the following for each year in which an exemption is claimed:
- (a) For sole proprietors, a copy of Federal Income Tax
 Form 1040 and its accompanying Schedule C;
- (b) For partners, a copy of the partner's Federal Income Tax Schedule K-1 (Form 1065) and Federal Income Tax Form 1040 and its accompanying Schedule E. The sole proprietor or partner in question shall produce, upon request by the division, a copy of those documents together with a statement by the sole proprietor that the tax records provided are true and accurate copies of what the sole proprietor or partner has filed with the federal Internal Revenue Service. The statement must be signed under oath by the sole proprietor or partner in question and must be notarized. The division shall issue a stop-work order under s. 440.107(5) to any sole proprietor or partner who fails or refuses to produce a copy of the tax records and affidavit required under this paragraph to the division within 3 business days after that request and who has failed to otherwise secure insurance for the provision of workers' compensation benefits for himself or herself if required under this chapter to do so.

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- (5) Any corporate officer claiming an exemption under this section must be listed on the records of this state's Secretary of State, Division of Corporations, as a corporate officer. If the person who claims exemption as a corporate officer is not so listed on the records of the Secretary of State, the individual must provide to the division, upon request by the division, a notarized affidavit stating that the individual is a bona fide officer of the corporation and stating the date his or her appointment or election as a corporate officer became or will become effective. The statement must be signed under oath by both the officer in question and the president or chief operating officer of the corporation and must be notarized. The division shall issue a stop-work order under s. 440.107(1) to any person who claims to be exempt as a corporate officer but who fails or refuses to produce the documents required under this subsection to the division within 3 business days after the request is made and who has failed to otherwise secure the insurance of workers' compensation benefits for himself or herself if required under this chapter to do so.
- of a business entity that has not been in operation long enough to have filed with the Internal Revenue Service, or to have been required by the Internal Revenue Service to file, its first annual federal income tax return is not eligible for exemption from this chapter.
- (7) Exemptions pertain only to the person claiming exemption and only for the entity that is the subject of the federal income tax reports filed by the person claiming the exemption. A separate exemption is required for every proprietorship, partnership, or corporation from which an

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individual receives any remuneration for labor, services, or products provided.

(8) Sole proprietors, partners, and corporate officers, as those terms are defined in s. 440.02, of sole proprietorships, partnerships, and corporations that are primarily engaged in the construction industry as that term is defined in s. 440.02 are not eligible for exemption from this chapter.

Section 3. Section 440.06, Florida Statutes, is amended to read:

440.06 Failure to secure compensation; effect.--Every employer who fails to secure the payment of compensation as provided in s. 440.10 by failing to meet the requirements of under this chapter as provided in s. 440.38 may not, in any suit brought against him or her by an employee subject to this chapter to recover damages for injury or death, defend such a suit on the grounds that the injury was caused by the negligence of a fellow servant, that the employee assumed the risk of his or her employment, or that the injury was due to the comparative negligence of the employee.

Section 4. Subsection (1) of section 440.09, Florida Statutes, is amended to read:

440.09 Coverage.--

(1) The employer shall pay compensation or furnish benefits required by this chapter if the employee suffers an accidental compensable injury or death arising out of work performed in the course and the scope of employment. The injury, its occupational cause, and any resulting manifestations or disability shall be established to a reasonable degree of medical certainty and by objective 31 | medical findings. Mental or nervous injuries occurring as a

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manifestation of an injury compensable under this section shall be demonstrated by clear and convincing evidence.

- (a) This chapter does not require any compensation or benefits for any subsequent injury the employee suffers as a result of an original injury arising out of and in the course of employment unless the original injury is the major contributing cause of the subsequent injury.
- (b) If an injury arising out of and in the course of employment combines with a preexisting disease or condition to cause or prolong disability or need for treatment, the employer must pay compensation or benefits required by this chapter only to the extent that the injury arising out of and in the course of employment is and remains the major contributing cause of the disability or need for treatment.
- (c) Death resulting from an operation by a surgeon furnished by the employer for the cure of hernia as required in s. 440.15(6) shall for the purpose of this chapter be considered to be a death resulting from the accident causing the hernia.
- (d) If an accident happens while the employee is employed elsewhere than in this state, which would entitle the employee or his or her dependents to compensation if it had happened in this state, the employee or his or her dependents are entitled to compensation if the contract of employment was made in this state, or the employment was principally localized in this state. However, if an employee receives compensation or damages under the laws of any other state, the total compensation for the injury may not be greater than is provided in this chapter.
- Section 5. Section 440.10, Florida Statutes, is 31 amended to read:

440.10 Liability for compensation. --

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(1)(a) Every employer coming within the provisions of this chapter, including any brought within the chapter by waiver of exclusion or of exemption, shall be liable for, and shall secure, the payment to his or her employees, or any physician, surgeon, or pharmacist providing services under the provisions of s. 440.13, of the compensation payable under ss. 440.13, 440.15, and 440.16. Any contractor or subcontractor who engages in any public or private construction in the state shall secure and maintain compensation for his or her employees under this chapter as provided in s. 440.38.

- (b) In case a contractor sublets any part or parts of his or her contract work to a subcontractor or subcontractors, all of the employees of such contractor and subcontractor or subcontractors engaged on such contract work shall be deemed to be employed in one and the same business or establishment; and the contractor shall be liable for, and shall secure, the payment of compensation to all such employees, except to employees of a subcontractor who has secured such payment.
- (c) A contractor shall may require a subcontractor to provide evidence of workers' compensation insurance or a copy of his or her certificate of election. A subcontractor electing to be exempt as a sole proprietor, partner, or officer of a corporation shall provide a copy of his or her certificate of election to the contractor.
- (d) 1. If a contractor becomes liable for the payment of compensation to the employees of a subcontractor who has failed to secure such payment in violation of s. 440.38, the contractor or other third-party payor shall be entitled to recover from the subcontractor all benefits paid or payable 31 | plus interest unless the contractor and subcontractor have

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agreed in writing that the contractor will provide coverage.

- 2. If a contractor or third-party payor becomes liable for the payment of compensation to the employee of a subcontractor who is actively engaged in the construction industry and has elected to be exempt from the provisions of this chapter, but whose election is invalid, the contractor or third-party payor may recover from the claimant, partnership, or corporation all benefits paid or payable plus interest, unless the contractor and the subcontractor have agreed in writing that the contractor will provide coverage.
- (e) A subcontractor is not liable for the payment of compensation to the employees of another subcontractor on such contract work and is not protected by the exclusiveness-of-liability provisions of s. 440.11 from action at law or in admiralty on account of injury of such employee of another subcontractor.
- (f) If an employer willfully fails to secure compensation as required by this chapter, the division may assess against the employer a penalty not to exceed \$5,000 for each employee of that employer who is classified by the employer as an independent contractor but who is found by the division to not meet the criteria for an independent contractor that are set forth in s. 440.02.
- (g) For purposes of this section, a person is conclusively presumed to be an independent contractor if:
- 1. the independent contractor provides the general contractor with an affidavit stating that he or she meets all the requirements of s. 440.02(14)(d). An; and
- 2. The independent contractor provides the general contractor with a valid certificate of workers' compensation 31 | insurance or a valid certificate of exemption issued by the

division.

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2 3 A sole proprietor, partner, or officer of a corporation who 4 elects exemption from this chapter by filing a certificate of election under s. 440.05 may not recover benefits or 5 6 compensation under this chapter. An independent contractor 7 who provides the general contractor with both an affidavit stating that he or she meets the requirements of s. 8 440.02(14)(d) and a certificate of exemption is not an 9 10 employee under s. 440.02(14)(c) and may not recover benefits under this chapter. For purposes of determining the 11 12 appropriate premium for workers' compensation coverage, 13 carriers may not consider any person who meets the 14 requirements of this paragraph to be an employee. 15 (2) Compensation shall be payable irrespective of 16 fault as a cause for the injury, except as provided in s. 17 440.09(3). Section 6. Section 440.1025, Florida Statutes, is 18 19 created to read: 20 440.1025 Consideration of public employer workplace 21 safety program in rate-setting; program requirements; rulemaking.--For a public employer to be eligible for receipt 22 23 of specific identifiable consideration under s. 627.0915 for a 24 workplace safety program in the setting of rates, the public employer must have a workplace safety program. At a minimum, 25 26 the program must include a written safety policy and safety 27 rules, and make provision for safety inspections, preventative 28 maintenance, safety training, first-aid, accident 29 investigation, and necessary record keeping. For purposes of 30 this section, "public employer" means "any agency within state, county, or municipal government employing individuals

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for salary, wages, or other remuneration." The Division may promulgate rules for insurers to utilize in determining public employer compliance with the requirements of this section.

Section 7. Subsection (5) of section 440.107, Florida Statutes, is amended to read:

440.107 Division powers to enforce employer compliance with coverage requirements.--

(5) Whenever the division determines that an employer who is required to secure the payment to his or her employees of the compensation provided for by this chapter has failed to do so or the division determines that an employer has misrepresented to a carrier the size or classification of the employer's payroll, such failure or misrepresentation shall be deemed an immediate serious danger to public health, safety, or welfare sufficient to justify service by the division of a stop-work order on the employer, requiring the cessation of all business operations within the state at the place of employment or job site. The order shall take effect upon the date of service upon the employer, unless the employer provides evidence satisfactory to the division of having secured any necessary insurance or self-insurance and pays a civil penalty to the division, to be deposited by the division into the Workers' Compensation Administration Trust Fund, in the amount of \$100 per day for each day the employer was not in compliance with this chapter.

Section 8. Subsections (2), (5), (12), and (14) of section 440.13, Florida Statutes, are amended to read:

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

- (2) MEDICAL TREATMENT; DUTY OF EMPLOYER TO FURNISH. --
- (a) Subject to the limitations specified elsewhere in

this chapter, the employer shall furnish to the employee such medically necessary remedial treatment, care, and attendance 3 for such period as the nature of the injury or the process of 4 recovery may require, including medicines, medical supplies, 5 durable medical equipment, orthoses, prostheses, and other medically necessary apparatus. Remedial treatment, care, and 6 7 attendance, including work-hardening programs or 8 pain-management programs accredited by the Commission on 9 Accreditation of Rehabilitation Facilities or Joint Commission 10 on the Accreditation of Health Organizations or pain-management programs affiliated with medical schools, 11 12 shall be considered as covered treatment only when such care 13 is given based on a referral by a physician as defined in this chapter. Each facility shall maintain outcome data, including 14 15 work status at discharges, total program charges, total number 16 of visits, and length of stay. The department shall utilize 17 such data and report to the President of the Senate and the Speaker of the House of Representatives regarding the efficacy 18 and cost-effectiveness of such program, no later than October 19 20 1, 1994. Medically necessary treatment, care, and attendance 21 does not include chiropractic services in excess of 18 treatments or rendered 8 weeks beyond the date of the initial 22 chiropractic treatment, whichever comes first, unless the 23 24 carrier authorizes additional treatment or the employee is 25 catastrophically injured.

(b) The employer shall provide appropriate professional or nonprofessional attendant care performed only at the direction and control of a physician when such care is medically necessary. The value of nonprofessional attendant care provided by a family member must be determined as 31 follows:

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- If the family member is not employed, the per-hour value equals the federal minimum hourly wage.
- If the family member is employed and elects to leave that employment to provide attendant or custodial care, the per-hour value of that care equals the per-hour value of the family member's former employment, not to exceed the per-hour value of such care available in the community at large.
- 3. If the family member remains employed while providing attendant or custodial care, the per-hour value of that care equals the per-hour value of the family member's employment, not to exceed the per-hour value of such care available in the community at large.
- 4. A family member or a combination of family members providing nonprofessional attendant care under this paragraph may not be compensated for more than a total of 12 hours per day.
- If the employer fails to provide treatment or care required by this section after request by the injured employee, the employee may obtain such treatment at the expense of the employer, if the treatment is compensable and medically necessary. There must be a specific request for the treatment, and the employer or carrier must be given a reasonable time period within which to provide the treatment or care. However, the employee is not entitled to recover any amount personally expended for the treatment or service unless he or she has requested the employer to furnish that treatment or service and the employer has failed, refused, or neglected to do so within a reasonable time or unless the nature of the injury requires such treatment, nursing, and services and the 31 | employer or his or her superintendent or foreman, having

knowledge of the injury, has neglected to provide the treatment or service.

- (d) The carrier has the right to transfer the care of an injured employee from the attending health care provider if an independent medical examination determines that the employee is not making appropriate progress in recuperation.
- (e) Except in emergency situations and for treatment rendered by a managed care arrangement, after any initial examination and diagnosis by a physician providing remedial treatment, care, and attendance, and before a proposed course of medical treatment begins, each insurer shall review, in accordance with the requirements of this chapter, the proposed course of treatment, to determine whether such treatment would be recognized as reasonably prudent. The review must be in accordance with all applicable workers' compensation practice parameters. The insurer must accept any such proposed course of treatment unless the insurer notifies the physician of its specific objections to the proposed course of treatment by the close of the tenth business day after notification by the physician, or a supervised designee of the physician, of the proposed course of treatment.
- (f) Upon the written request of the employee, the carrier shall give the employee the opportunity for one change of physician during the course of treatment for any one accident. In the event such a physician ceases to practice in Florida or relocates his or her office at a location that is greater than a 50-mile radius from the employee's residence, the employee is entitled to select another physician from among not fewer than three carrier-authorized physicians who are not professionally affiliated. The employee shall be entitled to select another physician from among not fewer than

- benefits, compensability, or disability under this chapter, the carrier or the employee may select an independent medical examiner. The examiner may be a health care provider treating or providing other care to the employee. An independent medical examiner may not render an opinion outside his or her area of expertise, as demonstrated by licensure and applicable practice parameters. Upon the written request of the employee, the carrier shall pay the cost of one independent medical examination per accident. The cost of any additional independent medical examination must be borne by the party requesting the additional independent medical examination. The costs of independent medical examinations expressly relied upon by the judge of compensation claims to award benefits in the final compensation order are taxable costs under s.
- (b) Each party is bound by his or her selection of an independent medical examiner and is entitled to an alternate examiner only if:
- 1. The examiner is not qualified to render an opinion upon an aspect of the employee's illness or injury which is material to the claim or petition for benefits;
- 2. The examiner ceases to practice in the specialty relevant to the employee's condition;
- 3. The examiner is unavailable due to injury, death, or relocation outside a reasonably accessible geographic area; or
 - 4. The parties agree to an alternate examiner.

Any party may request, or a judge of compensation claims may require, designation of a division medical advisor as an independent medical examiner. The opinion of the advisors acting as examiners shall not be afforded the presumption set forth in paragraph (9)(c).

- (c) The carrier may, at its election, contact the claimant directly to schedule a reasonable time for an independent medical examination. The carrier must confirm the scheduling agreement in writing within 5 days and notify claimant's counsel, if any, at least 7 days before the date upon which the independent medical examination is scheduled to occur. An attorney representing a claimant is not authorized to schedule independent medical evaluations under this subsection.
- independent medical examination without good cause and fails to advise the physician at least 24 hours before the scheduled date for the examination that he or she cannot appear, the employee is barred from recovering compensation for any period during which he or she has refused to submit to such examination. Further, the employee shall reimburse the carrier 50 percent of the physician's cancellation or no-show fee unless the carrier that schedules the examination fails to timely provide to the employee a written confirmation of the date of the examination pursuant to paragraph (c) which includes an explanation of why he or she failed to appear. The employee may appeal to a judge of compensation claims for reimbursement when the carrier withholds payment in excess of the authority granted by this section.
 - (e) No medical opinion other than the opinion of a

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medical advisor appointed by the judge of compensation claims or division, an independent medical examiner, or an authorized treating provider is admissible in proceedings before the judges of compensation claims. The employee or the carrier may each submit into evidence, and the judge of compensation claims shall admit, the medical opinion of no more than one independent medical examiner per specialty.

- (f) Attorney's fees incurred by an injured employee in connection with delay of or opposition to an independent medical examination, including, but not limited to, motions for protective orders, are not recoverable under this chapter.
- (12) CREATION OF THREE-MEMBER PANEL; GUIDES OF MAXIMUM REIMBURSEMENT ALLOWANCES. --
- (a) A three-member panel is created, consisting of the Insurance Commissioner, or the Insurance Commissioner's designee, and two members to be appointed by the Governor, subject to confirmation by the Senate, one member who, on account of present or previous vocation, employment, or affiliation, shall be classified as a representative of employers, the other member who, on account of previous vocation, employment, or affiliation, shall be classified as a representative of employees. The panel shall determine statewide schedules of maximum reimbursement allowances for medically necessary treatment, care, and attendance provided by physicians, hospitals, ambulatory surgical centers, work-hardening programs, pain programs, and durable medical equipment. The maximum reimbursement allowances for inpatient hospital care shall be based on a schedule of per diem rates, to be approved by the three-member panel no later than March 1, 1994, to be used in conjunction with a precertification 31 | manual as determined by the division. All compensable charges

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for hospital outpatient care shall be reimbursed at 75 percent of usual and customary charges. Until the three-member panel approves a schedule of per diem rates for inpatient hospital care and it becomes effective, all compensable charges for hospital inpatient care must be reimbursed at 75 percent of their usual and customary charges. Annually, the three-member panel shall adopt schedules of maximum reimbursement allowances for physicians, hospital inpatient care, hospital outpatient care, ambulatory surgical centers, work-hardening programs, and pain programs. However, the maximum percentage of increase in the individual reimbursement allowance may not exceed the percentage of increase in the Consumer Price Index for the previous year, except when the three-member panel adopts a nationally recognized reimbursement methodology. An individual physician, hospital, ambulatory surgical center, pain program, or work-hardening program shall be reimbursed either the usual and customary charge for treatment, care, and attendance, the agreed-upon contract price, or the maximum reimbursement allowance in the appropriate schedule, whichever is less.

(b) As to reimbursement for a prescription medication, the reimbursement amount for a prescription shall be the average wholesale price times 1.2 plus \$4.18 for the dispensing fee, except where the carrier has contracted for a lower amount. Fees for pharmaceuticals and pharmaceutical services shall be reimbursable at the applicable fee schedule amount. Where the employer or carrier has contracted for such services and the employee elects to obtain them through a provider not a party to the contract, the carrier shall reimburse at the schedule, negotiated, or contract price, 31 whichever is lower.

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- (c) Reimbursement for all fees and other charges for such treatment, care, and attendance, including treatment, care, and attendance provided by any hospital or other health care provider, ambulatory surgical center, work-hardening program, or pain program, must not exceed the amounts provided by the uniform schedule of maximum reimbursement allowances as determined by the panel or as otherwise provided in this section. This subsection also applies to independent medical examinations performed by health care providers under this chapter. Until the three-member panel approves a uniform schedule of maximum reimbursement allowances and it becomes effective, all compensable charges for treatment, care, and attendance provided by physicians, ambulatory surgical centers, work-hardening programs, or pain programs shall be reimbursed at the lowest maximum reimbursement allowance across all 1992 schedules of maximum reimbursement allowances for the services provided regardless of the place of service. In determining the uniform schedule, the panel shall first approve the data which it finds representative of prevailing charges in the state for similar treatment, care, and attendance of injured persons. Each health care provider, health care facility, ambulatory surgical center, work-hardening program, or pain program receiving workers' compensation payments shall maintain records verifying their usual charges. In establishing the uniform schedule of maximum reimbursement allowances, the panel must consider:
- The levels of reimbursement for similar treatment, care, and attendance made by other health care programs or third-party providers;
- The impact upon cost to employers for providing a 31 | level of reimbursement for treatment, care, and attendance

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which will ensure the availability of treatment, care, and attendance required by injured workers;

- The financial impact of the reimbursement allowances upon health care providers and health care facilities, including trauma centers as defined in s. 395.4001, and its effect upon their ability to make available to injured workers such medically necessary remedial treatment, care, and attendance. The uniform schedule of maximum reimbursement allowances must be reasonable, must promote health care cost containment and efficiency with respect to the workers' compensation health care delivery system, and must be sufficient to ensure availability of such medically necessary remedial treatment, care, and attendance to injured workers; and
- The most recent average maximum allowable rate of increase for hospitals determined by the Health Care Board under chapter 408.
 - (14) PAYMENT OF MEDICAL FEES. --
- (a) Except for emergency care treatment, fees for medical services are payable only to a health care provider certified and authorized to render remedial treatment, care, or attendance under this chapter. A health care provider may not collect or receive a fee from an injured employee within this state, except as otherwise provided by this chapter. Such providers have recourse against the employer or carrier for payment for services rendered in accordance with this chapter.
- (b) Fees charged for remedial treatment, care, and attendance may not exceed the applicable fee schedules adopted under this chapter, except as provided under a contract entered into between an employer or carrier and a certified 31 | health care provider or health care facility for the payment

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of medical services for covered expenses.

(c) Notwithstanding any other provision of this chapter, following overall maximum medical improvement from an injury compensable under this chapter, the employee is obligated to pay a copayment of \$10 per visit for medical services. The copayment shall not apply to emergency care provided to the employee.

Section 9. Paragraph (d) of subsection (1), paragraph (b) of subsection (2), and 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:
- "Grievance" means a direct written complaint filed by an injured worker expressing dissatisfaction with the insurer's workers' compensation managed care arrangement's refusal to provide 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 or without a managed care arrangement such medically necessary remedial treatment, care, and attendance for such period as the nature of the injury or the process of recovery requires.
- (15)(a) A workers' compensation managed care arrangement must have and use procedures for hearing complaints and resolving written grievances from injured 31 workers and health care providers. The procedures must be

aimed at mutual agreement for settlement and may include arbitration procedures. Procedures provided herein are in addition to other procedures contained in this chapter.

- (b) The grievance procedure must be described in writing and provided to the affected workers and health care providers.
- 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 15 days after the date of the request for medical care is received by the insurer or by the insurer's 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 or the insurer's workers' compensation arrangement fails to notify the injured worker of the outcome of the grievance in writing within 15 days from the date of receiving the grievance, the grievance shall be presumed to be resolved against the injured worker and the grievance procedures shall be presumed exhausted for purposes of s. 440.192(3).
- (e) If a grievance is found to be valid, corrective action must be taken promptly.
- (f) All concerned parties must be notified of the results of a grievance.
 - (g) The insurer must report annually, no later than

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March 31, to the agency regarding its grievance procedure activities for the prior calendar year. The report must be in a format prescribed by the agency and must contain the number of grievances filed in the past year and a summary of the subject, nature, and resolution of such grievances.

Section 10. Paragraph (a) of subsection (1) of section 440.14, Florida Statutes, is amended to read:

440.14 Determination of pay.--

- (1) Except as otherwise provided in this chapter, the average weekly wages of the injured employee at the time of the injury shall be taken as the basis upon which to compute compensation and shall be determined, subject to the limitations of s. 440.12(2), as follows:
- (a) If the injured employee has worked in the employment in which she or he was working at the time of the injury, whether for the same or another employer, during substantially the whole of 13 weeks immediately preceding the injury, her or his average weekly wage shall be one-thirteenth of the total amount of wages earned in such employment during the 13 weeks. As used in this paragraph, the term "substantially the whole of 13 weeks" means an actual shall be deemed to mean and refer to a constructive period of 13 weeks as a whole, which shall be defined as the 13 complete weeks before the date of the accident, excluding the week the injury occurs.a consecutive period of 91 days, and The term "during substantially the whole of 13 weeks" shall be deemed to mean during not less than 90 percent of the total customary full-time hours of employment within such period considered as a whole.

Section 11. Paragraphs (b) and (f) of subsection (1) 31 and paragraph (a) of subsection (3) of section 440.15, Florida Statutes, are amended to read:

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

- PERMANENT TOTAL DISABILITY. --(1)
- (b) Any compensable injury eligible for permanent total benefits must be of a nature and severity that prevents the employee from being able to perform his or her previous work. If the employee is engaged in or is capable of being engaged in any substantial, gainful employment, he or she is not entitled to permanent total disability. The burden is on the employee to establish that he or she is unable to perform work if such work is available within a 50-mile radius of the employee's residence. In addition, Only a catastrophic injury as defined in s. 440.02 shall, in the absence of conclusive proof of a substantial earning capacity, constitute permanent total disability. Only claimants with catastrophic injuries are eligible for permanent total benefits. In no other case may permanent total disability be awarded.
- (f)1. If permanent total disability results from injuries that occurred subsequent to June 30, 1955, and for which the liability of the employer for compensation has not been discharged under s. 440.20(11), the injured employee shall receive additional weekly compensation benefits equal to 5 percent of her or his weekly compensation rate, as established pursuant to the law in effect on the date of her or his injury, multiplied by the number of calendar years since the date of injury. The weekly compensation payable and the additional benefits payable under this paragraph, when combined, may not exceed the maximum weekly compensation rate 31 | in effect at the time of payment as determined pursuant to s.

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440.12(2). Entitlement to these supplemental payments shall cease at age 62 if the employee is eligible for social security benefits under 42 U.S.C. s.ss.402 or s.and 423, whether or not the employee has applied for such benefits. These supplemental benefits shall be paid by the division out of the Workers' Compensation Administration Trust Fund when the injury occurred subsequent to June 30, 1955, and before July 1, 1984. These supplemental benefits shall be paid by the employer when the injury occurred on or after July 1, 1984. Supplemental benefits are not payable for any period prior to October 1, 1974.

- 2.a. The division shall provide by rule for the periodic reporting to the division of all earnings of any nature and social security income by the injured employee entitled to or claiming additional compensation under subparagraph 1. Neither the division nor the employer or carrier shall make any payment of those additional benefits provided by subparagraph 1. for any period during which the employee willfully fails or refuses to report upon request by the division in the manner prescribed by such rules.
- The division shall provide by rule for the periodic reporting to the employer or carrier of all earnings of any nature and social security income by the injured employee entitled to or claiming benefits for permanent total disability. The employer or carrier is not required to make any payment of benefits for permanent total disability for any period during which the employee willfully fails or refuses to report upon request by the employer or carrier in the manner prescribed by such rules or if any employee who is receiving permanent total disability benefits refuses to apply for or 31 cooperate with the employer or carrier in applying for social

security benefits.

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- When an injured employee receives a full or partial lump-sum advance of the employee's permanent total disability compensation benefits, the employee's benefits under this paragraph shall be computed on the employee's weekly compensation rate as reduced by the lump-sum advance.
 - (3) PERMANENT IMPAIRMENT AND WAGE-LOSS BENEFITS. --
 - (a) Impairment benefits.--
- Once the employee has reached the date of maximum medical improvement, impairment benefits are due and payable within 20 days after the carrier has knowledge of the impairment.
- 2. The three-member panel, in cooperation with the division, shall establish and use a uniform permanent impairment rating schedule. This schedule must be based on medically or scientifically demonstrable findings as well as the systems and criteria set forth in the American Medical Association's Guides to the Evaluation of Permanent Impairment; the Snellen Charts, published by American Medical Association Committee for Eye Injuries; and the Minnesota Department of Labor and Industry Disability Schedules. The schedule should be based upon objective findings. The schedule shall be more comprehensive than the AMA Guides to the Evaluation of Permanent Impairment and shall expand the areas already addressed and address additional areas not currently contained in the guides. On August 1, 1979, and pending the adoption, by rule, of a permanent schedule, Guides to the Evaluation of Permanent Impairment, copyright 1977, 1971, 1988, by the American Medical Association, shall be the temporary schedule and shall be used for the purposes hereof. 31 | For injuries after July 1, 1990, pending the adoption by

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division rule of a uniform disability rating schedule, the Minnesota Department of Labor and Industry Disability Schedule shall be used unless that schedule does not address an injury. In such case, the Guides to the Evaluation of Permanent Impairment by the American Medical Association shall be used. Determination of permanent impairment under this schedule must be made by a physician licensed under chapter 458, a doctor of osteopathic medicine licensed under chapters 458 and 459, a chiropractic physician licensed under chapter 460, a podiatric physician licensed under chapter 461, an optometrist licensed under chapter 463, or a dentist licensed under chapter 466, as appropriate considering the nature of the injury. No other persons are authorized to render opinions regarding the existence of or the extent of permanent impairment.

- 3. All impairment income benefits shall be based on an impairment rating using the impairment schedule referred to in subparagraph 2. Impairment income benefits are paid weekly at a rate equal to the rate of 50 percent of the employee's compensation rate average weekly temporary total disability benefit, not to exceed the maximum weekly benefit under s. 440.12. An employee's entitlement to impairment income benefits begins the day after the employee reaches maximum medical improvement or the expiration of temporary benefits, whichever occurs earlier, and continues until the earlier of:
- The expiration of a period computed at the rate of 3 weeks for each percentage point of impairment; or
 - The death of the employee. b.
- After the employee has been certified by a doctor as having reached maximum medical improvement or 6 weeks before the expiration of temporary benefits, whichever occurs 31 | earlier, the certifying doctor shall evaluate the condition of

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the employee and assign an impairment rating, using the impairment schedule referred to in subparagraph 2. Compensation is not payable for the mental, psychological, or emotional injury arising out of depression from being out of work or from any preexisting mental, psychological, or emotional condition. If the certification and evaluation are performed by a doctor other than the employee's treating doctor, the certification and evaluation must be submitted to the treating doctor, and the treating doctor must indicate agreement or disagreement with the certification and evaluation. The certifying doctor shall issue a written report 12 to the division, the employee, and the carrier certifying that 13 maximum medical improvement has been reached, stating the 14 impairment rating, and providing any other information 15 required by the division. If the employee has not been 16 certified as having reached maximum medical improvement before the expiration of 102 weeks after the date temporary total disability benefits begin to accrue, the carrier shall notify 18 the treating doctor of the requirements of this section. 19

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

Section 12. Subsection (2) of section 440.185, Florida Statutes, is amended to read:

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

(2) Within 7 days after actual knowledge of injury or 31 death, the employer shall report such injury or death to its

carrier, in a format prescribed by the division, and shall provide a copy of such report to the employee or the employee's estate. The report of injury shall contain the following information: The name, address, and business of the employer; (a)

- The name, social security number, street, mailing address, telephone number, and occupation of the employee;
 - The cause and nature of the injury or death;
- The year, month, day, and hour when, and the particular locality where, the injury or death occurred; and
- (e) A record of the employee's earnings for the 13 weeks before the date of injury; and
- (f) (e) Such other information as the division may require by rule.

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The carrier shall, within 14 days after the employer's receipt of the form reporting the injury, file the information required by this subsection with the division in Tallahassee. However, the division may by rule provide for a different reporting system for those types of injuries which it determines should be reported in a different manner and for those cases which involve minor injuries requiring professional medical attention in which the employee does not lose more than 7 days of work as a result of the injury and is able to return to the job immediately after treatment and resume regular work.

Section 13. Section 440.191, Florida Statutes, is amended to read:

440.191 Employee Assistance and Ombudsman Office. --(1)(a) In order to effect the self-executing features 31 of the Workers' Compensation Law, this chapter shall be

construed to permit injured employees and employers or the employer's carrier to resolve disagreements without undue expense, costly litigation, or delay in the provisions of benefits. It is the duty of all who participate in the workers' compensation system, including, but not limited to, carriers, service providers, health care providers, managed care arrangements, attorneys, employers, and employees, to attempt to resolve disagreements in good faith and to cooperate with the division's efforts to resolve disagreements between the parties. The division may by rule prescribe definitions that are necessary for the effective administration of this section.

- (b) An Employee Assistance and Ombudsman Office is created within the Division of Workers' Compensation to inform and assist injured workers, employers, carriers, and health care providers, and managed care arrangements in fulfilling their responsibilities under this chapter. The division may by rule specify forms and procedures for administering requests for assistance provided by this section.
- Division of Workers' Compensation, shall be a resource available to all employees who participate in the workers' compensation system and shall take all steps necessary to educate and disseminate information to employees and employers. Upon receiving a notice of injury or death, the Employee Assistance and Ombudsman Office is authorized to initiate contact with the injured employee or employee's representative to discuss rights and responsibilities of the employee under this chapter and the services available through the Employee Assistance and Ombudsman Office.
 - (2) (a) An employee may not file a petition requesting

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29 30 any benefit under this chapter unless the employee has exhausted the procedures for informal dispute resolution under this section.

(a) (b) If at any time the employer or its carrier fails to provide benefits to which the employee believes she or he is entitled, the employee shall contact the office to request assistance in resolving the dispute. The office may review petitions for benefits filed under s. 440.192 shall investigate the dispute and may shall attempt to facilitate an agreement between the employee and the employer or carrier. The employee, the employer, and the carrier shall cooperate with the office and shall timely provide the office with any documents or other information that it may require in connection with its efforts under this section.

(b) (c) The office may compel parties to attend conferences in person or by telephone in an attempt to resolve disputes quickly and in the most efficient manner possible. Settlement agreements resulting from such conferences must be submitted to the Office of the Judges of Compensation Claims for approval.

(c)(d) The Employee Assistance and Ombudsman Office may assign an ombudsman to assist the employee in resolving the dispute. If the dispute is not resolved within 30 days after the employee contacts the office, The ombudsman may shall, at the employee's request, assist the employee in drafting a petition for benefits and explain the procedures for filing petitions. The division may by rule determine the method used to calculate the 30-day period. The Employee Assistance and Ombudsman Office may not represent employees before the judges of compensation claims. An employer or 31 carrier may not pay any attorneys' fees on behalf of the

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29 30 employee for services rendered or costs incurred in connection with this section, unless expressly authorized elsewhere in this chapter.

Section 14. Section 440.192, Florida Statutes, is 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 Deputy Chief Judge, with the Office of the Judges of Compensation Claims within the Division of Administrative Hearings a petition for benefits which meets the requirements of this section. The division shall inform employees of the location of the 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 Deputy Chief Judge, upon the employer and the employer's carrier, and the division in Tallahassee a petition for benefits that meets the requirements of this section. The Deputy Chief Judge shall refer the petitions to the judges of compensation claims. The division shall refer the petition to the Office of the Judges of Compensation Claims.
- (2) <u>Upon receipt</u> the Office of the Judges of Compensation Claims shall review each petition and shall dismiss each petition, <u>or any portion of the petition</u>, upon its own motion or upon the motion of any party, that does not on its face specifically identify or itemize the following:
- 30 (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 <u>and the</u> date of the accident.
- (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 and the specific classification of the compensation.
- (f) Date of maximum medical improvement, character of disability, and specific statement of all benefits or compensation that the employee is seeking.
- (g) The specific 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, including the date the request for mileage was filed with the carrier, and a copy of the request for mileage filed with the carrier.
- (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.
- (i) The type or nature of treatment care or attendance sought and the justification for such treatment. If the employee is under the care of a physician for the injury identified in paragraph (c), a copy of the physician's request, authorization, or recommendation for treatment, care, or attendant care must accompany the petition.
 - (j) Specific explanation of any other disputed issue

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29 30 that a judge of compensation claims will be called to rule upon.

- (k) Any other information and documentation the Deputy <u>Chief Judge</u> may require by rule.
- (3) A petition for benefits may contain a claim for past benefits and continuing benefits in any benefit category, but is limited to those in default and ripe, due, and owing on the date the petition is filed. If the employer has elected to satisfy its obligation to provide medical treatment, care, and attendance through a managed care arrangement designated under this chapter, the employee must exhaust all managed care grievance procedures before filing a petition for benefits under this section.
- The dismissal of any petition or portion of the petition under this section is without prejudice and does not require a hearing.
- (5) (4) The petition must include a certification by the claimant or, if the claimant is represented by counsel, the claimant's attorney, stating that the claimant, or attorney if the claimant is represented by counsel, has made a good faith effort to resolve the dispute and that the claimant or attorney was unable to resolve the dispute with the carrier.
- (6) 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 a 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 31 | which to file an amended petition. Any grounds for dismissal

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for lack of specificity under this section not asserted within $\underline{60}$ $\underline{30}$ days after receipt of the petition for benefits are thereby waived.

(7) (6) If the claimant is not represented by counsel, the Office of the Judges of Compensation Claims may request the Employee Assistance and Ombudsman Office to assist the claimant in filing a petition that meets the requirements of this section.

(8) (7) Notwithstanding the provisions of s. 440.34, a judge of compensation claims may not award attorney's fees payable by the carrier for services expended or costs incurred prior to the filing of a petition that does not meeting meet the requirements of this section.

(9) (8) Within 30 14 days after receipt of a petition for benefits by certified mail, the carrier must either pay the requested benefits without prejudice to its right to deny within 120 days from receipt of the petition or file a response to the petition notice of denial with the Office of the Judges of Compensation Claims division. The carrier must list all benefits requested but not paid and explain its justification for nonpayment in the response to the petition notice of denial. A carrier that does not deny compensability in accordance with s. 440.20(4) is deemed to have accepted the employee's injuries as compensable, unless it can establish material facts relevant to the issue of compensability that could not have been discovered through reasonable investigation within the 120-day period. The carrier shall provide copies of the response notice to the filing party, employer, and claimant by certified mail.

Section 15. Subsections (4) and (11) of section 440.20, Florida Statutes, are amended to read:

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

- (4) If the carrier is uncertain of its obligation to provide benefits or compensation, it may initiate payment without prejudice and without admitting liability. The carrier shall immediately and in good faith commence investigation of the employee's entitlement to benefits under this chapter and shall admit or deny compensability within 120 days after the initial provision of compensation or benefits as required by subsection (2) or s. 440.192(8). Upon commencement of payment as required by subsection (2) or s. 440.192(8), the carrier shall provide written notice to the employee that it has elected to pay all or part of the claim pending further investigation, and that it will advise the employee of claim acceptance or denial within 120 days. A carrier that fails to deny compensability within 120 days after the initial provision of benefits or payment of compensation, as required by subsection (2) or s. 440.192(8), waives the right to deny compensability, unless the carrier can establish material facts relevant to the issue of compensability that it could not have discovered through reasonable investigation within the 120-day period. The initial provision of compensation or benefits, for purposes of this subsection, shall mean the first installment of compensation or benefits to be paid by the carrier under subsection (2) or pursuant to a petition of benefits under s. 440.192(8).
- When a claimant is not represented by counsel, (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 31 | payments of compensation expenses and any other benefits

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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. The employer or carrier may not pay any attorney's fees on behalf of the claimant for any settlement under this section unless expressly authorized elsewhere in this chapter. Upon the joint petition of all interested parties and after giving due consideration to the interests of all interested parties, the judge of compensation claims may enter a compensation order approving and authorizing the discharge of the liability of the employer for compensation and remedial treatment, care, and attendance, as well as rehabilitation expenses, by the payment of a lump sum. Such a compensation order so entered upon joint petition of all interested parties is not subject to modification or review under s. 440.28. If the settlement proposal together with supporting evidence is not approved by the judge of compensation claims, it shall be considered void. Upon approval of a lump-sum settlement under this subsection, the judge of compensation claims shall send a report to the Chief Judge of the amount of the settlement and a statement of the nature of the controversy. The Chief Judge shall keep a record of all such reports filed by each judge of compensation claims and shall submit to the Legislature a summary of all such reports filed under this subsection annually by September 15.

(b) When a claimant is not represented by counsel, 31 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 3 payments of compensation and rehabilitation expenses, and any 4 other benefits provided under this chapter, may be allowed at 5 any time in any case after the injured employee has attained 6 maximum medical improvement. An employer or carrier may not 7 pay any attorney's fees on behalf of the claimant for any settlement, unless expressly authorized elsewhere in this 8 9 chapter. A compensation order so entered upon joint petition 10 of all interested parties shall not be subject to modification or review under s. 440.28. However, a judge of compensation 11 12 claims is not required to approve any award for lump-sum 13 payment when it is determined by the judge of compensation claims that the payment being made is in excess of the value 14 of benefits the claimant would be entitled to under this 15 16 chapter. The judge of compensation claims shall make or cause 17 to be made such investigations as she or he considers necessary, in each case in which the parties have stipulated 18 that a proposed final settlement of liability of the employer 19 for compensation shall not be subject to modification or 20 review under s. 440.28, to determine whether such final 21 disposition will definitely aid the rehabilitation of the 22 injured worker or otherwise is clearly for the best interests 23 24 of the person entitled to compensation and, in her or his discretion, may have an investigation made by the 25 Rehabilitation Section of the Division of Workers' 26 27 Compensation. The joint petition and the report of any investigation so made will be deemed a part of the proceeding. 28 An employer shall have the right to appear at any hearing 29 30 pursuant to this subsection which relates to the discharge of 31 | such employer's liability and to present testimony at such

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hearing. The carrier shall provide reasonable notice to the employer of the time and date of any such hearing and inform the employer of her or his rights to appear and testify. When the claimant is represented by counsel or when the claimant and carrier or employer are represented by counsel, final approval of the lump-sum settlement agreement, as provided for in a joint petition and stipulation, shall be approved by entry of an order within 7 days after the filing of such joint petition and stipulation without a hearing, unless the judge of compensation claims determines, in her or his discretion, that additional testimony is needed before such settlement can be approved or disapproved and so notifies the parties. The probability of the death of the injured employee or other person entitled to compensation before the expiration of the period during which such person is entitled to compensation shall, in the absence of special circumstances making such course improper, be determined in accordance with the most recent United States Life Tables published by the National Office of Vital Statistics of the United States Department of Health and Human Services. The probability of the happening of any other contingency affecting the amount or duration of the compensation, except the possibility of the remarriage of a surviving spouse, shall be disregarded. As a condition of approving a lump-sum payment to a surviving spouse, the judge of compensation claims, in the judge of compensation claims' discretion, may require security which will ensure that, in the event of the remarriage of such surviving spouse, any unaccrued future payments so paid may be recovered or recouped by the employer or carrier. Such applications shall be considered and determined in accordance with s. 440.25.

(c) Notwithstanding s. 440.21(2), when a claimant is

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represented by counsel, the claimant may waive all rights to
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   all benefits under this chapter by entering into a settlement
   agreement releasing the employer and the carrier from
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   liability for workers' compensation benefits in exchange for a
   lump-sum payment to the claimant. The settlement agreement
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   requires approval by the judge of compensation claims only as
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   to the attorney's fees paid to the claimant's attorney by the
   claimant. The judge of compensation claims shall not approve
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   settlement proposals, including any stipulations or agreements
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   between the parties or between a claimant and his or her
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   attorney related to the settlement proposal, which provide for
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   an attorney's fee in excess of the amount permitted in s.
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    440.34. The parties need not submit any information or
   documentation in support of the settlement, except as needed
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   to justify the amount of the attorney's fees. Neither the
   employer nor the carrier is responsible for any attorney's
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   fees relating to the settlement and release of claims under
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   this section. Payment of the lump-sum settlement amount must
   be made within 14 days after the date the judge of
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   compensation claims mails the order approving the attorney's
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   fees. Any order entered by a judge of compensation claims
   approving the attorney's fees as set out in the settlement
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   under this subsection is not considered to be an award and is
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   not subject to modification or review. The judge of
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   compensation claims shall report these settlements to the
   chief judge in accordance with the requirements set forth in
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   s. 440.11(a) and (b). Settlements entered into under this
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   subsection are valid and apply to all dates of accident.
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          (d) With respect to any lump-sum settlement under this
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   subsection, a judge of compensation claims must consider
   whether the settlement provides for appropriate recovery of
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any child-support arrearage. Neither the employer nor the carrier has a duty to investigate or collect information regarding child-support arrearages.

(e) (c) This section applies to all claims that the parties have not previously settled, regardless of the date of accident.

Section 16. Subsections (1), (2), (3), and (4) of section 440.25, Florida Statutes, are amended to read:

440.25 Procedures for mediation and hearings.--

- (1) Within 90 21 days after a petition for benefits is filed under s. 440.192, a mediation conference concerning such petition shall be held. Within 40 7 days after such petition is filed, the judge of compensation claims shall notify the interested parties by order that a mediation conference concerning such petition will be held unless the parties have notified the Office of the Judges of Compensation Claims that a mediation has been held. Such order must notice shall give the date by which, time, and location of the mediation conference must be held. Such order notice may be served personally upon the interested parties or may be sent to the interested parties by mail. Continuances may be granted only if the requesting party demonstrates to the judge of compensation claims that the reason for requesting the continuance arises from circumstances beyond the party's control. Any order granting a continuance must set forth the date of the rescheduled mediation conference. A mediation conference may not be used solely for the purpose of mediating attorney's fees.
- (2) Any party who participates in a mediation conference shall not be precluded from requesting a hearing 31 | following the mediation conference should both parties not

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agree to be bound by the results of the mediation conference. A mediation conference is required to be held unless this requirement is waived by the Chief Judge. No later than 3 days prior to the mediation conference, all parties must submit any applicable motions, including, but not limited to, a motion to waive the mediation conference, to the judge of compensation claims.

(3)(a) Such mediation conference shall be conducted informally and shall does not require the use of formal rules of evidence or procedure. Any information from the files, reports, case summaries, mediator's notes, or other communications or materials, oral or written, relating to a mediation conference under this section obtained by any person performing mediation duties is privileged and confidential and may not be disclosed without the written consent of all parties to the conference. Any research or evaluation effort directed at assessing the mediation program activities or performance must protect the confidentiality of such information. Each party to a mediation conference has a privilege during and after the conference to refuse to disclose and to prevent another from disclosing communications made during the conference whether or not the contested issues are successfully resolved. This subsection and paragraphs (4)(a) and (b) shall not be construed to prevent or inhibit the discovery or admissibility of any information that is otherwise subject to discovery or that is admissible under applicable law or rule of procedure, except that any conduct or statements made during a mediation conference or in negotiations concerning the conference are inadmissible in any proceeding under this chapter.

(b)1. Unless the parties conduct a private mediation

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29 30 under subparagraph 2., mediation shall be conducted by a mediator selected by the Deputy Chief Judge from among mediators The Chief Judge shall select a mediator. The mediator shall be employed on a full-time basis by the Office of the Judges of Compensation Claims. A mediator must be a member of The Florida Bar for at least 5 years and must complete a mediation training program approved by the Chief Judge. Adjunct mediators may be employed by the Office of the Judges of Compensation Claims on an as-needed basis and shall be selected from a list prepared by the Chief Judge. An adjunct mediator must be independent of all parties participating in the mediation conference. An adjunct mediator must be a member of The Florida Bar for at least 5 years and must complete a mediation training program approved by the Chief Judge. An adjunct mediator shall have access to the office, equipment, and supplies of the judge of compensation claims in each district.

2. In the event the parties agree or in the event no mediators under subparagraph 1. are available to conduct the required mediation within the period specified in this section, the parties shall hold a mediation conference at the carrier's expense within the 90-day period set for mediation. The mediation conference shall be conducted by a mediator who is a member in good standing of The Florida Bar with at least 5 years' of Florida practice and is certified under s. 44.106. If the parties do not agree upon a mediator within 10 days after the date of the order, the claimant shall notify the judge in writing and the judge shall appoint a mediator under this subparagraph within 7 days. In the event both parties agree, the results of the mediation conference shall be 31 | binding and neither party shall have a right to appeal the

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29 30 results. In the event either party refuses to agree to the results of the mediation conference, the results of the mediation conference as well as the testimony, witnesses, and evidence presented at the conference shall not be admissible at any subsequent proceeding on the claim. The mediator shall not be called in to testify or give deposition to resolve any claim for any hearing before the judge of compensation claims. The employer may be represented by an attorney at the mediation conference if the employee is also represented by an attorney at the mediation conference.

- (c) The parties shall make a good-faith effort to complete the pretrial stipulations before the conclusion of the mediation conference if the claims, except for attorney's fees and costs, have not been settled and if any claims in any filed petition remain unresolved. The judge of compensation claims may sanction a party or both parties for failure to complete the pretrial stipulations before the conclusion of the mediation conference.
- (4)(a) If the parties fail to submit written pretrial stipulations at the mediation conference, on the 10th day following commencement of mediation, the questions in dispute have not been resolved, the judge of compensation claims shall order a pretrial hearing to occur within 14 days after the date of mediation ordered by the judge of compensation claims hold a pretrial hearing. The judge of compensation claims shall give the interested parties at least 7 days' advance notice of the pretrial hearing by mail. At the pretrial hearing, the judge of compensation claims shall, subject to paragraph (b), set a date for the final hearing that allows the parties at least 30 days to conduct discovery unless the 31 parties consent to an earlier hearing date.

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- (b) The final hearing must be held and concluded within 90 45 days after the mediation conference is held pretrial hearing. Continuances may be granted only if the requesting party demonstrates to the judge of compensation claims that the reason for requesting the continuance arises from circumstances beyond the party's control. The written consent of the claimant must be obtained before any request is granted for an additional continuance after the initial continuance is granted. Any order granting a continuance must set forth the date and time of the rescheduled hearing. Continuances may be granted only if the requesting party demonstrates to the judge of compensation claims that the reason for requesting the continuances arises from circumstances beyond the party's control. If a judge of compensation claims grants two or more continuances to a requesting party, the judge of compensation claims shall report such continuances to the Deputy Chief Judge.
- (c) The judge of compensation claims shall give the interested parties at least 7 days' advance notice of the final hearing, served upon the interested parties by mail.
- (d) The final hearing shall be held within 210 days after receipt of the petition for benefits in the county where the injury occurred, if the injury occurred in this state, unless otherwise agreed to between the parties and authorized by the judge of compensation claims in the county where the injury occurred. If the injury occurred outside without the state and is one for which compensation is payable under this chapter, then the final hearing above referred to may be held in the county of the employer's residence or place of business, or in any other county of the state that which will, 31 | in the discretion of the Chief Judge, be the most convenient

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29 30 for a hearing. The final hearing shall be conducted by a judge of compensation claims, who shall, within 30 14 days after final hearing or closure of the hearing record, unless otherwise agreed by the parties, enter a final order on the merits of the disputed issues determine the dispute in a summary manner. The judge of compensation claims may enter an abbreviated final order in cases when compensability is not disputed. Either party may request separate findings of fact and conclusions of law.At the final such hearing, the claimant and employer may each present evidence in respect of the claims presented by the petition for benefits such claim and may be represented by any attorney authorized in writing for such purpose. When there is a conflict in the medical evidence submitted at the hearing, the provisions of s. 440.13 shall apply. The report or testimony of the expert medical advisor shall be made a part of the record of the proceeding and shall be given the same consideration by the judge of compensation claims as is accorded other medical evidence submitted in the proceeding; and all costs incurred in connection with such examination and testimony may be assessed as costs in the proceeding, subject to the provisions of s. 440.13. No judge of compensation claims may make a finding of a degree of permanent impairment that is greater than the greatest permanent impairment rating given the claimant by any examining or treating physician, except upon stipulation of the parties.

(e) The order making an award or rejecting the claim, referred to in this chapter as a "compensation order," shall set forth the findings of ultimate facts and the mandate; and the order need not include any other reason or justification 31 | for such mandate. The compensation order shall be filed in the

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29 30 office of the division at Tallahassee. A copy of such compensation order shall be sent by mail to the parties and attorneys of record at the last known address of each, with the date of mailing noted thereon.

(f) Each judge of compensation claims is required to submit a special report to the Chief Judge in each contested workers' compensation case in which the case is not determined within 14 days of final hearing. Said form shall be provided by the Chief Judge and shall contain the names of the judge of compensation claims and of the attorneys involved and a brief explanation by the judge of compensation claims as to the reason for such a delay in issuing a final order. The Chief Judge shall compile these special reports into an annual public report to the Governor, the Secretary of Labor and Employment Security, the Legislature, The Florida Bar, and the appellate district judicial nominating commissions.

(g) Judges of compensation claims shall adopt and enforce uniform local rules for workers' compensation.

(g)(h) Notwithstanding any other provision of this section, the judge of compensation claims may require the appearance of the parties and counsel before her or him without written notice for an emergency conference where there is a bona fide emergency involving the health, safety, or welfare of an employee. An emergency conference under this section may result in the entry of an order or the rendering of an adjudication by the judge of compensation claims.

(h)(i) To expedite dispute resolution and to enhance the self-executing features of the Workers' Compensation Law, the Chief Judge shall make provision by rule or order for the resolution of appropriate motions by judges of compensation 31 claims without oral hearing upon submission of brief written

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29 30 statements in support and opposition, and for expedited discovery and docketing. Unless the judge of compensation claims orders a hearing under paragraph (i), claims related to the determination of pay under s. 440.14 shall be resolved under this paragraph.

(i)(j) To further expedite dispute resolution and to enhance the self-executing features of the system, those petitions filed in accordance with s. 440.192 that involve a claim for benefits of \$5,000 or less shall, in the absence of compelling evidence to the contrary, be presumed to be appropriate for expedited resolution under this paragraph; and any other claim filed in accordance with s. 440.192, upon the written agreement of both parties and application by either party, may similarly be resolved under this paragraph. Claims for medical-only benefits of \$5,000, or less, or medical mileage reimbursement shall, in the absence of compelling evidence to the contrary, be resolved through the expedited dispute resolution process under this paragraph. For purposes of expedited resolution pursuant to this paragraph, the Chief Judge shall make provision by rule or order for expedited and limited discovery and expedited docketing in such cases. At least 15 days prior to hearing, the parties shall exchange and file with the judge of compensation claims a pretrial outline of all issues, defenses, and witnesses on a form promulgated by the Chief Judge; provided, in no event shall such hearing be held without 15 days' written notice to all parties. No pretrial hearing shall be held. The judge of compensation claims shall limit all argument and presentation of evidence at the hearing to a maximum of 30 minutes, and such hearings shall not exceed 30 minutes in length. Neither party shall be 31 required to be represented by counsel. The employer or carrier

may be represented by an adjuster or other qualified representative. The employer or carrier and any witness may appear at such hearing by telephone. The rules of evidence shall be liberally construed in favor of allowing introduction of evidence.

- (j) A judge of compensation claims, either upon the motion of a party or its own motion, may dismiss a petition for lack of prosecution if no petitions, responses, motions, orders, requests for hearings, or notices of deposition have been filed for a period of 12 months, unless good cause is shown. Dismissals for lack of prosecution are without prejudice and do not require a hearing.
- (k) A judge of compensation claims may not award interest on unpaid medical bills, nor may the amount of such bills be used to calculate the amount of interest awarded.

Regardless of the date benefits were initially requested, attorney's fees do not attach under this subsection until 30 days from the date the carrier or employer, if self-insured, receives the petition.

Section 17. Subsection (4) of section 440.29, Florida Statutes, is amended to read:

440.29 Procedure before the judge of compensation claims.--

(4) All medical reports of authorized treating health care providers or independent medical examiners whose medical opinion is submitted under s. 440.13(5)(e)relating to the claimant and subject accident shall be received into evidence by the judge of compensation claims upon proper motion.

However, such records must be served on the opposing party at

However, such records must be served on the opposing party at least 30 days before the final hearing. This section does not

limit any right of further discovery, including, but not limited to, depositions.

Section 18. Subsections (1) and (3) of section 440.34, Florida Statutes, are amended to read:

440.34 Attorney's fees; costs.--

- (1) A fee, gratuity, or other consideration may not be paid for services rendered for a claimant in connection with any proceedings arising under this chapter, unless approved as reasonable by the judge of compensation claims or court having jurisdiction over such proceedings. Except as provided by this subsection, any attorney's fee approved by a judge of compensation claims for services rendered to a claimant must equal to 25 20 percent of the first \$5,000 of the amount of the benefits secured, 20 15 percent of the next \$5,000 of the amount of the benefits secured, 15 10 percent of the remaining amount of the benefits secured to be provided during the first 10 years after the date the claim is filed, and 10 5 percent of the benefits secured after 10 years.
- (a) However, the judge of compensation claims shall consider the following factors in each case and may approve an increase or decrease the attorney's fee of up to \$2,500, based on a reasonable hourly rate, except in those cases set forth in s. 440.34(3)(c), if, in her or his judgment, the judge of compensation claims expressly finds that the attorney's fees based on benefits secured fails to fairly compensate the attorney and that the circumstances of the particular case warrant such action. Such fees shall be allowed for any petition for benefits that were ripe, due, and owing and should have been raised in such petition under this paragraph. Any fees are waived on any other benefits which were not raised and which were ripe, due, and owing at the time the

issues are resolved.

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- The judge of compensation claims shall not approve a compensation order, a joint stipulation for lump-sum settlement, a stipulation or agreement between a claimant and his or her attorney, or any other agreement related to benefits under this chapter which provides for an attorney's fee in excess of the amount permitted by this section .:
- (a) The time and labor required, the novelty and difficulty of the questions involved, and the skill requisite to perform the legal service properly.
- (b) The fee customarily charged in the locality for similar legal services.
- (c) The amount involved in the controversy and the benefits resulting to the claimant.
- (d) The time limitation imposed by the claimant or the circumstances.
- (e) The experience, reputation, and ability of the lawyer or lawyers performing services.
 - (f) The contingency or certainty of a fee.
- (3) If the claimant should prevail in any proceedings before a judge of compensation claims or court, there shall be taxed against the employer the reasonable costs of such proceedings, not to include the attorney's fees of the claimant. A claimant shall be responsible for the payment of her or his own attorney's fees, except that a claimant shall be entitled to recover a reasonable attorney's fee from a carrier or employer:
- (a) Against whom she or he successfully asserts a petition claim for medical benefits only, if the claimant has not filed or is not entitled to file at such time a claim for 31 disability, permanent impairment, wage-loss, or death

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29 30 benefits, arising out of the same accident; or

- (b) In any case in which the employer or carrier files a response to petition denying benefits notice of denial with the office of the Judges of Compensation Claims division and the injured person has employed an attorney in the successful prosecution of the petition claim; or
- (c) In a proceeding in which a carrier or employer denies that an injury occurred for which compensation benefits are payable, and the claimant prevails on the issue of compensability; or
- (d) In cases where the claimant successfully prevails in proceedings filed under s. 440.24 or s. 440.28.

Regardless of the date benefits were initially requested, attorney's fees may not attach under this subsection until 30 days from the date the carrier or employer, if self-insured, receives the petition and denies benefits.

In applying the factors set forth in subsection (1) to cases arising under paragraphs (a), (b), (c), and (d), the judge of compensation claims must only consider only such benefits and the time reasonably spent in obtaining them as were secured for the claimant within the scope of paragraphs (a), (b), (c), and (d).

Section 19. Section 440.345, Florida Statutes, is amended to read:

440.345 Reporting of attorney's fees.--All fees paid to attorneys for services rendered under this chapter shall be reported to the Office of the Judges $\underline{\text{of Compensation Claims}}$ division as the Office of the Judges of Compensation Claims 31 division requires by rule. The Office of the Judges of

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Compensation Claims division shall annually summarize such data in a report to the President of the Senate, the Speaker of the House of Representatives, and the Governor Workers' Compensation Oversight Board. Section 20. Subsection (8) is added to section 440.39, Florida Statutes, to read:

440.39 Compensation for injuries when third persons are liable.--

(8) This section does not impose on the carrier a duty to preserve evidence pertaining to the industrial accident or to injuries arising therefrom.

Section 21. Section 627.0915, Florida Statutes, is amended to read:

627.0915 Rate filings; workers' compensation, drug-free workplace, and safe employers. -- The Department of Insurance shall approve rating plans for workers' compensation insurance that give specific identifiable consideration in the setting of rates to employers that either implement a drug-free workplace program pursuant to rules adopted by the Division of Workers' Compensation of the Department of Labor and Employment Security or implement a safety program pursuant to provisions of the rating plan approved by the Division of Safety pursuant to rules adopted by the Division of Safety of the Department of Labor and Employment Security or implement both a drug-free workplace program and a safety program. The Division of Safety may by rule require that the client of a help supply services company comply with the essential requirements of a workplace safety program as a condition for receiving a premium credit. The plans must take effect January 1, 1994, must be actuarially sound, and must state the savings 31 anticipated to result from such drug-testing and safety

1	programs.
2	Section 22. The amendments to sections 440.02 and
3	440.15, Florida Statutes, in this act shall not be construed
4	to affect any determination of disability under section
5	112.18, section 112.181, or section 112.19, Florida Statutes.
6	Section 23. Subsection (4) is added to section
7	627.412, Florida Statutes, to read:
8	627.412 Standard provisions, in general
9	(4) Notwithstanding any other law, a public entity or
10	agency may purchase a consolidated insurance program for the
11	purpose of providing coverage for workers' compensation,
12	employer's liability, general liability, builder's risk, or
13	pollution liability to the public entity or agency or to a
14	contractor or subcontractor for a public construction project.
15	Section 24. If any provision of this act or its
16	application to any person or circumstance is held invalid, the
17	invalidity does not affect other provisions or applications of
18	the act which can be given effect without the invalid
19	provision or application, and to this end the provisions of
20	this act are declared severable.
21	Section 25. Subsection (3) of section 440.45, Florida
22	Statutes, is repealed.
23	Section 26. Effective October 1, 2001, section
24	440.4416, Florida Statutes, is repealed.
25	Section 27. Except as otherwise expressly provided in
26	this act, this act shall take effect January 1, 2002.
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29	========= T I T L E A M E N D M E N T ==========
30	And the title is amended as follows:
31	Delete everything before the enacting clause

and insert:

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2 A bill to be entitled

An act relating to workers' compensation; amending s. 440.02, F.S.; revising definitions of terms used in chapter 440, F.S.; amending s. 440.05, F.S.; revising exemptions from the requirement for employers to obtain workers' compensation coverage; specifying who may be exempt and the conditions for an exemption; specifying the effect of an exemption; requiring businesses, sole proprietors, and partners to maintain certain records; amending s. 440.06, F.S.; requiring employers to secure workers' compensation coverage; amending s. 440.09, F.S.; requiring compensation for accidental compensable injuries; amending s. 440.10, F.S.; revising references to persons who are exempt from coverage to conform; creating s. 440.1025, F.S.; providing for consideration of a public employer workplace safety program in rate-setting; amending s. 440.107, F.S.; authorizing the Division of Workers' Compensation to issue stop-work orders in certain circumstances; amending s. 440.13, F.S.; specifying the value of nonprofessional attendant care provided by a family member that is reimbursable; requiring the carrier to give the employee the opportunity to change physicians under certain circumstances and limitations; revising the effect of an independent medical examination; limiting the

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admissibility of certain medical opinions; revising the limitation on medical fees; amending s. 440.134, F.S.; revising the definitions applied to workers' compensation managed care arrangements; eliminating provisions mandating the use of such arrangements; revising the procedures governing grievances related to such arrangements; amending s. 440.14, F.S.; revising the computation of the average weekly wage of an employee for the purposes of determining benefits; amending s. 440.15, F.S.; revising the criteria for permanent total disability; revising the compensation rate for impairment income benefits; amending s. 440.185, F.S.; specifying the information that must be included in a report of injury; amending s. 440.191, F.S.; requiring the Employee Assistance and Ombudsman Office to initiate contact with an injured employee to discuss rights and responsibilities; revising other duties of the office; amending s. 440.192, F.S.; revising the procedures for resolving benefit disputes and filing petitions for benefits; specifying the information that must be included in a petition for benefits; amending s. 440.20, F.S.; specifying time for payment of compensation; prescribing the criteria for determining when a lump-sum settlement may be entered; specifying the effect of a lump-sum settlement; amending s.

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440.25, F.S.; revising the procedures governing mediation and the hearing of claims; amending s. 440.29, F.S.; requiring opinions of independent medical examiners to be received into evidence under certain conditions; amending s. 440.34, F.S.; revising the limit on the amount of attorney's fees that may be approved by a judge of compensation claims and eliminating factors that the judge must consider; applying such limits to any agreement related to benefits under chapter 440, F.S.; amending s. 440.345, F.S.; requiring the reporting of attorney's fees to the Office of the Judges of Compensation Claims and requiring the Office of the Judges of Compensation Claims to report such data to the Legislature and Governor; amending s. 440.39, F.S.; providing that the section does not impose a duty on the employer to preserve evidence; amending s. 627.0915, F.S.; providing for a safety program discount; amending s. 627.412, F.S.; providing that a public entity or agency may purchase a consolidated insurance program for public construction projects; repealing s. 440.4416, F.S., which creates the Workers' Compensation Oversight Board; repealing s. 440.45(3), F.S.; eliminating the requirement that the Chief Judge select judges to rotate as docketing judges; providing for severability; providing effective dates.