By Senator Hill

1-1398-05

1 A bill to be entitled 2 An act relating to workers' compensation; 3 providing rights and remedies on behalf of 4 injured workers; providing for access to 5 physicians; prescribing procedures with respect 6 to workers' compensation proceedings; providing 7 that subpoenas be issued by judges of 8 compensation claims only; prescribing rights to 9 benefits, including compensation, training, and 10 employment; limiting employers and insurance carriers in their activities in workers' 11 12 compensation cases; prescribing duties of the 13 Department of Financial Services with respect to workers' compensation cases; prescribing 14 limits on the dissemination and discovery of 15 records, including medical records; amending s. 16 17 440.34, F.S.; reinstating former provisions that provided procedures and remedies in cases 18 of bad-faith dealings; providing an effective 19 20 date. 21 22 Be It Enacted by the Legislature of the State of Florida: 23 Section 1. (1) An injured worker must be allowed 2.4 immediate access to necessary medical treatment and indemnity 25 benefits as promised in the exclusive remedy. If a carrier 26 27 fails to provide such access without convincing evidence that 2.8 the injured worker did not incur the injury at work or conclusive evidence of an act of fraud, the injured worker 29 retains the right to file a civil lawsuit, outside the 30 workers' compensation system, against the carrier for

negligence and may recover any losses that result from denial 2 of legitimate benefits, including, but not limited to, benefits quaranteed under the law, plus penalties and 3 4 interest; equity in a home or vehicle; consideration of increased impairment as a result of failure to approve medical 5 6 treatment; awards to compensate for loss of credit status; 7 awards for psychological stress and related illness as a 8 result of denial of benefits; and any other award the jury finds compensable. The employer or the carrier, or both, is 9 10 responsible for paying all legal fees, both of the claimant and of the defense, if the claimant wins the civil suit. 11 12 (2) Injured workers may choose their own physicians 13 from a statewide list of participating physicians who accept workers' compensation insurance, which list is compiled and 14 maintained by the Department of Financial Services and 15 contains the names of all such physicians in the state who 16 accept new patients. Each injured worker shall choose a family 18 physician to coordinate his or her treatment and referrals during his or her injury. A specialist of any kind may not be 19 chosen as a family physician. Each carrier is entitled to one 2.0 21 independent medical examination of its choice per specialty, as is the injured worker if the independent medical 2.2 23 examination disputes the diagnosis and treatment plan of the treating physician. A carrier must follow the same fee 2.4 schedule as the injured worker. A yearly assessment on 2.5 impairment must be done by the injured worker's family 26 2.7 physician and any other specialty physician relating to the 2.8 on-the-job injury if the family physician feels that a referral is necessary to complete the assessment. 29 30 (3) A carrier cannot change an injured worker's physicians or refuse referrals without justification and the

approval of the injured worker. If a dispute arises on this 2 issue, the judge of compensation claims shall grant a motion for a hearing within 5 working days after notification of the 3 4 dispute, to fairly resolve the issue if it cannot be resolved by the Employee Assistance Office within 1 week after the 5 6 issue has been referred to that office. The judge of 7 compensation claims shall make an adjudication on this issue at the hearing or within 7 working days thereafter. 8 9 (4) There is no limitation on temporary benefits. 10 Benefits shall stop at the date of maximum medical improvement regardless of the length of time required to get to maximum 11 12 medical improvement unless the person is permanently and 13 totally disabled. Before any benefits are stopped or the injured worker is placed on permanent total disability, he or 14 she must be assessed at maximum medical improvement by all 15 treating physicians and an impairment rating must be received 16 by all treating physicians or from a specialist in every area 18 of injury, or both. Treating physicians' opinions shall have the greatest weight in the case of any dispute. Maximum 19 medical improvement may not always indicate that an injured 2.0 21 worker can return to work. Any injured worker on medications that restrict him or her from driving or operating machinery 2.2 23 will be compensated until a date when the treating physician decides it is safe for the injured worker to drive while 2.4 medicated or the injured worker is taken off the medication. 2.5 This includes any drug with a dosage such that the Florida 2.6 2.7 Highway Patrol would consider a driver who drives while taking 2.8 that dosage as intoxicated or driving under the influence and could lead to loss of driver's license if the injured worker 29 is driving while impaired by the drug. If an injured worker is 30 too impaired to drive while medicated, he or she is too 31

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impaired to work. During this time, if the person is not permanently and totally disabled, he or she will be considered temporarily totally disabled and benefits must be paid.

- (5) An employer or carrier may not dispute a case if it fails to do so in the 120-day period provided by law for investigation unless there is clear and convincing evidence of a significant change in the injured worker's impairment rating by his or her treating physician or clear and convincing evidence of fraud.
- (6) The Department of Financial Services shall compile a list of physicians statewide who are willing to take out-of-state workers' compensation claims for residents who have moved to this state after injury in another state. The department shall help workers injured out of state secure their benefits from carriers in other states by working with the workers' compensation systems in the other states.
- investigator to follow an injured worker after the 120-day period of investigation allowed by law unless there is clear and convincing evidence of fraud or change in the injured worker's impairment rating by the treating physician. After the 120-day period of investigation after the date of injury allowed by law for the carrier, the Florida Department of Law Enforcement must find some evidence providing a legitimate reason for a private investigator before approval can be obtained to hire a private investigator to follow the injured worker. An investigator may not follow, harass, or tape the injured worker's family members during an investigation.
- (8) An employer or carrier is entitled to only those medical records of the injured worker which the treating family physician deems relevant to the on-the-job injury.

1	Preexisting conditions may not be considered as long as the
2	injured worker was able to successfully perform his or her job
3	at a satisfactory level and was able to meet attendance
4	requirements by the employer at the time of the injury.
5	(9) Financial records of the injured worker's spouse
6	are exempt from examination by the employer or carrier.
7	(10) The employer or carrier may only obtain form
8	SSA-1099-SM and nothing else from the Social Security Office
9	for discovery of a workers' compensation case unless the
10	claimant plans to introduce other documentation into evidence
11	from that agency in relation to the workers' compensation
12	case. An employer or carrier may not voluntarily provide
13	medical records to the Social Security Office but, upon
14	request from the Social Security Office, may provide data
15	requested. A copy of any material sent to the Social Security
16	Office by the employer or carrier must be sent to the injured
17	worker and his or her attorney, and the employer or carrier
18	must secure a written release from the injured worker before
19	any record may be released.
20	(12) A claimant's attorney's fees shall be no more or
21	less restricted than those of the employer or carrier. Each
22	has equal access to counsel, as provided for in the state and
23	United States Constitutions.
24	(12) Every subpoena must be signed by a judge of
25	compensation claims. An attorney for neither side has
26	authority to issue subpoenas.
27	(13) All injured workers who are assessed as able to
28	perform some kind of work shall have access to some form of a
29	training program if they are unable to return to their
30	original positions or find a job paying the same salary.
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1	(14) An injured worker returning to employment and
2	making less in salary and benefits than he or she was at the
3	time of the injury shall be compensated by the employer or
4	carrier for the difference in salary and benefits.
5	(15) Psychological injury or illness, or both, as a
6	result of the injury or treatment, or both, while in the
7	workers' compensation system shall be covered. Indemnity
8	benefits and treatment shall be provided at the same rate as
9	for any other injury.
10	(16) Chemical or toxic injury or illness shall be
11	determined relevant to the injury by a physician and not the
12	employer or carrier. Employer records shall be discoverable
13	pertaining to the number of incidents similar to the toxic or
14	chemical injury suspected. This also includes the
15	manufacturers' safety data sheets provided from the
16	manufacturer of any chemical or hazardous substance as well as
17	any handling instructions and ingredients in any suspected
18	chemical or hazardous substance.
19	(17) Employer records for all injuries shall be
20	discoverable relating to job safety and unlawful termination
21	of injured workers as well as any discrimination or prejudice
22	suspected related to the on-the-job injury.
23	(18) Employers must adhere to temporary restrictions
24	placed on the injured workers with no exceptions. If an
25	employer fails to employ an injured worker with permanent
26	restrictions, it is the employer's responsibility to pay for
27	retraining, indemnity payments while retraining, and placement
28	of that injured worker.
29	(19) The employer or carrier shall pay the injured
30	worker indemnity benefits during his or her complete
31	rehabilitation or retraining, or both, in addition to what the

1	injured worker receives from the state trust fund for
2	schooling and books as long as an agent assessment from the
3	Bureau of Reeducation and Rehabilitation Services approves the
4	retraining as an option for the injured worker.
5	(20) The employer shall provide the injured worker and
6	his or her family with health insurance benefits at the same
7	cost that was normally taken out of the employee's paycheck
8	for whatever insurance the employee had at the time of injury,
9	as opposed to the total cost the employer pays monthly for
10	such insurance.
11	(21) Medical benefits may not be settled out at any
12	time.
13	(22) Supplemental benefits for permanent total
14	disability shall continue until death. Permanent total
15	benefits shall continue until death.
16	(23) The employer or carrier may not cut off benefits
17	for those on permanent total disability before a hearing with
18	the judge of compensation claims. The employer or carrier may
19	not reopen a case years after the injury without clear and
20	convincing evidence of fraud or a change in the medical status
21	by the treating physician.
22	(24) Claimants' attorneys are not entitled to any
23	money over and above the amount the judge of compensation
24	claims determines to be fees and costs. Claimants' attorneys
25	may not force injured workers to have the workers' reqular
26	checks come to the attorneys or charge a handling fee for
27	claimant checks that come to the attorneys. Money may not be
28	held out of an injured worker's check without his or her
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	expressed written and contractual agreement.

31 certified yearly. Training courses for adjusters shall be set

up by the Department of Financial Services for all adjusters 2 and must be taken yearly to obtain certification. 3 (26) An adjuster may not deny any treatment or 4 prescription ordered by a treating physician without 5 authorization from a physician on staff for the insurance 6 company. If an adjuster denies treatment without authorization 7 from a staff physician, then he or she as well as the 8 insurance company is liable in a civil action if any damage or exacerbation of the injury results from the denial. An 9 10 adjuster may not practice medicine without a license. (27) Overpayments of indemnity or supplemental 11 12 benefits, or both, as a result of a miscalculation by the 13 carrier may not be repaid by the injured worker. If there is an overpayment, the carrier may adjust the injured worker's 14 pay accordingly but may not recoup the loss that results from 15 its own error. Any reduction in pay or benefits must be 16 approved by the Department of Financial Services before the 18 reduction can be made. 19 (28) Once an injured worker reports additional income, such as social security disability or supplemental security 2.0 21 income or any other payment required to be reported to the 2.2 carrier which allows the carrier an offset, the offset must be 23 calculated upon receipt of the notification. If the carrier fails to assess the offset, the injured worker is not required 2.4 to repay any amount of overpayment received as a result of the 2.5 carrier's failure to correctly figure that offset in a speedy 26 27 fashion. 2.8 (29) A person conducting a peer review of physicians or treatments must speak with all treating physicians before 29 making a decision from the peer review board. Those on the 30

board also must review all medical records provided by the

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injured worker, the injured worker's attorney, and the 2 employer or carrier and the employer's or carrier's attorney, if any. The board also must have a telephone conference with 3 4 the injured worker before it makes any findings. All members of the board must be present during any conversation with the 5 6 injured worker and his or her treating physicians. 7 (30) A clause may not be either contained in or added 8 to a settlement agreement which requires an injured worker to 9 resign his or her position as part of that agreement. 10 (31) A health care provider may not bill a claimant for a workers' compensation injury, but must collect the money 11 from the employer or carrier. The judges of compensation 12 13 claims have jurisdiction to issue a stay in any attempt to obtain payment of a bill that is in dispute until the dispute 14 is resolved or a bill that is unquestionably workers' 15 compensation. An attempt to collect a bill either by the 16 provider or a collection agency before the issue is resolved 18 is unlawful and may result in fines or criminal charges, or both, against the provider. 19 (32) When the carrier is providing records to any 2.0 21 party, physician, attorney, the Department of Financial 2.2 Services, or any other agency, it must provide all current 23 medical records and information. A copy of these records, along with any communication with these parties, must be sent 2.4 25 to the injured worker and to his or her attorney before these records may be sent and before any independent medical 26 2.7 examination or referral physician's appointment may be set. 2.8 (33) The carrier, the carrier's attorney, and the adjuster may not give their personal opinion in an effort to 29 30 influence the physician in any way. None of them may suggest

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appointment. The physician shall make his or her opinion known
based on the medical records and interview with the injured
worker.

Section 2. Subsection (3) of section 440.34, Florida Statutes, is amended to read:

440.34 Attorney's fees; costs.--

- (3) If any party should prevail in any proceedings before a judge of compensation claims or court, there shall be taxed against the nonprevailing party the reasonable costs of such proceedings, not to include attorney's fees. 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 for medical benefits only, if the claimant has not filed or is not entitled to file at such time a claim for disability, permanent impairment, wage-loss, or death benefits, arising out of the same accident;
- issues an order finding that a carrier has acted in bad faith with regard to handling an injured worker's claim and the injured worker has suffered economic loss. For the purposes of this paragraph, the term "bad faith" means conduct by the carrier in the handling of a claim which amounts to fraud; malice; oppression; or willful, wanton, or reckless disregard of the rights of the claimant. Any determination of bad faith shall be made by the judge of compensation claims through a separate factfinding proceeding. The judge of compensation claims shall issue a separate order that shall expressly state the specific findings of fact upon which the determination of

1	bad faith is based In any case in which the employer or
2	carrier files a response to petition denying benefits with the
3	Office of the Judges of Compensation Claims and the injured
4	person has employed an attorney in the successful prosecution
5	of the petition;
6	(c) In a proceeding in which a carrier or employer
7	denies that an accident occurred for which compensation
8	benefits are payable, and the claimant prevails on the issue
9	of compensability; or
10	(d) In cases where the claimant successfully prevails
11	in proceedings filed under s. 440.24 or s. 440.28.
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13	Regardless of the date benefits were initially requested,
14	attorney's fees shall not attach under this subsection until
15	30 days after the date the carrier or employer, if
16	self-insured, receives the petition.
17	Section 3. This act shall take effect July 1, 2005.
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20	SENATE SUMMARY
21	Revises or creates a broad variety of provisions relating to workers' compensation. (See bill for details.)
22	to workers compensation. (see bill for details.)
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