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A bill to be entitled An act relating to workers' compensation; amending s. 440.02, F.S.; revising a monetary limit in the definition of the term "casual"; excluding work done by state prisoners and county inmates from the definition of employment; amending s. 440.09, F.S.; excluding employees covered under the Defense Base Act from payment of benefits; amending s. 440.12, F.S.; providing for electronic payment of compensation payments; amending s. 440.13, F.S.; revising requirements for submission of certain medical reports and bills; granting rehabilitation providers access to medical records; revising provider eligibility requirements; amending s. 440.14, F.S.; requiring the employee to provide information concerning concurrent employment; amending s. 440.185, F.S.; authorizing the division to contract with a private entity for collection of certain policy information; providing application; amending s. 440.192, F.S.; revising requirements and procedures for filing petitions for benefits; permitting judges to dismiss portions of a petition; specifying that dismissal of petitions is without prejudice; amending grounds for dismissal; redesignating the notice of denial as the "response to petition"; amending s. 440.20, F.S.; providing for payment of compensation by direct deposit under certain circumstances; authorizing not

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holding a hearing under certain circumstances; revising the period for payment; revising lump-sum settlement requirements; amending s. 440.22, F.S.; excluding child support and alimony claims from general exemption of workers' compensation benefits from claims of creditors; amending s. 440.25, F.S.; revising mediation procedures; removing the division's participation in indigency proceedings; amending s. 440.271, F.S.; requiring the First District Court of Appeal to establish a specialized division to hear workers' compensation cases; amending s. 440.34, F.S.; providing for a response to petition; amending s. 440.38, F.S.; providing for the type of qualifying security deposit necessary to become a self-insured employer; providing requirements, procedures, and criteria; conforming cross-references; amending s. 440.345, F.S.; revising reporting requirements; amending s. 440.44, F.S.; revising record requirements; amending s. 440.45, F.S.; revising reporting requirements; requiring the judicial nominating commission to consider whether judges of compensation claims have met certain requirements; providing procedures; authorizing the Governor to appoint certain judges of compensation claims; amending s. 440.59, F.S., eliminating injury report; revising reporting requirements; amending s. 440.593, F.S., providing enforcement authority

1 relating to electronic reporting; amending s. 2 61.14, F.S.; requiring judges of compensation 3 claims to consider the interests of the worker and the worker's family when approving 4 5 settlements of workers' compensation claims; 6 requiring appropriate recovery of any 7 child-support arrearage from those settlements; amending s. 61.30, F.S.; providing that gross 8 9 income includes all workers' compensation 10 benefits and settlements; amending ss. 489.114, 11 489.510, F.S.; providing an exception to certain workers' compensation coverage evidence 12 requirements; amending ss. 489.115, 489.515, 13 F.S.; revising certification and registration 14 requirements for initial licensure; amending s. 15 627.311, F.S.; providing for use of 16 17 policyholder surplus for purposes of funding certain deficits; amending s. 627.914, F.S.; 18 19 revising the requirements for reports of 20 information by workers' compensation insurers; deleting a reporting requirement for the 21 Division of Workers' Compensation; repealing s. 22 440.45(3), F.S., relating to judges of 23 24 compensation claims serving as docketing 25 judges; repealing s. 440.49(13), F.S., relating to the Special Disability Trust Fund 26 27 Privatization Commission; providing effective 28 dates. 29 30 Be It Enacted by the Legislature of the State of Florida: 31

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Section 1. Subsection (4) and paragraph (c) of subsection (16) of section 440.02, Florida Statutes, are amended to read:

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

"Casual" as used in this section refers shall be (4) taken to refer only to employments for when the work that is anticipated contemplated is to be completed in not exceeding 10 working days or less, without regard to the number of persons employed, and at a when the total labor cost of such work is less than $$500 \pm 100$.

(16)

- "Employment" does not include service performed by (C) or as:
 - 1. Domestic servants in private homes.
- Agricultural labor performed on a farm in the employ of a bona fide farmer, or association of farmers, that who employs 5 or fewer regular employees and that 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 31 competing in a motor racing event as defined in s. 549.08.

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1 4. Labor under a sentence of a court to perform 2 community services as provided in s. 316.193. 3 5. State prisoners or county inmates except those performing services for private employers or those enumerated 4 5 in s. 948.03(8)(a). 6 Section 2. Subsection (2) of section 440.09, Florida 7 Statutes, is amended to read: 8 440.09 Coverage.--9 (2) Benefits are not payable in respect of the 10 disability or death of any employee covered by the Federal 11 Employer's Liability Act, the Longshoremen's and Harbor Worker's Compensation Act, the Defense Base Act, or the Jones 12 13 Act. Section 3. Subsection (1) of section 440.12, Florida 14 15 Statutes, is amended to read: 16 440.12 Time for commencement and limits on weekly rate 17 of compensation .--(1) No compensation shall be allowed for the first 7 18 19 days of the disability, except benefits provided for in s. 20 440.13. However, if the injury results in disability of more than 21 days, compensation shall be allowed from the 21 commencement of the disability. All weekly compensation 22 payments, except for the first payment, shall be paid by check 23 24 or, if authorized by the employee, deposited directly into the 25 employee's account at a financial institution. As used in this subsection, the term "financial institution," means a 26 27 financial institution as defined in s. 655.005(1)(h). 28 Section 4. Paragraph (a) of subsection (3) and 29 paragraphs (b) and (c) of subsection (4) of section 440.13,

Florida Statutes, are amended to read:

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

- (3) PROVIDER ELIGIBILITY; AUTHORIZATION. --
- (a) As a condition to eligibility for payment under this chapter, a health care provider who renders services must be a certified health care provider and must receive authorization from the carrier before providing treatment. This paragraph does not apply to emergency care. The division shall adopt rules to implement the certification of health care providers. As a one-time prerequisite to obtaining certification, the division shall require each physician to demonstrate proof of completion of a minimum 5-hour course that covers the subject areas of cost containment, utilization control, ergonomics, and the practice parameters adopted by the division governing the physician's field of practice. The division shall coordinate with the Agency for Health Care Administration, the Florida Medical Association, the Florida Osteopathic Medical Association, the Florida Chiropractic Association, the Florida Podiatric Medical Association, the Florida Optometric Association, the Florida Dental Association, and other health professional organizations and their respective boards as deemed necessary by the Agency for Health Care Administration in complying with this subsection. No later than October 1, 1994, the division shall adopt rules regarding the criteria and procedures for approval of courses and the filing of proof of completion by the physicians.
- (4) NOTICE OF TREATMENT TO CARRIER; FILING WITH DIVISION.--
- (b) <u>Upon the request of the Division of Workers'</u>

 <u>Compensation</u>, each medical report or bill obtained or received by the employer, the carrier, or the injured employee, or the

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30 31 attorney for the employer, carrier, or injured employee, with respect to the remedial treatment, or care, and attendance of the injured employee, including any report of an examination, diagnosis, or disability evaluation, must be filed with the Division of Workers' Compensation pursuant to rules adopted by the division. The health care provider shall also furnish to the injured employee or to his or her attorney, on demand, a copy of his or her office chart, records, and reports, and may charge the injured employee an amount authorized by the division for the copies. Each such health care provider shall provide to the division any additional information about the remedial treatment, care, and attendance which that the division reasonably requests.

(c) It is the policy for the administration of the workers' compensation system that there be reasonable access to medical information by all parties to facilitate the self-executing features of the law. Notwithstanding the limitations in s. 456.057 and subject to the limitations in s. 381.004, upon the request of the employer, the carrier, an authorized qualified rehabilitation provider, or the attorney for the employer or carrier either of them, the medical records of an injured employee must be furnished to those persons and the medical condition of the injured employee must be discussed with those persons, if the records and the discussions are restricted to conditions relating to the workplace injury. Any such discussions may be held before or after the filing of a claim without the knowledge, consent, or presence of any other party or his or her agent or representative. A health care provider who willfully refuses to provide medical records or to discuss the medical condition of the injured employee, after a reasonable request is made

for such information pursuant to this subsection, shall be subject by the division to one or more of the penalties set forth in paragraph (8)(b).

Section 5. Subsection (5) is added to section 440.14, Florida Statutes, to read:

440.14 Determination of pay. --

- (5)(a) If the lost wages from concurrent employment are used in calculating the average weekly wage, the employee is responsible for providing information concerning the loss of earnings from the concurrent employment.
- (b) The employee waives any entitlement to interest, penalties, and attorney's fees during the period in which the employee has not provided information concerning the loss of earnings from concurrent employment. Carriers are not subject to penalties by the division under s. 440.20(8)(b) and (c) for unpaid compensation related to concurrent employment during the period in which the employee has not provided information concerning the loss of earnings from concurrent employment.

Section 6. Subsection (7) of section 440.185, Florida Statutes, is amended to read:

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

(7) Every carrier shall file with the division within 21 days after the issuance of a policy or contract of insurance such policy information as the division requires may require, including notice of whether the policy is a minimum premium policy. Notice of cancellation or expiration of a policy as set out in s. 440.42(3) shall be mailed to the division in accordance with rules adopted promulgated by the division under chapter 120. The division may contract with a private entity for the collection of policy information

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following:

required to be filed by carriers under this subsection and the receipt of notices of cancellation or expiration of a policy 2 3 required to be filed by carriers under s. 440.42(3). The submission of policy information or notices of cancellation or 4 5 expiration to the contracted private entity satisfies the 6 filing requirements of this subsection and s. 440.42(3). 7 Section 7. Subsections (1), (2), (5), and (8) of 8 section 440.192, Florida Statutes, are amended to read: 440.192 Procedure for resolving benefit disputes.--9 (1) Subject to s. 440.191, any employee who has not 10 11 received a benefit to which the employee believes she or he is entitled under this chapter shall file by certified mail, or 12 by electronic means approved by the Chief Judge, with the 13 Office of the Judges of Compensation Claims a petition for 14 benefits which meets the requirements of this section. 15 division shall inform employees of the location of the Office 16 17 of the Judges of Compensation Claims for purposes of filing a petition for benefits. The employee shall also serve copies 18 19 of the petition for benefits by certified mail, or by electronic means approved by the Chief Judge, upon the 20 employer and, the employer's carrier, and the division in 21 Tallahassee a petition for benefits that meets the 22 requirements of this section. The division shall refer the 23 24 petition to the Office of the Judges of Compensation Claims. (2) Upon receipt, the Office of the Judges of 25 Compensation Claims shall review each petition and shall 26 27 dismiss each petition or any portion of such a petition, upon 28 the judge's its own motion or upon the motion of any party, 29 that does not on its face specifically identify or itemize the

- 1 (a) Name, address, telephone number, and social 2 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 or dates of 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 <u>and the specific classification of compensation were was not timely provided.</u>
 - (f) Date of maximum medical improvement, character of disability, and specific statement of all benefits or compensation that the employee is seeking.
 - (g) All <u>specific</u> 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 <u>and</u> including the date the request for mileage was filed with the carrier and a copy of the request 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.
 - (j) Specific explanation of any other disputed issue that a judge of compensation claims will be called to rule upon.

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

- (5) All motions to dismiss must state with particularity the basis for the motion. The judge of compensation claims shall enter an order upon such motions without hearing, unless good cause for hearing is shown. When any petition or portion of 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 which to file an amended petition. Any grounds for dismissal for lack of specificity under this section which are not asserted within 30 days after receipt of the petition for benefits are thereby waived.
- (8) Within 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 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 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 8. Paragraph (a) of subsection (1), subsection (6), and paragraph (a) of subsection (11) of section 440.20, Florida Statutes, are amended and paragraph (d) is added to subsection (11) of that section, to read:

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

(1)(a) Unless it denies compensability or entitlement to benefits, the carrier shall pay compensation directly to the employee as required by ss. 440.14, 440.15, and 440.16, in accordance with the obligations set forth in those such sections. If authorized by the employee, the carrier's obligation to pay compensation directly to the employee is satisfied when the carrier directly deposits, by electronic transfer or other means, compensation into the employee's account at a financial institution. As used in this paragraph, the term "financial institution" means a financial institution as defined in s. 655.005(1)(h). Compensation by direct deposit is considered paid on the date the funds become available for withdrawal by the employee.

dependency benefits, disability, permanent impairment, or wage loss payable without an award is not paid within 7 days after it becomes due, as provided in subsection (2), subsection (3), or subsection (4), there shall be added to such unpaid installment a punitive penalty of an amount equal to 20 percent of the unpaid installment or \$5, which shall be paid at the same time as, but in addition to, such installment of compensation, unless notice is filed under subsection (4) or unless such nonpayment results from conditions over which the employer or carrier had no control. When any installment of compensation payable without an award has not been paid within

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7 days after it became due and the claimant concludes the prosecution of the claim before a judge of compensation claims 3 without having specifically claimed additional compensation in 4 the nature of a penalty under this section, the claimant will 5 be deemed to have acknowledged that, owing to conditions over which the employer or carrier had no control, such installment could not be paid within the period prescribed for payment and to have waived the right to claim such penalty. However, during the course of a hearing, the judge of compensation 10 claims shall on her or his own motion raise the question of 11 whether such penalty should be awarded or excused. The division may assess without a hearing the punitive penalty 12 13 against either the employer or the insurance carrier, 14 depending upon who was at fault in causing the delay. The insurance policy cannot provide that this sum will be paid by 15 the carrier if the division or the judge of compensation 16 17 claims determines that the punitive penalty should be made by the employer rather than the carrier. Any additional 18 19 installment of compensation paid by the carrier pursuant to this section shall be paid directly to the employee by check 20 or, if authorized by the employee, by direct deposit into the 21 employee's account at a financial institution. As used in this 22 subsection, the term "financial institution" means a financial 23 24 institution as defined in s. 655.005(1)(h). 25

(11)(a) Upon joint petition of all interested parties, a lump-sum payment in exchange for the employer's or carrier's release from liability for future medical expenses, as well as future payments of compensation expenses and any other benefits provided under this chapter, shall be allowed at any time in any case in which the employer or carrier has filed a written notice of denial within 120 days after the employer

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receives notice date of the injury, and the judge of compensation claims at a hearing to consider the settlement proposal finds a justiciable controversy as to legal or medical compensability of the claimed injury or the alleged accident. A judge of compensation claims is not required to hold a hearing if the claimant is represented by an attorney and all parties stipulate that a hearing is unnecessary. The employer or carrier may not pay any attorney's fees on behalf of the claimant for any settlement under this section unless expressly authorized elsewhere in this chapter. Upon the joint petition of all interested parties and after giving due consideration to the interests of all interested parties, the judge of compensation claims may enter a compensation order approving and authorizing the discharge of the liability of the employer for compensation and remedial treatment, care, and attendance, as well as rehabilitation expenses, by the payment of a lump sum. Such a compensation order so entered upon joint petition of all interested parties is not subject to modification or review under s. 440.28. If the settlement proposal together with supporting evidence is not approved by the judge of compensation claims, it shall be considered void. Upon approval of a lump-sum settlement under this subsection, the judge of compensation claims shall send a report to the Chief Judge of the amount of the settlement and a statement of the nature of the controversy. The Chief Judge shall keep a record of all such reports filed by each judge of compensation claims and shall submit to the Legislature a summary of all such reports filed under this subsection annually by September 15. (d) When reviewing and approving any lump-sum

settlement under this subsection, a judge of compensation

amended to read:

 claims must consider whether the settlement serves the interests of the worker and the worker's family, including, but not limited to, whether the settlement provides for appropriate recovery of any child-support arrearage.

Section 9. Section 440.22, Florida Statutes, is

440.22 Assignment and exemption from claims of creditors.—No assignment, release, or commutation of compensation or benefits due or payable under this chapter except as provided by this chapter shall be valid, and such compensation and benefits shall be exempt from all claims of creditors, and from levy, execution and attachments or other remedy for recovery or collection of a debt, which exemption may not be waived. However, the exemption of workers' compensation claims from creditors does not extend to claims based on an award of child support or alimony.

Section 10. Subsection (1), paragraph (e) of subsection (4), and paragraph (b) of subsection (5) of section 440.25, Florida Statutes, are amended to read:

440.25 Procedures for mediation and hearings.--

(1) Within 21 days after a petition for benefits is filed under s. 440.192, a mediation conference concerning such petition shall be held. Within 7 days after such petition is filed, the judge of compensation claims shall notify the interested parties that a mediation conference concerning such petition will be held. Such notice shall give the date, time, and location of the mediation conference. Such notice may be served personally upon the interested parties or may be sent to the interested parties by mail. The claimant, or the adjuster of the employer or carrier, may, at the mediator's

discretion, attend the mediation conference by telephone or, if agreed to by the parties, other electronic means.

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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 for such mandate. The compensation order shall be filed in the Office of the Judges of Compensation Claims 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.

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An appellant may be relieved of any necessary filing fee by filing a verified petition of indigency for approval as provided in s. 57.081(1) and may be relieved in whole or in part from the costs for preparation of the record on appeal if, within 15 days after the date notice of the estimated costs for the preparation is served, the appellant files with the judge of compensation claims a copy of the designation of the record on appeal, and a verified petition to be relieved of costs. A verified petition filed prior to the date of service of the notice of the estimated costs shall be deemed not timely filed. The verified petition relating to record costs shall contain a sworn statement that the appellant is insolvent and a complete, detailed, and sworn financial affidavit showing all the appellant's assets, liabilities, and income. Failure to state in the affidavit all assets and income, including marital assets and income, shall 31 be grounds for denying the petition with prejudice. The

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30 31 division shall promulgate rules as may be required pursuant to this subsection, including forms for use in all petitions brought under this subsection. The appellant's attorney, or the appellant if she or he is not represented by an attorney, shall include as a part of the verified petition relating to record costs an affidavit or affirmation that, in her or his opinion, the notice of appeal was filed in good faith and that there is a probable basis for the District Court of Appeal, First District, to find reversible error, and shall state with particularity the specific legal and factual grounds for the opinion. Failure to so affirm shall be grounds for denying the petition. A copy of the verified petition relating to record costs shall be served upon all interested parties, including the division and the Office of the General Counsel, Department of Labor and Employment Security, in Tallahassee. The judge of compensation claims shall promptly conduct a hearing on the verified petition relating to record costs, giving at least 15 days' notice to the appellant, the division, and all other interested parties, all of whom shall be parties to the proceedings. The judge of compensation claims may enter an order without such hearing if no objection is filed by an interested party within 20 days from the service date of the verified petition relating to record costs. Such proceedings shall be conducted in accordance with the provisions of this section and with the workers' compensation rules of procedure, to the extent applicable. In the event an insolvency petition is granted, the judge of compensation claims shall direct the division to pay record costs and filing fees from the Workers' Compensation Trust Fund pending final disposition of the costs of appeal. The division may transcribe or arrange for the transcription of the record in any proceeding for which it is

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ordered to pay the cost of the record. In the event the insolvency petition is denied, the judge of compensation claims may enter an order requiring the petitioner to reimburse the division for costs incurred in opposing the petition, including investigation and travel expenses.

Section 11. Section 440.271, Florida Statutes, is amended to read:

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

Section 12. Subsection (3) of section 440.34, Florida Statutes, is amended to read:

440.34 Attorney's fees; costs.--

(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 31 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 claim 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; or
- (b) In any case in which the employer or carrier files a notice of denial or a response to petition with the division and the injured person has employed an attorney in the successful prosecution of the 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.

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 13. 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 of Compensation Claims division as the Office of the Judges of Compensation Claims division requires by rule. The Office of the Judges of

<u>Compensation Claims</u> <u>division</u> shall annually summarize such data in a report to the Workers' Compensation Oversight Board.

Section 14. Subsection (1) of section 440.38, Florida Statutes, is amended to read:

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

- (1) Every employer shall secure the payment of compensation under this chapter:
- (a) By insuring and keeping insured the payment of such compensation with any stock company or mutual company or association or exchange, authorized to do business in the state;
- (b) By furnishing satisfactory proof to the division of its financial ability to pay such compensation individually and on behalf of its subsidiary and affiliated companies with employees in this state and receiving an authorization from the division to pay such compensation directly in accordance with the following provisions:
- 1. The division may, as a condition to such authorization, require an such employer to deposit with in a depository designated by the division a qualifying security deposit. The division shall determine the type and amount of the qualifying security deposit and shall either an indemnity bond or securities, at the option of the employer, of a kind and in an amount determined by the division and subject to such conditions as the division may prescribe conditions for the qualifying security deposit, which shall include authorization for to the division to call the qualifying security deposit in the case of default to sell any such securities sufficient to pay compensation awards or to bring suit upon such bonds, to procure prompt payment of

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compensation under this chapter. In addition, the division shall require, as a condition to authorization to self-insure, proof that the employer has provided for competent personnel with whom to deliver benefits and to provide a safe working environment. Further, the division shall require such employer to carry reinsurance at levels that will ensure the actuarial soundness of such employer in accordance with rules promulgated by the division. The division may by rule require that, in the event of an individual self-insurer's insolvency, such qualifying security deposits indemnity bonds, securities, and reinsurance policies are shall be payable to the Florida Self-Insurers Guaranty Association, Incorporated, created pursuant to s. 440.385. Any employer securing compensation in accordance with the provisions of this paragraph shall be known as a self-insurer and shall be classed as a carrier of her or his own insurance.

2. If the employer fails to maintain the foregoing requirements, the division shall revoke the employer's authority to self-insure, unless the employer provides to the division the certified opinion of an independent actuary who is a member of the American Society of Actuaries as to the actuarial present value of the employer's determined and estimated future compensation payments based on cash reserves, using a 4-percent discount rate, and a qualifying security deposit equal to 1.5 times the value so certified. The employer shall thereafter annually provide such a certified opinion until such time as the employer meets the requirements of subparagraph 1. The qualifying security deposit shall be adjusted at the time of each such annual report. Upon the failure of the employer to timely provide such opinion or to timely provide a security deposit in an amount equal to 1.5

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30 31 times the value certified in the latest opinion, the division shall then revoke such employer's authorization to self-insure, and such failure shall be deemed to constitute an immediate serious danger to the public health, safety, or welfare sufficient to justify the summary suspension of the employer's authorization to self-insure pursuant to s. 120.68.

Upon the suspension or revocation of the employer's authorization to self-insure, the employer shall provide to the division and to the Florida Self-Insurers Guaranty Association, Incorporated, created pursuant to s. 440.385 the certified opinion of an independent actuary who is a member of the American Society of Actuaries of the actuarial present value of the determined and estimated future compensation payments of the employer for claims incurred while the member exercised the privilege of self-insurance, using a discount rate of 4 percent. The employer shall provide such an opinion at 6-month intervals thereafter until such time as the latest opinion shows no remaining value of claims. With each such opinion, the employer shall deposit with the division a qualifying security deposit in an amount equal to the value certified by the actuary. The association has a cause of action against an employer, and against any successor of the employer, who fails to timely provide such opinion or who fails to timely maintain the required security deposit with the division. The association shall recover a judgment in the amount of the actuarial present value of the determined and estimated future compensation payments of the employer for claims incurred while the employer exercised the privilege of self-insurance, together with attorney's fees. For purposes of this section, the successor of an employer means any person, business entity, or group of persons or business

entities, which holds or acquires legal or beneficial title to the majority of the assets or the majority of the shares of the employer.

- 4. A qualifying security deposit shall consist, at the option of the employer, of:
- a. Surety bonds, in a form and containing such terms as prescribed by the division, issued by a corporation surety authorized to transact surety business by the Department of Insurance, and whose policyholders' and financial ratings, as reported in A.M. Best's Insurance Reports, Property-Liability, are not less than "A" and "V", respectively.
- b. Certificates of deposit with financial institutions, the deposits of which are insured through the Federal Deposit Insurance Corporation or the Federal Savings and Loan Insurance Corporation.
- <u>b.c.</u> Irrevocable letters of credit in favor of the division issued by financial institutions <u>located within this</u> state, the deposits of which are insured through the Federal Deposit Insurance Corporation described in sub-subparagraph b.
- d. Direct obligations of the United States Treasury backed by the full faith and credit of the United States.
- e. Securities issued by this state and backed by the full faith and credit of this state.
- 5. The qualifying security deposit shall be held by the division, or by a depository authorized by the division, exclusively for the benefit of workers' compensation claimants. The security shall not be subject to assignment, execution, attachment, or any legal process whatsoever, except as necessary to guarantee the payment of compensation under this chapter. No surety bond may be terminated, and no <u>letter</u> of credit other qualifying security may be allowed to expire

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lapse, without 90 days' prior notice to the division and deposit by the self-insuring employer of some other qualifying security deposit of equal value within 10 business days after such notice. Failure to provide such notice or failure to timely provide qualifying replacement security after such notice shall constitute grounds for the division to call or sue upon the surety bond, or to act with respect to other pledged security in any manner necessary to preserve its value for the purposes intended by this section, including the exercise its of rights under a letter of credit. Current self-insured employers must comply with this section on or before December 31, 2001, or upon the maturity of existing security deposits, whichever occurs later, the sale of any security at then prevailing market rates, or the withdrawal of any funds represented by any certificate of deposit forming part of the qualifying security deposit. The division may specify by rule the amount of the qualifying security deposit required prior to authorizing an employer to self-insure and the amount of net worth required for an employer to qualify for authorization to self-insure;

- (c) By entering into a contract with a public utility under an approved utility-provided self-insurance program as set forth in s. 624.46225 s. 440.571 in effect as of July 1,1983. The division shall adopt rules to implement this paragraph;
- By entering into an interlocal agreement with (d) other local governmental entities to create a local government pool pursuant to s. 624.4622;
- (e) In accordance with s. 440.135, an employer, other than a local government unit, may elect coverage under the 31 | Workers' Compensation Law and retain the benefit of the

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exclusiveness of liability provided in s. 440.11 by obtaining a 24-hour health insurance policy from an authorized property and casualty insurance carrier or an authorized life and health insurance carrier, or by participating in a fully or partially self-insured 24-hour health plan that is established or maintained by or for two or more employers, so long as the law of this state is not preempted by the Employee Retirement Income Security Act of 1974, Pub. L. No. 93-406, or any amendment to that law, which policy or plan must provide, for at least occupational injuries and illnesses, medical benefits that are comparable to those required by this chapter. A local government unit, as a single employer, in accordance with s. 440.135, may participate in the 24-hour health insurance coverage plan referenced in this paragraph. Disputes and remedies arising under policies issued under this section are governed by the terms and conditions of the policies and under the applicable provisions of the Florida Insurance Code and rules adopted under the insurance code and other applicable laws of this state. The 24-hour health insurance policy may provide for health care by a health maintenance organization or a preferred provider organization. The premium for such 24-hour health insurance policy shall be paid entirely by the employer. The 24-hour health insurance policy may use deductibles and coinsurance provisions that require the employee to pay a portion of the actual medical care received by the employee. If an employer obtains a 24-hour health insurance policy or self-insured plan to secure payment of compensation as to medical benefits, the employer must also obtain an insurance policy or policies that provide indemnity benefits as follows:

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- If indemnity benefits are provided only for occupational-related disability, such benefits must be comparable to those required by this chapter.
- If indemnity benefits are provided for both occupational-related and nonoccupational-related disability, such benefits must be comparable to those required by this chapter, except that they must be based on 60 percent of the average weekly wages.
- The employer shall provide for each of its employees life insurance with a death benefit of \$100,000.
- Policies providing coverage under this subsection must use prescribed and acceptable underwriting standards, forms, and policies approved by the Department of Insurance. If any insurance policy that provides coverage under this section is canceled, terminated, or nonrenewed for any reason, the cancellation, termination, or nonrenewal is ineffective until the self-insured employer or insurance carrier or carriers notify the division and the Department of Insurance of the cancellation, termination, or nonrenewal, and until the division has actually received the notification. The division must be notified of replacement coverage under a workers' compensation and employer's liability insurance policy or plan by the employer prior to the effective date of the cancellation, termination, or nonrenewal; or
- (f) By entering into a contract with an individual self-insurer under an approved individual self-insurer-provided self-insurance program as set forth in s. 624.46225. The division may adopt rules to administer implement this subsection.
- Section 15. Subsections (6) and (7) of section 440.44, 31 Florida Statutes, are amended to read:

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440.44 Workers' compensation; staff organization .--

(6) SEAL.--The division, the judges of compensation claims, and the Chief Judge shall have a seal upon which shall be inscribed the words "State of Florida Department of Insurance--Seal" and "Division of Administrative Hearings--Seal." "State of Florida Department of Labor and Employment Security--Seal."

(7) DESTRUCTION OF OBSOLETE RECORDS. -- The division is expressly authorized to provide by regulation for and to destroy obsolete records of the division and commission. The Division of Administrative Hearings is expressly authorized to provide by regulation for and to destroy records of the Office of the Judges of Compensation Claims.

Section 16. Subsections (2), (4), (5), and (6) of section 440.45, Florida Statutes, are amended to read:

440.45 Office of the Judges of Compensation Claims .--

- (2)(a) The Governor shall appoint full-time judges of compensation claims to conduct proceedings as required by this chapter or other law. No person may be nominated to serve as a judge of compensation claims unless he or she has been a member of The Florida Bar in good standing and is knowledgeable in the practice of law of workers' compensation. No judge of compensation claims shall engage in the private practice of law during a term of office.
- (b) Except as provided in paragraph (c), the Governor shall appoint a judge of compensation claims from a list of three persons nominated by a statewide nominating commission. The statewide nominating commission shall be composed of the following:
- 1. Five members, at least one of whom must be a member 31 of a minority group as defined in s. 288.703(3), one of each

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

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

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

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

(c) Each judge of compensation claims shall be appointed for a term of 4 years, but during the term of office may be removed by the Governor for cause. Prior to the expiration of a judge's term of office, the statewide nominating commission shall review the judge's conduct and determine whether the judge's performance is satisfactory. Effective July 1, 2002, in determining whether a judge's performance is satisfactory, the commission shall consider the extent to which the judge has met the requirements of this chapter, including, but not limited to, the requirements of ss. 440.192(2), 440.25(1), 440.25(4)(a)-(f), 440.34(2), and 440.442. If the commission finds that judges generally are unable to meet a particular statutory requirement for reasons beyond their control, the commission shall request the Legislature to review that particular requirement. If the judge's performance is deemed satisfactory, the commission

shall report its finding to the Governor no later than 6 months prior to the expiration of the judge's term of office. The Governor shall review the commission's report and may reappoint the judge for an additional 4-year term. If the Governor does not reappoint the judge, the Governor shall inform the commission. The judge shall remain in office until the Governor has appointed a successor judge in accordance with paragraphs (a) and (b). If a vacancy occurs during a judge's unexpired term, the statewide nominating commission does not find the judge's performance is satisfactory, or the Governor does not reappoint the judge, the Governor shall appoint a successor judge for a term of 4 years in accordance with paragraph (b).

- (d) The Governor may appoint any attorney who has at least 5 years of experience in the practice of law in this state to serve as a judge of compensation claims pro hac vice in the absence or disqualification of any full-time judge of compensation claims or to serve temporarily as an additional judge of compensation claims in any area of the state in which the Governor determines that a need exists for such an additional judge. However, an attorney who is so appointed by the Governor may not serve for a period of more than 120 successive days.
- (4) The Chief Judge shall have the discretion to require mediation and to designate qualified persons to act as mediators in any dispute pending before the judges of compensation claims and the division. The Chief Judge shall coordinate with the Director of the Division of Workers' Compensation to establish a mandatory mediation program to facilitate early and efficient resolution of disputes arising

under this chapter and to establish training and continuing education for new and sitting judges.

- (5) The Office of the Judges of Compensation Claims shall adopt promulgate rules to effect the purposes of this section. Such rules shall include procedural rules applicable to workers' compensation claim resolution and uniform criteria for measuring the performance of the office, including, but not limited to, the number of cases assigned and disposed, the age of pending and disposed cases, timeliness of decisionmaking, extraordinary fee awards, and the data necessary for the judicial nominating commission to review the performance of judges as required in paragraph (2)(c) and other performance indicators. The workers' compensation rules of procedure approved by the Supreme Court shall apply until the rules adopted promulgated by the Office of the Judges of Compensation Claims pursuant to this section become effective.
- (6) Not later than December 1 of each year, the Office of the Judges of Compensation Claims and the Division of Workers' Compensation shall jointly issue a written report to the Governor, the House of Representatives, and the Senate, The Florida Bar, and the statewide nominating commission summarizing the amount, cost, and outcome of all litigation resolved in the previous fiscal prior year, summarizing the disposition of mediation conferences, the number of mediation conferences held, the number of continuances granted for mediations and final hearings, the number and outcome of litigated cases, the amount of attorney's fees paid in each case, and the number of final orders not issued within 30 days after the final hearing or closure of the hearing record applications and motions for mediation conferences and

recommending changes or improvements to the dispute resolution elements of the Workers' Compensation Law and regulations.

Section 17. Section 440.59, Florida Statutes, is amended to read:

440.59 Reporting requirements. --

- (1) The Department of Labor and Employment Security shall annually prepare a report of the administration of this chapter for the preceding calendar year, including a detailed statement of the receipts of and expenditures from the fund established in s. 440.50 and a statement of the causes of the accidents leading to the injuries for which the awards were made, together with such recommendations as the department considers advisable. On or before September 15 of each year, the department shall submit a copy of the report to the Governor, the President of the Senate, the Speaker of the House of Representatives, the Democratic and Republican Leaders of the Senate and the House of Representatives, and the chairs of the legislative committees having jurisdiction over workers' compensation.
- Department of Labor and Employment Security shall complete on a quarterly basis an analysis of the previous quarter's injuries which resulted in workers' compensation claims. The analysis shall be broken down by risk classification, shall show for each such risk classification the frequency and severity for the various types of injury, and shall include an analysis of the causes of such injuries. The division shall distribute to each employer and self-insurer in the state covered by the Workers' Compensation Law the data relevant to its workforce. The report shall also be distributed to the

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30 31 insurers authorized to write workers' compensation insurance in the state.

(2) The division shall annually prepare a closed claim report for all claims for which the employee lost more than 7 days from work and shall submit a copy of the report to the Governor, the President of the Senate, the Speaker of the House of Representatives, the Democratic and Republican Leaders of the Senate and the House of Representatives, and the chairs of the legislative committees having jurisdiction over workers' compensation on or before September 15 of each year. The closed claim report shall include, but not be limited to, an analysis of all claims closed during the preceding year as to the date of accident, age of the injured employee, occupation of the injured employee, type of injury, body part affected, type and duration of indemnity benefits paid, permanent impairment rating, medical benefits identified by type of health care provider, and type and cost of any rehabilitation benefits provided.

(3)(4) The division shall prepare an annual report for all claims for which the employee lost more than 7 days from work and shall submit a copy of the report to the Governor, the President of the Senate, the Speaker of the House of Representatives, the Democratic and Republican Leaders of the Senate and the House of Representatives, and the chairs of the legislative committees having jurisdiction over workers' compensation, on or before September 15 of each year. The annual report shall include a status report on all cases involving work-related injuries in the previous 10 years. The annual report shall include, but not be limited to, the number of open and closed cases, the number of cases receiving various types of benefits, the cash and medical benefits paid

between the date of injury and the evaluation date, the number of litigated cases, and the amount of attorney's fees paid in each case.

(5) The Chief Judge must prepare an annual report summarizing the disposition of mediation conferences and must submit the report to the Governor, the President of the Senate, the Speaker of the House of Representatives, the Democratic and Republican Leaders of the Senate and the House of Representatives, and the chairs of the legislative committees having jurisdiction over workers' compensation, on or before September 15 of each year.

Section 18. Section 440.593, Florida Statutes, is amended to read:

440.593 Electronic reporting.--

- (1) The division may establish by rule an electronic reporting system requiring or authorizing whereby an employer or carrier is required to submit required forms, reports, or other information electronically rather than by other means filing otherwise required forms or reports. The division may by rule establish different deadlines for submitting forms, reports, or reporting information to the division, or to its authorized agent, via the electronic reporting system than are otherwise required when reporting information by other means.
- (2) The division may require any carrier to submit data electronically, either directly or through a third-party vendor, and may require any carrier or vendor submitting data to the division electronically to be certified by the division. The division may specify performance requirements for any carrier or vendor submitting data electronically.
- (3) The division may revoke the certification of any carrier or vendor determined by the division to be in

noncompliance with performance standards prescribed by rule for electronic submissions. 2 3 (4) The division may assess a civil penalty, not to exceed \$500 for each violation, as prescribed by rule. 4 5 The division is authorized to adopt rules 6 necessary to administer this section. 7 Section 19. Subsection (8) of section 61.14, Florida 8 Statutes, is amended to read: 9 61.14 Enforcement and modification of support, 10 maintenance, or alimony agreements or orders .--11 (8)(a) When reviewing and approving any lump-sum settlement under s. 440.20(11)(a) and (b), a judge of 12 compensation claims must consider whether the settlement 13 serves the interests of the worker and the worker's family, 14 15 including, but not limited to, whether the settlement provides for appropriate recovery of any child-support arrearage. 16 17 (b) In accordance with Notwithstanding the provisions 18 of s. 440.22, any compensation due or that may become due an 19 employee under chapter 440 is exempt from garnishment, 20 attachment, execution, and assignment of income, except for 21 the purposes of enforcing child or spousal support 22 obligations. Section 20. Paragraph (a) of subsection (2) of section 23 24 61.30, Florida Statutes, is amended to read: 25 61.30 Child support guidelines; retroactive child 26 support. --27 (2) Income shall be determined on a monthly basis for 28 the obligor and for the obligee as follows: 29 (a) Gross income shall include, but is not limited to, 30 the following items: 31 1. Salary or wages.

- 2. Bonuses, commissions, allowances, overtime, tips, and other similar payments.
- 3. Business income from sources such as self-employment, partnership, close corporations, and independent contracts. "Business income" means gross receipts minus ordinary and necessary expenses required to produce income.
 - 4. Disability benefits.
 - 5. All worker's compensation benefits and settlements.
 - 6. Unemployment compensation.
 - 7. Pension, retirement, or annuity payments.
 - 8. Social security benefits.
- 9. Spousal support received from a previous marriage or court ordered in the marriage before the court.
 - 10. Interest and dividends.
- 11. Rental income, which is gross receipts minus ordinary and necessary expenses required to produce the income.
 - 12. Income from royalties, trusts, or estates.
- 13. Reimbursed expenses or in kind payments to the extent that they reduce living expenses.
- 14. Gains derived from dealings in property, unless the gain is nonrecurring.
- Section 21. Section 489.114, Florida Statutes, is amended to read:
- 489.114 Evidence of workers' compensation coverage.—Except as provided in s. 489.115(5)(d), any person, business organization, or qualifying agent engaged in the business of contracting in this state and certified or registered under this part shall, as a condition precedent to the issuance or renewal of a certificate, registration, or

certificate of authority of the contractor, provide to the 2 Construction Industry Licensing Board, as provided by board 3 rule, evidence of workers' compensation coverage pursuant to chapter 440. In the event that the Division of Workers' 4 5 Compensation of the Department of Labor and Employment 6 Security receives notice of the cancellation of a policy of 7 workers' compensation insurance insuring a person or entity 8 governed by this section, the Division of Workers' 9 Compensation shall certify and identify all persons or 10 entities by certification or registration license number to 11 the department after verification is made by the Division of Workers' Compensation that such cancellation has occurred or 12 that persons or entities governed by this section are no 13 longer covered by workers' compensation insurance. 14 certification and verification by the Division of Workers' 15 Compensation shall result solely from records furnished to the 16 17 Division of Workers' Compensation by the persons or entities 18 governed by this section. The department shall notify the 19 persons or entities governed by this section who have been 20 determined to be in noncompliance with chapter 440, and the 21 persons or entities notified shall provide certification of compliance with chapter 440 to the department and pay an 22 administrative fine as provided by rule. The failure to 23 24 maintain workers' compensation coverage as required by law 25 shall be grounds for the board to revoke, suspend, or deny the issuance or renewal of a certificate, registration, or 26 certificate of authority of the contractor under the 27 provisions of s. 489.129. 28 29 Section 22. Paragraph (d) is added to subsection (5) 30 of section 489.115, Florida Statutes, to read:

issued by the board.

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489.115 Certification and registration; endorsement; reciprocity; renewals; continuing education. --(5) (d) An applicant for initial issuance of a certificate or registration shall submit, as a prerequisite to qualifying for an exemption from workers' compensation coverage requirements under s. 440.05, an affidavit attesting to the fact that the applicant will obtain an exemption within 30 days after the date the initial certificate or registration is

Section 23. Section 489.510, Florida Statutes, is amended to read:

489.510 Evidence of workers' compensation coverage. -- Except as provided in s. 489.515(3)(b), any person, business organization, or qualifying agent engaged in the business of contracting in this state and certified or registered under this part shall, as a condition precedent to the issuance or renewal of a certificate or registration of the contractor, provide to the Electrical Contractors' Licensing Board, as provided by board rule, evidence of workers' compensation coverage pursuant to chapter 440. the event that the Division of Workers' Compensation of the Department of Labor and Employment Security receives notice of the cancellation of a policy of workers' compensation insurance insuring a person or entity governed by this section, the Division of Workers' Compensation shall certify and identify all persons or entities by certification or registration license number to the department after verification is made by the Division of Workers' Compensation that such cancellation has occurred or that persons or 31 entities governed by this section are no longer covered by

workers' compensation insurance. Such certification and verification by the Division of Workers' Compensation shall result solely from records furnished to the Division of Workers' Compensation by the persons or entities governed by this section. The department shall notify the persons or entities governed by this section who have been determined to be in noncompliance with chapter 440, and the persons or entities notified shall provide certification of compliance with chapter 440 to the department and pay an administrative fine as provided by rule. The failure to maintain workers' compensation coverage as required by law shall be grounds for the board to revoke, suspend, or deny the issuance or renewal of a certificate or registration of the contractor under the provisions of s. 489.533.

Section 24. Subsection (3) of section 489.515, Florida Statutes, is amended to read:

489.515 Issuance of certificates; registrations.--

- (3)(a) As a prerequisite to the initial issuance or the renewal of a certificate or registration, the applicant shall submit an affidavit on a form provided by the board attesting to the fact that the applicant has obtained both workers' compensation insurance or an acceptable exemption certificate issued by the department and public liability and property damage insurance for the health, safety, and welfare of the public in amounts determined by rule of the board. The board shall by rule establish a procedure to verify the accuracy of such affidavits based upon a random audit method.
- (b) An applicant for initial issuance of a certificate or registration shall submit, as a prerequisite to qualifying for an exemption from workers' compensation coverage requirements under s. 440.05, an affidavit attesting to the

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fact that the applicant will obtain an exemption within 30 days after the date the initial certificate or registration is issued by the board.

Section 25. Paragraph (p) of subsection (4) of section 627.311, Florida Statutes, is amended to read:

627.311 Joint underwriters and joint reinsurers.-- (4)

- (p) Neither the plan nor any member of the board of governors is liable for monetary damages to any person for any statement, vote, decision, or failure to act, regarding the management or policies of the plan, unless:
- 1. The member breached or failed to perform her or his duties as a member; and
- 2. The member's breach of, or failure to perform, duties constitutes:
- a. A violation of the criminal law, unless the member had reasonable cause to believe her or his conduct was not unlawful. A judgment or other final adjudication against a member in any criminal proceeding for violation of the criminal law estops that member from contesting the fact that her or his breach, or failure to perform, constitutes a violation of the criminal law; but does not estop the member from establishing that she or he had reasonable cause to believe that her or his conduct was lawful or had no reasonable cause to believe that her or his conduct was unlawful;
- b. A transaction from which the member derived an improper personal benefit, either directly or indirectly; or
- c. Recklessness or any act or omission that was committed in bad faith or with malicious purpose or in a manner exhibiting wanton and willful disregard of human

rights, safety, or property. For purposes of this sub-subparagraph, the term "recklessness" means the acting, or omission to act, in conscious disregard of a risk:

- (I) Known, or so obvious that it should have been known, to the member; and
- (II) Known to the member, or so obvious that it should have been known, to be so great as to make it highly probable that harm would follow from such act or omission.

Section 26. Effective July 1, 2001, section 627.914, Florida Statutes, is amended to read:

- 627.914 Reports of information by workers' compensation insurers required.--
- (1) The department shall adopt promulgate rules and statistical plans that must which shall thereafter be used by each insurer and self-insurance fund as defined in s. 624.461 in the recording and reporting of loss, expense, and claims experience, in order that the experience of all insurers and self-insurance funds self-insurers may be made available at least annually in such form and detail as may be necessary to aid the department in determining whether Florida experience for workers' compensation insurance is sufficient for establishing rates.
- (2) Any insurer authorized to write a policy of workers' compensation insurance shall transmit the following information to the department each year with its annual report, and such information shall be reported on a net basis with respect to reinsurance for nationwide experience and on a direct basis for Florida experience:
 - (a) Premiums written;
 - (b) Premiums earned;
 - (c) Dividends paid or credited to policyholders;

1	(d) Losses paid;
2	(e) Allocated loss adjustment expenses;
3	(f) The ratio of allocated loss adjustment expenses to
4	losses paid;
5	(g) Unallocated loss adjustment expenses;
6	(h) The ratio of unallocated loss adjustment expenses
7	to losses paid;
8	(i) The total of losses paid and unallocated and
9	allocated loss adjustment expenses;
10	(j) The ratio of losses paid and unallocated and
11	allocated loss adjustment expenses to premiums earned;
12	(k) The number of claims outstanding as of December 31
13	of each year;
14	(1) The total amount of losses unpaid as of December
15	31 of each year;
16	(m) The total amount of allocated and unallocated loss
17	adjustment expenses unpaid as of December 31 of each year; and
18	(n) The total of losses paid and allocated loss
19	adjustment expenses and unallocated loss adjustment expenses,
20	plus the total of losses unpaid as of December 31 of each year
21	and loss adjustment expenses unpaid as of December 31 of each
22	year.
23	(3) A report of the information required in subsection
24	(2) shall be filed no later than April 1 of each year and
25	shall include the information for the preceding year ending
26	December 31. All reports shall be on a calendar-accident year
27	basis, and each calendar-accident year shall be reported at
28	eight stages of development.
29	(2)(4) Each insurer and self-insurance fund authorized
30	to write a policy of workers' compensation insurance shall
31	transmit the information for paragraphs (a), (b), (c) , (d) ,

and (e) annually on both Florida experience and nationwide experience separately:

- (a) Payrolls by classification.
- (b) Manual premiums by classification.
- (c) Standard premiums by classification.
- (d) Losses by classification and injury type.
- (e) Expenses.

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

- (3)(5) Individual self-insurers as defined authorized to transact workers' compensation insurance as provided in s. 440.02 shall report only Florida data as prescribed in paragraphs (a) through (e) of subsection(2)(4)to the Division of Workers' Compensation of the Department of Labor and Employment Security.
- (a) The Division of Workers' Compensation shall publish the dates and forms necessary to enable $\underline{\text{individual}}$ self-insurers to comply with this section.

(b) The Division of Workers' Compensation shall report the information collected under this section to the Department of Insurance in a manner prescribed by the department. (b)(c) A statistical or rating organization may be used by individual self-insurers for the purposes of reporting the data required by this section and calculating experience ratings. (4) The department shall provide a summary of information provided pursuant to subsection subsections (2) and (4) in its annual report. Section 27. Subsection (3) of section 440.45, Florida Statutes, is repealed. Section 28. Effective January 1, 2002, subsection (13) of section 440.49, Florida Statutes, is repealed. Section 29. Except as otherwise expressly provided in this act, this act shall take effect October 1, 2001.

SENATE SUMMARY Revises provisions relating to workers' compensation. Raises the monetary limit for the total maximum cost of labor provided in the definition of "casual" employment. Excludes work done by state prisoners and county inmates from the definition of employment. Excludes employees who are covered under the Defense Base Act from receiving workers' compensation benefits. Provides for the electronic payment of compensation payments. Revises requirements for submission of certain medical reports requirements for submission of certain medical reports and bills. Grants rehabilitation providers access to medical records. Revises provider eligibility requirements. Revises the definition of the term "grievance." Requires certain insurers to provide medically necessary remedial treatment, care, and attendance in certain circumstances. Requires the employee to provide information concerning concurrent employment. Authorizes the Division of Workers' employee to provide information concerning concurrent employment. Authorizes the Division of Workers' Compensation to contract with a private entity for collection of certain policy information. Revises requirements and procedures for filing petitions for benefits. Allows judges to dismiss portions of a petition. Specifies that dismissal of petitions is without prejudice. Amends grounds for dismissal. Redesignates the notice of denial as the "response to petition." Provides for the payment of compensation by direct deposit in certain circumstances. Authorizes not holding a hearing in certain circumstances. Revises the period for payment. Revises requirements relating to lump-sum settlements. Excludes child support and alimony claims from the general exemption of workers' compensation benefits from claims of creditors. Revises mediation procedures. Removes the division from participation in indigency proceedings. Requires the First District Court of Appeal to establish a specialized division to hear workers' compensation cases. Provides for a response to petition. Prescribes the type of qualifying security deposit necessary to become a self-insured employer. Provides requirements, procedures, and criteria. Revises requirements pertaining to reporting and records. Requires the judicial nominating commission to consider whether judges of compensation claims have met certain requirements. Provides procedures. Authorizes the Governor to appoint certain claims have met certain requirements. Provides procedures. Authorizes the Governor to appoint certain judges of compensation claims. Eliminates injury reports. Requires judges of compensation claims to consider the interests of the worker and the worker's family when approving settlements of workers' compensation claims. Requires appropriate recovery of any child-support arrearage from those settlements. Provides that gross income includes all workers' compensation benefits and income includes all workers' compensation benefits and settlements. Provides an exception to certain workers' compensation coverage evidence requirements. Revises certification and registration requirements for initial licensure. Provides for the use of policyholder surplus for purposes of funding certain deficits. Revises the requirements for reports of information by workers' compensation insurers. Deletes a reporting requirement for the division. Repeals s. 440.45(3), F.S., relating to 2.9

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judges of compensation claims serving as docketing judges. Repeals s. 440.49(13), F.S., relating to the Special Disability Trust Fund Privatization Commission.
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