The Committee on Banking and Insurance (Bennett) recommended the following amendment:

**Senate Amendment (with title amendment)**

Delete everything after the enacting clause and insert:

Section 1. Paragraph (a) of subsection (13) of section 112.0455, Florida Statutes, is amended to read:

112.0455 Drug-Free Workplace Act.--

(13) RULES.--

(a) The Agency for Health Care Administration may adopt additional rules to support this law, using criteria established by the United States Department of Health and Human Services as general guidelines for modeling the state drug-testing program, concerning, but not limited to:

1. Standards for drug-testing laboratory licensing, suspension, and revocation of a license.

2. Urine, hair, blood, oral fluids, and other body specimens and minimum specimen amounts which are appropriate for drug testing, not inconsistent with other provisions.
established by law.

3. Methods of analysis and procedures to ensure reliable drug-testing results, including standards for initial tests and confirmation tests, not inconsistent with other provisions established by law.

4. Minimum cutoff detection levels for drugs or their metabolites for the purposes of determining a positive test result, not inconsistent with other provisions established by law.

5. Chain-of-custody procedures to ensure proper identification, labeling, and handling of specimens being tested, not inconsistent with other provisions established by law.

6. Retention, storage, and transportation procedures to ensure reliable results on confirmation tests and retests.

7. A list of the most common medications by brand name or common name, as applicable, as well as by chemical name, which may alter or affect a drug test.

This section shall not be construed to eliminate the bargainable rights as provided in the collective bargaining process where applicable.

Section 2. Subsection (10) of section 440.102, Florida Statutes, is amended to read:

440.102 Drug-free workplace program requirements.--The following provisions apply to a drug-free workplace program implemented pursuant to law or to rules adopted by the Agency for Health Care Administration:

(10) RULES.--The Agency for Health Care Administration shall adopt rules pursuant to s. 112.0455 and criteria established by the United States Department of Health and
Human Services as general guidelines for modeling the state
drug-testing program, concerning, but not limited to:

(a) Standards for licensing drug-testing laboratories
and suspension and revocation of such licenses.

(b) Urine, hair, blood, oral fluids, and other body
specimens and minimum specimen amounts that are appropriate
for drug testing.

(c) Methods of analysis and procedures to ensure
reliable drug-testing results, including standards for initial
tests and confirmation tests.

(d) Minimum cutoff detection levels for each drug or
metabolites of such drug for the purposes of determining a
positive test result.

(e) Chain-of-custody procedures to ensure proper
identification, labeling, and handling of specimens tested.

(f) Retention, storage, and transportation procedures
to ensure reliable results on confirmation tests and retests.

Section 3. Subsection (3) of section 440.092, Florida
Statutes, is amended to read:

440.092 Special requirements for compensability;
development from employment; subsequent intervening accidents.--

(3) DEVIATION FROM EMPLOYMENT.--

(a) An employee who is injured while deviating from
the course of employment, whether the employee leaves or
remains on including leaving the employer's premises, is not
eligible for benefits unless such deviation is expressly
approved by the employer, or unless such deviation or act is
in response to an emergency and designed to save life or
property.

(b) For purposes of this subsection, an employee
deviates from the course of employment when the employee:
1. Acts in a manner not directly related to the employee's work duties; or

(c) An injury sustained during a deviation from the course of employment shall not be deemed compensable even where such deviation is of short duration. This includes deviations where such deviation represents an inherently dangerous act on the part of the employee.

Section 4. Section 440.136, Florida Statutes, is created to read:

440.136 Pilot programs for combined insurance coverage plans.--

(1) It is the intent of the Legislature to determine whether the costs of the workers' compensation system can be effectively contained by monitoring more closely the medical, hospital, and remedial care required by s. 440.13, while providing injured workers with more prompt and effective care and earlier restoration of earning capacity without diminution of the quality of such care. It is the further intent of the Legislature to determine whether the total cost to an employer who provides a policy or plan of health insurance and a separate policy or plan of workers' compensation and employer's liability insurance for its employees can be reduced by combining both coverages under a policy or plan that provides 24-hour health insurance coverage as set forth in this section. Therefore, the Legislature authorizes the establishment of one or more pilot programs to be administered by the department, in consultation with the Office of Insurance Regulation and the Agency for Health Care Administration. Each pilot program shall terminate 2 years
after the first date of operation of the program, unless extended by act of the Legislature. In order to evaluate the possible combination of these insurance policies, the department shall consult with the Office of Insurance Regulation and the Agency for Health Care Administration regarding:

(a) Establishing alternate delivery systems using a health maintenance organization model that includes physician fees, competitive bidding, or capitation models.

(b) Controlling and enhancing the selection of providers of medical, hospital, and remedial care and using the peer review and utilization review procedures in s. 440.13 to control the utilization of care by physicians providing treatment under s. 440.13(2).

(c) Establishing, by agreement, appropriate fees for medical, hospital, and remedial care under this chapter.

(d) Promoting effective and timely utilization of medical, hospital, and remedial care by injured workers.

(e) Coordinating the duration of payment of disability benefits, with that determination made by qualified participating providers of medical, hospital, or remedial care.

(f) Initiating one or more pilot programs under which participating employers provide a 24-hour health insurance policy to their employees under a single insurance policy or self-insured plan. The policy or plan must provide a level of health insurance benefits which meets criteria established by the department, in consultation with the Office of Insurance Regulation and the Agency for Health Care Administration, which provides medical benefits for at least occupational injuries and illnesses comparable to those required by this
chapter, and which may use deductibles and coinsurance provisions that require the employee to pay a portion of the actual medical care received by the employee, notwithstanding any other provision of this chapter. The policy or plan may also provide indemnity benefits as specified in s. 440.38(1)(e). The employer shall pay the entire premium for the 24-hour health insurance policy or self-insured plan other than the portion of the premium which relates to dependent coverage.

(g) Other methods of monitoring reduced costs within the workers' compensation system while maintaining quality care.

(2) The department may, without a bidding process, negotiate and enter into such contracts as may be necessary or appropriate in its judgment to implement the pilot program.

(3) The department may accept grants and moneys from any source and may expend such grants and moneys for the purposes of the program.

(4) The pilot programs may not vary the methods for calculating weekly payments for disability compensation under this chapter. Likewise, the pilot programs may not limit the right to a hearing under s. 440.25.

(5) The department shall make an interim report on or before December 1, 2008, and a final report on or before the termination date specified in subsection (1) to the Governor, the President of the Senate, the Speaker of the House of Representatives, the Minority Leader of the Senate, and the Minority Leader of the House of Representatives on the activities, findings, and recommendations of the department, the Office of Insurance Regulation, and the Agency for Health Care Administration relative to the pilot programs. The
department shall monitor, evaluate, and report the following information regarding physicians, hospitals, and other remedial care providers:

(a) Cost savings.

(b) Effectiveness.

(c) Effect on earning capacity and indemnity payments.

(d) Complaints from injured workers and providers.

(e) Concurrent review of quality of care.

(f) Other pertinent matters.

The information from the pilot programs shall be reported in a format to permit comparisons to other similar data.

Section 5. This act shall take effect July 1, 2007.

And the title is amended as follows:

Delete everything before the enacting clause

and insert:

A bill to be entitled

An act relating to employees; amending ss. 112.0455 and 440.102, F.S.; providing for the use of oral fluids in an appropriate amount for a specimen for use in a drug test for the drug-free workplace program; amending s. 440.092, F.S.; providing special requirements for compensability relating to deviation from employment and subsequent intervening accidents; creating s. 440.136, F.S.; authorizing the Department of Financial
Services, in consultation with the Office of Insurance Regulation and the Agency for Health Care Administration to establish one or more pilot programs to be administered by the department; requiring that the pilot programs study the feasibility of combining health and workers' compensation policies for employees; providing the criteria for operating the pilot programs; requiring the department to prepare an interim report by a specified date and a final report at the end of the 2-year term of the pilot program; providing the content of the reports; providing an effective date.