By Senator Brandes

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A bill to be entitled

An act relating to motor vehicle insurance; amending s. 627.736, F.S.; providing that an insurer's payment for medical services pursuant to a specified schedule of maximum charges is deemed to be reasonable; authorizing certain coding policies and payment methodologies for such payments; deleting a requirement that a certain fee schedule or payment limitation not be less than a specified amount; specifying that certain attorney fee provisions apply to disputes involving an insurer and a noncorporate assignee; prohibiting a health care provider from recovering attorney fees under the Florida Motor Vehicle No-Fault Law ("no-fault law") under certain circumstances; creating s. 627.747, F.S.; providing that certain provisions of the Florida Insurance Code do not prohibit an insurer of private passenger motor vehicle policies from excluding all coverage for certain household members if specified conditions are met; providing for future repeal of ss. 627.730, 627.731, 627.7311, 627.732, 627.733, 627.734, 627.736, 627.737, 627.739, 627.7401, 627.7403, and 627.7405, F.S., which compose the no-fault law, ss. 15 and 16 of chapter 2012-197, Laws of Florida, requiring the Office of Insurance Regulation to contract for a study and perform a data call relating to changes made to the no-fault law in 2012, and s. 627.7407, F.S., relating to application of the no-fault law; authorizing insurers to specify a termination date for motor vehicle insurance policies issued or renewed on or after a specified date; amending s. 318.18, F.S.; deleting a provision that provides for dismissal of a

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certain traffic violation under certain circumstances; conforming provisions to changes made by the act; amending s. 324.021, F.S.; redefining the term "motor vehicle"; redefining the term "rental company" to delete a provision providing that certain limits on liability do not apply to a commercial motor vehicle under certain circumstances; amending s. 324.032, F.S.; deleting a certain owner or lessee required to maintain specified insurance under the no-fault law from a provision authorizing means of proving financial responsibility; amending s. 324.171, F.S.; deleting personal injury protection coverage under the no-fault law from coverage required on a certain selfinsurance certificate; amending s. 400.9905, F.S.; redefining the term "clinic" to delete a provision relating to reimbursement under the no-fault law; amending s. 456.057, F.S.; deleting persons practicing under a provision of the no-fault law from a list of persons excluded from certain terms; amending s. 456.072, F.S.; deleting certain grounds for discipline which relate to actions under no-fault law provisions; amending s. 626.9541, F.S.; deleting from a list of unfair claim settlement practices a certain practice under the no-fault law; deleting a provision authorizing the office to order the insurer to pay restitution for such practice; amending s. 627.727, F.S.; deleting a condition under which the legal liability of an uninsured motorist coverage insurer does include certain damages; amending s. 628.909,

F.S.; revising applicability to remove provisions of the no-fault law under certain circumstances; amending ss. 316.646, 320.02, 322.251, 322.34, 324.0221, 627.7263, 627.7275, 627.7295, 705.184, 713.78, and 817.234, F.S.; deleting references to certain requirements, benefits, and other provisions under the no-fault law; conforming provisions to changes made by the act; providing effective dates.

Be It Enacted by the Legislature of the State of Florida:

Section 1. Paragraph (a) of subsection (5) and subsection (8) of section 627.736, Florida Statutes, are amended to read: 627.736 Required personal injury protection benefits;

(5) CHARGES FOR TREATMENT OF INJURED PERSONS.-

exclusions; priority; claims.-

institution lawfully rendering treatment to an injured person for a bodily injury covered by personal injury protection insurance may charge the insurer and injured party only a reasonable amount pursuant to this section for the services and supplies rendered, and the insurer providing such coverage may pay for such charges directly to such person or institution lawfully rendering such treatment if the insured receiving such treatment, or his or her guardian, has countersigned the

(a) A physician, hospital, clinic, or other person or

properly completed invoice, bill, or claim form approved by the office upon which such charges are to be paid for as having actually been rendered, to the best knowledge of the insured or

his or her quardian. However, such a charge may not exceed the

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amount the person or institution customarily charges for like services or supplies. In determining whether a charge for a particular service, treatment, or otherwise is reasonable, consideration may be given to evidence of usual and customary charges and payments accepted by the provider involved in the dispute, reimbursement levels in the community and various federal and state medical fee schedules applicable to motor vehicle and other insurance coverages, and other information relevant to the reasonableness of the reimbursement for the service, treatment, or supply. A payment for medical services made by an insurer pursuant to the schedule of maximum charges set forth in subparagraph 1. is deemed to be payment of a reasonable amount for such services pursuant to paragraph (1) (a). Such payments may include the application of Medicare coding policies and payment methodologies of the federal Centers for Medicare and Medicaid Services, including applicable modifiers, if the coding policy or payment methodology does not constitute a utilization limit.

- 1. The insurer may limit reimbursement to 80 percent of the following schedule of maximum charges:
- a. For emergency transport and treatment by providers licensed under chapter 401, 200 percent of Medicare.
- b. For emergency services and care provided by a hospital licensed under chapter 395, 75 percent of the hospital's usual and customary charges.
- c. For emergency services and care as defined by s. 395.002 provided in a facility licensed under chapter 395 rendered by a physician or dentist, and related hospital inpatient services rendered by a physician or dentist, the usual and customary

120 charges in the community.

- d. For hospital inpatient services, other than emergency services and care, 200 percent of the Medicare Part A prospective payment applicable to the specific hospital providing the inpatient services.
- e. For hospital outpatient services, other than emergency services and care, 200 percent of the Medicare Part A Ambulatory Payment Classification for the specific hospital providing the outpatient services.
- f. For all other medical services, supplies, and care, 200 percent of the allowable amount under:
- (I) The participating physicians fee schedule of Medicare Part B, except as provided in sub-sub-subparagraphs (II) and (III).
- (II) Medicare Part B, in the case of services, supplies, and care provided by ambulatory surgical centers and clinical laboratories.
- (III) The Durable Medical Equipment Prosthetics/Orthotics and Supplies fee schedule of Medicare Part B, in the case of durable medical equipment.

However, if such services, supplies, or care is not reimbursable under Medicare Part B, as provided in this sub-subparagraph, the insurer may limit reimbursement to 80 percent of the maximum reimbursable allowance under workers' compensation, as determined under s. 440.13 and rules adopted thereunder which are in effect at the time such services, supplies, or care is provided. Services, supplies, or care that is not reimbursable under Medicare or workers' compensation is not required to be

reimbursed by the insurer.

- 2. For purposes of subparagraph 1., the applicable fee schedule or payment limitation under Medicare is the fee schedule or payment limitation in effect on March 1 of the service year in which the services, supplies, or care is rendered and for the area in which such services, supplies, or care is rendered, and the applicable fee schedule or payment limitation applies to services, supplies, or care rendered during that service year, notwithstanding any subsequent change made to the fee schedule or payment limitation, except that it may not be less than the allowable amount under the applicable schedule of Medicare Part B for 2007 for medical services, supplies, and care subject to Medicare Part B. For purposes of this subparagraph, the term "service year" means the period from March 1 through the end of February of the following year.
- 3. Subparagraph 1. does not allow the insurer to apply any limitation on the number of treatments or other utilization limits that apply under Medicare or workers' compensation. An insurer that applies the allowable payment limitations of subparagraph 1. must reimburse a provider who lawfully provided care or treatment under the scope of his or her license, regardless of whether such provider is entitled to reimbursement under Medicare due to restrictions or limitations on the types or discipline of health care providers who may be reimbursed for particular procedures or procedure codes. However, subparagraph 1. does not prohibit an insurer from using the Medicare coding policies and payment methodologies of the federal Centers for Medicare and Medicaid Services, including applicable modifiers, to determine the appropriate amount of reimbursement for medical

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services, supplies, or care if the coding policy or payment methodology does not constitute a utilization limit.

- 4. If an insurer limits payment as authorized by subparagraph 1., the person providing such services, supplies, or care may not bill or attempt to collect from the insured any amount in excess of such limits, except for amounts that are not covered by the insured's personal injury protection coverage due to the coinsurance amount or maximum policy limits.
- 5. An insurer may limit payment as authorized by this paragraph only if the insurance policy includes a notice at the time of issuance or renewal that the insurer may limit payment pursuant to the schedule of charges specified in this paragraph. A policy form approved by the office satisfies this requirement. If a provider submits a charge for an amount less than the amount allowed under subparagraph 1., the insurer may pay the amount of the charge submitted.
 - (8) APPLICABILITY OF PROVISION REGULATING ATTORNEY FEES.-
- (a) With respect to any dispute under the provisions of ss. 627.730-627.7405 between the insured and the insurer, or between a noncorporate an assignee of an insured's rights and the insurer, the provisions of ss. 627.428 and 768.79 apply, except as provided in subsections (10) and (15), and except that any attorney fees recovered must:
 - 1.(a) Comply with prevailing professional standards;
- 2.(b) Not overstate or inflate the number of hours reasonably necessary for a case of comparable skill or complexity; and
- 3.(c) Represent legal services that are reasonable and necessary to achieve the result obtained.

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(b) Upon request by either party, a judge must make written findings, substantiated by evidence presented at trial or any associated hearings associated therewith, that any award of attorney fees complies with this subsection. Notwithstanding s. 627.428:7

- 1. Attorney fees recovered under ss. 627.730-627.7405 must be calculated without regard to a contingency risk multiplier.
- 2. A health care provider may not recover attorney fees under ss. 627.730-627.7405 if an insurer has paid the provider's bills pursuant to the schedule of maximum charges set forth in paragraph (5)(a), including the application of Medicare coding policies and payment methodologies of the federal Centers for Medicare and Medicaid Services and applicable modifiers, if the coding policy or payment methodology does not constitute a utilization limit.

Section 2. Section 627.747, Florida Statutes, is created to read:

627.747 Named driver exclusion.—Sections 320.02, 324.022, and 627.727 do not prohibit an insurer that issues an insurance policy on a private passenger motor vehicle from excluding all coverage under the policy for certain members of the household, if the insurer identifies the excluded household member by name and the named insured consents in writing to the exclusion.

Section 3. (1) Effective January 1, 2019, sections 627.730, 627.731, 627.7311, 627.732, 627.733, 627.734, 627.736, 627.737, 627.739, 627.7401, 627.7403, and 627.7405, Florida Statutes, which compose the Florida Motor Vehicle No-Fault Law, sections 15 and 16 of chapter 2012-197, Laws of Florida, and section 627.7407, Florida Statutes, are repealed.

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(2) In all motor vehicle insurance policies issued or renewed after January 1, 2018, insurers may provide that such policies may terminate on or after January 1, 2019, as provided in subsection (1).

Section 4. Effective January 1, 2019, paragraph (b) of subsection (2) of section 318.18, Florida Statutes, is amended to read:

- 318.18 Amount of penalties.—The penalties required for a noncriminal disposition pursuant to s. 318.14 or a criminal offense listed in s. 318.17 are as follows:
- (2) Thirty dollars for all nonmoving traffic violations and:
- (b) For all violations of ss. 320.0605, 320.07(1), 322.065, and 322.15(1). Any person who is cited for a violation of s. 320.07(1) shall be charged a delinquent fee pursuant to s. 320.07(4).
- 1. If a person who is cited for a violation of s. 320.0605 or s. 320.07 can show proof of having a valid registration at the time of arrest, the clerk of the court may dismiss the case and may assess a dismissal fee of up to \$10. A person who finds it impossible or impractical to obtain a valid registration certificate must submit an affidavit detailing the reasons for the impossibility or impracticality. The reasons may include, but are not limited to, the fact that the vehicle was sold, stolen, or destroyed; that the state in which the vehicle is registered does not issue a certificate of registration; or that the vehicle is owned by another person.
- 2. If a person who is cited for a violation of s. 322.03, s. 322.065, or s. 322.15 can show a driver license issued to him

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or her and valid at the time of arrest, the clerk of the court may dismiss the case and may assess a dismissal fee of up to \$10.

3. If a person who is cited for a violation of s. 316.646 can show proof of security as required by s. 627.733, issued to the person and valid at the time of arrest, the clerk of the court may dismiss the case and may assess a dismissal fee of up to \$10. A person who finds it impossible or impractical to obtain proof of security must submit an affidavit detailing the reasons for the impracticality. The reasons may include, but are not limited to, the fact that the vehicle has since been sold, stolen, or destroyed; that the owner or registrant of the vehicle is not required by s. 627.733 to maintain personal injury protection insurance; or that the vehicle is owned by another person.

Section 5. Effective January 1, 2019, subsection (1) and paragraph (c) of subsection (9) of section 324.021, Florida Statutes, are amended to read:

324.021 Definitions; minimum insurance required.—The following words and phrases when used in this chapter shall, for the purpose of this chapter, have the meanings respectively ascribed to them in this section, except in those instances where the context clearly indicates a different meaning:

(1) MOTOR VEHICLE.—Every self-propelled vehicle which is designed and required to be licensed for use upon a highway, including trailers and semitrailers designed for use with such vehicles, except traction engines, road rollers, farm tractors, power shovels, and well drillers, and every vehicle which is propelled by electric power obtained from overhead wires but not

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operated upon rails, but not including any bicycle or moped. However, the term "motor vehicle" shall not include any motor vehicle as defined in s. 627.732(3) when the owner of such vehicle has complied with the requirements of ss. 627.730-627.7405, inclusive, unless the provisions of s. 324.051 apply; and, in such case, the applicable proof of insurance provisions of s. 320.02 apply.

- (9) OWNER; OWNER/LESSOR.-
- (c) Application.—

1. The limits on liability in subparagraphs (b) 2. and 3. do not apply to an owner of motor vehicles that are used for commercial activity in the owner's ordinary course of business, other than a rental company that rents or leases motor vehicles. For purposes of this paragraph, the term "rental company" includes only an entity that is engaged in the business of renting or leasing motor vehicles to the general public and that rents or leases a majority of its motor vehicles to persons with no direct or indirect affiliation with the rental company. The term also includes a motor vehicle dealer that provides temporary replacement vehicles to its customers for up to 10 days. The term "rental company" also includes:

 $\underline{\text{1.a.}}$ A related rental or leasing company that is a subsidiary of the same parent company as that of the renting or leasing company that rented or leased the vehicle.

2.b. The holder of a motor vehicle title or an equity interest in a motor vehicle title if the title or equity interest is held pursuant to or to facilitate an asset-backed securitization of a fleet of motor vehicles used solely in the business of renting or leasing motor vehicles to the general

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public and under the dominion and control of a rental company, as described in this subparagraph, in the operation of such rental company's business.

2. Furthermore, with respect to commercial motor vehicles as defined in s. 627.732, the limits on liability in subparagraphs (b) 2. and 3. do not apply if, at the time of the incident, the commercial motor vehicle is being used in the transportation of materials found to be hazardous for the purposes of the Hazardous Materials Transportation Authorization Act of 1994, as amended, 49 U.S.C. ss. 5101 et seq., and that is required pursuant to such act to carry placards warning others of the hazardous cargo, unless at the time of lease or rental either:

a. The lessee indicates in writing that the vehicle will not be used to transport materials found to be hazardous for the purposes of the Hazardous Materials Transportation Authorization Act of 1994, as amended, 49 U.S.C. ss. 5101 et seq.; or

b. The lessee or other operator of the commercial motor vehicle has in effect insurance with limits of at least \$5,000,000 combined property damage and bodily injury liability.

Section 6. Effective January 1, 2019, subsection (1) of section 324.032, Florida Statutes, is amended to read:

324.032 Manner of proving financial responsibility; forhire passenger transportation vehicles.—Notwithstanding the provisions of s. 324.031:

(1) (a) A person who is either the owner or a lessee required to maintain insurance under s. 627.733(1)(b) and who operates one or more taxicabs, limousines, jitneys, or any other for-hire passenger transportation vehicles may prove financial

responsibility by furnishing satisfactory evidence of holding a motor vehicle liability policy, but with minimum limits of \$125,000/250,000/50,000.

(b) A person who is either the owner or a lessee required to maintain insurance under s. 324.021(9)(b) and who operates limousines, jitneys, or any other for-hire passenger vehicles, other than taxicabs, may prove financial responsibility by furnishing satisfactory evidence of holding a motor vehicle liability policy as defined in s. 324.031.

Upon request by the department, the applicant must provide the department at the applicant's principal place of business in this state access to the applicant's underlying financial information and financial statements that provide the basis of the certified public accountant's certification. The applicant shall reimburse the requesting department for all reasonable costs incurred by it in reviewing the supporting information. The maximum amount of self-insurance permissible under this subsection is \$300,000 and must be stated on a per-occurrence basis, and the applicant shall maintain adequate excess insurance issued by an authorized or eligible insurer licensed or approved by the Office of Insurance Regulation. All risks self-insured shall remain with the owner or lessee providing it, and the risks are not transferable to any other person, unless a policy complying with subsection (1) is obtained.

Section 7. Effective January 1, 2019, subsection (2) of section 324.171, Florida Statutes, is amended to read:

324.171 Self-insurer.

(2) The self-insurance certificate shall provide limits of

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liability insurance in the amounts specified under s. 324.021(7) or s. 627.7415 and shall provide personal injury protection coverage under s. 627.733(3)(b).

Section 8. Effective January 1, 2019, subsection (4) of section 400.9905, Florida Statutes, is amended to read:

400.9905 Definitions.-

- (4) "Clinic" means an entity where health care services are provided to individuals and which tenders charges for reimbursement for such services, including a mobile clinic and a portable equipment provider. As used in this part, the term does not include and the licensure requirements of this part do not apply to:
- (a) Entities licensed or registered by the state under chapter 395; entities licensed or registered by the state and providing only health care services within the scope of services authorized under their respective licenses under ss. 383.30-383.335, chapter 390, chapter 394, chapter 397, this chapter except part X, chapter 429, chapter 463, chapter 465, chapter 466, chapter 478, part I of chapter 483, chapter 484, or chapter 651; end-stage renal disease providers authorized under 42 C.F.R. part 405, subpart U; providers certified under 42 C.F.R. part 485, subpart B or subpart H; or any entity that provides neonatal or pediatric hospital-based health care services or other health care services by licensed practitioners solely within a hospital licensed under chapter 395.
- (b) Entities that own, directly or indirectly, entities licensed or registered by the state pursuant to chapter 395; entities that own, directly or indirectly, entities licensed or registered by the state and providing only health care services

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within the scope of services authorized pursuant to their respective licenses under ss. 383.30-383.335, chapter 390, chapter 394, chapter 397, this chapter except part X, chapter 429, chapter 463, chapter 465, chapter 466, chapter 478, part I of chapter 483, chapter 484, or chapter 651; end-stage renal disease providers authorized under 42 C.F.R. part 405, subpart U; providers certified under 42 C.F.R. part 485, subpart B or subpart H; or any entity that provides neonatal or pediatric hospital-based health care services by licensed practitioners solely within a hospital licensed under chapter 395.

- (c) Entities that are owned, directly or indirectly, by an entity licensed or registered by the state pursuant to chapter 395; entities that are owned, directly or indirectly, by an entity licensed or registered by the state and providing only health care services within the scope of services authorized pursuant to their respective licenses under ss. 383.30-383.335, chapter 390, chapter 394, chapter 397, this chapter except part X, chapter 429, chapter 463, chapter 465, chapter 466, chapter 478, part I of chapter 483, chapter 484, or chapter 651; end-stage renal disease providers authorized under 42 C.F.R. part 405, subpart U; providers certified under 42 C.F.R. part 485, subpart B or subpart H; or any entity that provides neonatal or pediatric hospital-based health care services by licensed practitioners solely within a hospital under chapter 395.
- (d) Entities that are under common ownership, directly or indirectly, with an entity licensed or registered by the state pursuant to chapter 395; entities that are under common ownership, directly or indirectly, with an entity licensed or registered by the state and providing only health care services

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within the scope of services authorized pursuant to their respective licenses under ss. 383.30-383.335, chapter 390, chapter 394, chapter 397, this chapter except part X, chapter 429, chapter 463, chapter 465, chapter 466, chapter 478, part I of chapter 483, chapter 484, or chapter 651; end-stage renal disease providers authorized under 42 C.F.R. part 405, subpart U; providers certified under 42 C.F.R. part 485, subpart B or subpart H; or any entity that provides neonatal or pediatric hospital-based health care services by licensed practitioners solely within a hospital licensed under chapter 395.

- (e) An entity that is exempt from federal taxation under 26 U.S.C. s. 501(c)(3) or (4), an employee stock ownership plan under 26 U.S.C. s. 409 that has a board of trustees at least two-thirds of which are Florida-licensed health care practitioners and provides only physical therapy services under physician orders, any community college or university clinic, and any entity owned or operated by the federal or state government, including agencies, subdivisions, or municipalities thereof.
- (f) A sole proprietorship, group practice, partnership, or corporation that provides health care services by physicians covered by s. 627.419, that is directly supervised by one or more of such physicians, and that is wholly owned by one or more of those physicians or by a physician and the spouse, parent, child, or sibling of that physician.
- (g) A sole proprietorship, group practice, partnership, or corporation that provides health care services by licensed health care practitioners under chapter 457, chapter 458, chapter 459, chapter 460, chapter 461, chapter 462, chapter 463,

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chapter 466, chapter 467, chapter 480, chapter 484, chapter 486, chapter 490, chapter 491, or part I, part III, part X, part XIII, or part XIV of chapter 468, or s. 464.012, and that is wholly owned by one or more licensed health care practitioners, or the licensed health care practitioners set forth in this paragraph and the spouse, parent, child, or sibling of a licensed health care practitioner if one of the owners who is a licensed health care practitioner is supervising the business activities and is legally responsible for the entity's compliance with all federal and state laws. However, a health care practitioner may not supervise services beyond the scope of the practitioner's license, except that, for the purposes of this part, a clinic owned by a licensee in s. 456.053(3)(b) which provides only services authorized pursuant to s. 456.053(3)(b) may be supervised by a licensee specified in s. 456.053(3)(b).

- (h) Clinical facilities affiliated with an accredited medical school at which training is provided for medical students, residents, or fellows.
- (i) Entities that provide only oncology or radiation therapy services by physicians licensed under chapter 458 or chapter 459 or entities that provide oncology or radiation therapy services by physicians licensed under chapter 458 or chapter 459 which are owned by a corporation whose shares are publicly traded on a recognized stock exchange.
- (j) Clinical facilities affiliated with a college of chiropractic accredited by the Council on Chiropractic Education at which training is provided for chiropractic students.
 - (k) Entities that provide licensed practitioners to staff

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emergency departments or to deliver anesthesia services in facilities licensed under chapter 395 and that derive at least 90 percent of their gross annual revenues from the provision of such services. Entities claiming an exemption from licensure under this paragraph must provide documentation demonstrating compliance.

- (1) Orthotic, prosthetic, pediatric cardiology, or perinatology clinical facilities or anesthesia clinical facilities that are not otherwise exempt under paragraph (a) or paragraph (k) and that are a publicly traded corporation or are wholly owned, directly or indirectly, by a publicly traded corporation. As used in this paragraph, a publicly traded corporation is a corporation that issues securities traded on an exchange registered with the United States Securities and Exchange Commission as a national securities exchange.
- (m) Entities that are owned by a corporation that has \$250 million or more in total annual sales of health care services provided by licensed health care practitioners where one or more of the persons responsible for the operations of the entity is a health care practitioner who is licensed in this state and who is responsible for supervising the business activities of the entity and is responsible for the entity's compliance with state law for purposes of this part.
- (n) Entities that employ 50 or more licensed health care practitioners licensed under chapter 458 or chapter 459 where the billing for medical services is under a single tax identification number. The application for exemption under this subsection shall contain information that includes: the name, residence, and business address and phone number of the entity

that owns the practice; a complete list of the names and contact information of all the officers and directors of the corporation; the name, residence address, business address, and medical license number of each licensed Florida health care practitioner employed by the entity; the corporate tax identification number of the entity seeking an exemption; a listing of health care services to be provided by the entity at the health care clinics owned or operated by the entity and a certified statement prepared by an independent certified public accountant which states that the entity and the health care clinics owned or operated by the entity have not received payment for health care services under personal injury protection insurance coverage for the preceding year. If the agency determines that an entity which is exempt under this subsection has received payments for medical services under personal injury protection insurance coverage, the agency may deny or revoke the exemption from licensure under this subsection.

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Notwithstanding this subsection, an entity shall be deemed a clinic and must be licensed under this part in order to receive reimbursement under the Florida Motor Vehicle No-Fault Law, ss. 627.730-627.7405, unless exempted under s. 627.736(5)(h).

Section 9. Effective January 1, 2019, paragraph (k) of subsection (2) of section 456.057, Florida Statutes, is amended to read:

456.057 Ownership and control of patient records; report or copies of records to be furnished; disclosure of information.—

(2) As used in this section, the terms "records owner,"

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"health care practitioner," and "health care practitioner's employer" do not include any of the following persons or entities; furthermore, the following persons or entities are not authorized to acquire or own medical records, but are authorized under the confidentiality and disclosure requirements of this section to maintain those documents required by the part or chapter under which they are licensed or regulated:

(k) Persons or entities practicing under s. 627.736(7).

Section 10. Effective January 1, 2019, present paragraphs (gg) through (nn) of subsection (1) of section 456.072, Florida Statutes, are redesignated as paragraphs (ee) through (ll), respectively, and present paragraphs (ee) and (ff) of that subsection are amended, to read:

456.072 Grounds for discipline; penalties; enforcement.-

- (1) The following acts shall constitute grounds for which the disciplinary actions specified in subsection (2) may be taken:
- (ee) With respect to making a personal injury protection claim as required by s. 627.736, intentionally submitting a claim, statement, or bill that has been "upcoded" as defined in s. 627.732.
- (ff) With respect to making a personal injury protection claim as required by s. 627.736, intentionally submitting a claim, statement, or bill for payment of services that were not rendered.
- Section 11. Effective January 1, 2019, paragraph (i) of subsection (1) of section 626.9541, Florida Statutes, is amended to read:
 - 626.9541 Unfair methods of competition and unfair or

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deceptive acts or practices defined.-

- (1) UNFAIR METHODS OF COMPETITION AND UNFAIR OR DECEPTIVE ACTS.—The following are defined as unfair methods of competition and unfair or deceptive acts or practices:
 - (i) Unfair claim settlement practices.-
- 1. Attempting to settle claims on the basis of an application, when serving as a binder or intended to become a part of the policy, or any other material document which was altered without notice to, or knowledge or consent of, the insured. \div
- 2. A material misrepresentation made to an insured or any other person having an interest in the proceeds payable under such contract or policy, for the purpose and with the intent of effecting settlement of such claims, loss, or damage under such contract or policy on less favorable terms than those provided in, and contemplated by, such contract or policy.; or
- 3. Committing or performing with such frequency as to indicate a general business practice any of the following:
- a. Failing to adopt and implement standards for the proper investigation of claims;
- b. Misrepresenting pertinent facts or insurance policy provisions relating to coverages at issue;
- c. Failing to acknowledge and act promptly upon communications with respect to claims;
- d. Denying claims without conducting reasonable investigations based upon available information;
- e. Failing to affirm or deny full or partial coverage of claims, and, as to partial coverage, the dollar amount or extent of coverage, or failing to provide a written statement that the

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claim is being investigated, upon the written request of the insured within 30 days after proof-of-loss statements have been completed;

- f. Failing to promptly provide a reasonable explanation in writing to the insured of the basis in the insurance policy, in relation to the facts or applicable law, for denial of a claim or for the offer of a compromise settlement;
- g. Failing to promptly notify the insured of any additional information necessary for the processing of a claim; or
- h. Failing to clearly explain the nature of the requested information and the reasons why such information is necessary.
- i. Failing to pay personal injury protection insurance claims within the time periods required by s. 627.736(4)(b). The office may order the insurer to pay restitution to a policyholder, medical provider, or other claimant, including interest at a rate consistent with the amount set forth in s. 55.03(1), for the time period within which an insurer fails to pay claims as required by law. Restitution is in addition to any other penalties allowed by law, including, but not limited to, the suspension of the insurer's certificate of authority.
- 4. Failing to pay undisputed amounts of partial or full benefits owed under first-party property insurance policies within 90 days after an insurer receives notice of a residential property insurance claim, determines the amounts of partial or full benefits, and agrees to coverage, unless payment of the undisputed benefits is prevented by an act of God, prevented by the impossibility of performance, or due to actions by the insured or claimant that constitute fraud, lack of cooperation, or intentional misrepresentation regarding the claim for which

benefits are owed.

Section 12. Effective January 1, 2019, subsection (7) of section 627.727, Florida Statutes, is amended to read:

- 627.727 Motor vehicle insurance; uninsured and underinsured vehicle coverage; insolvent insurer protection.—
- (7) The legal liability of an uninsured motorist coverage insurer does not include damages in tort for pain, suffering, mental anguish, and inconvenience unless the injury or disease is described in one or more of paragraphs (a)-(d) of s. 627.737(2).

Section 13. Effective January 1, 2019, present paragraph (e) of subsection (2) of section 628.909, Florida Statutes, is redesignated as paragraph (d), present paragraph (d) of that subsection is amended, present paragraph (e) of subsection (3) of that section is redesignated as paragraph (d), and present paragraph (d) of that subsection is amended, to read:

628.909 Applicability of other laws.-

- (2) The following provisions of the Florida Insurance Code apply to captive insurance companies who are not industrial insured captive insurance companies to the extent that such provisions are not inconsistent with this part:
- (d) Sections 627.730-627.7405, when no-fault coverage is provided.
- (3) The following provisions of the Florida Insurance Code shall apply to industrial insured captive insurance companies to the extent that such provisions are not inconsistent with this part:
- (d) Sections 627.730-627.7405 when no-fault coverage is provided.

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Section 14. Effective January 1, 2019, subsection (1) of section 316.646, Florida Statutes, is amended to read:

316.646 Security required; proof of security and display thereof.—

- (1) Any person required by s. 324.022 to maintain property damage liability security or required by s. 324.023 to maintain liability security for bodily injury or death, or required by s. 627.733 to maintain personal injury protection security on a motor vehicle shall have in his or her immediate possession at all times while operating such motor vehicle proper proof of maintenance of the required security.
- (a) Such proof shall be in a uniform paper or electronic format, as prescribed by the department, a valid insurance policy, an insurance policy binder, a certificate of insurance, or such other proof as may be prescribed by the department.
- (b)1. The act of presenting to a law enforcement officer an electronic device displaying proof of insurance in an electronic format does not constitute consent for the officer to access any information on the device other than the displayed proof of insurance.
- 2. The person who presents the device to the officer assumes the liability for any resulting damage to the device.
- Section 15. Effective January 1, 2019, paragraphs (a) and (d) of subsection (5) of section 320.02, Florida Statutes, are amended to read:
- 320.02 Registration required; application for registration; forms.—
- (5) (a) Proof that personal injury protection benefits have been purchased if required under s. 627.733, that property

damage liability coverage has been purchased as required under s. 324.022, that bodily injury or death coverage has been purchased if required under s. 324.023, and that combined bodily liability insurance and property damage liability insurance have been purchased if required under s. 627.7415 shall be provided in the manner prescribed by law by the applicant at the time of application for registration of any motor vehicle that is subject to such requirements. The issuing agent shall refuse to issue registration if such proof of purchase is not provided. Insurers shall furnish uniform proof-of-purchase cards in a paper or electronic format in a form prescribed by the department and include the name of the insured's insurance company, the coverage identification number, and the make, year, and vehicle identification number of the vehicle insured. The card must contain a statement notifying the applicant of the penalty specified under s. 316.646(4). The card or insurance policy, insurance policy binder, or certificate of insurance or a photocopy of any of these; an affidavit containing the name of the insured's insurance company, the insured's policy number, and the make and year of the vehicle insured; or such other proof as may be prescribed by the department shall constitute sufficient proof of purchase. If an affidavit is provided as proof, it must be in substantially the following form:

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Under penalty of perjury, I ... (Name of insured)... do hereby certify that I have ... (Personal Injury Protection, Property Damage Liability, and, if required, Bodily Injury Liability)... Insurance currently in effect with ... (Name of insurance company)... under ... (policy number)... covering ... (make, year,

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22-00502C-16 20161112 729 and vehicle identification number of vehicle) (Signature 730 of Insured) ... 731 732 Such affidavit must include the following warning: 733 734 WARNING: GIVING FALSE INFORMATION IN ORDER TO OBTAIN A VEHICLE 735 REGISTRATION CERTIFICATE IS A CRIMINAL OFFENSE UNDER FLORIDA 736 LAW. ANYONE GIVING FALSE INFORMATION ON THIS AFFIDAVIT IS 737 SUBJECT TO PROSECUTION. 738 739 If an application is made through a licensed motor vehicle 740 dealer as required under s. 319.23, the original or a 741 photostatic copy of such card, insurance policy, insurance 742 policy binder, or certificate of insurance or the original 743 affidavit from the insured shall be forwarded by the dealer to 744 the tax collector of the county or the Department of Highway 745 Safety and Motor Vehicles for processing. By executing the 746 aforesaid affidavit, no licensed motor vehicle dealer will be 747 liable in damages for any inadequacy, insufficiency, or 748 falsification of any statement contained therein. A card must 749 also indicate the existence of any bodily injury liability 750 insurance voluntarily purchased. 751 (d) The verifying of proof of personal injury protection 752 insurance, proof of property damage liability insurance, proof 753 of combined bodily liability insurance and property damage 754 liability insurance, or proof of financial responsibility

insurance and the issuance or failure to issue the motor vehicle

registration under the provisions of this chapter may not be

construed in any court as a warranty of the reliability or

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accuracy of the evidence of such proof. Neither the department nor any tax collector is liable in damages for any inadequacy, insufficiency, falsification, or unauthorized modification of any item of the proof of personal injury protection insurance, proof of property damage liability insurance, proof of combined bodily liability insurance and property damage liability insurance, or proof of financial responsibility insurance prior to, during, or subsequent to the verification of the proof. The issuance of a motor vehicle registration does not constitute prima facie evidence or a presumption of insurance coverage.

Section 16. Effective January 1, 2019, subsections (1) and (2) of section 322.251, Florida Statutes, are amended to read:

- (1) All orders of cancellation, suspension, revocation, or disqualification issued under the provisions of this chapter, chapter 318, or chapter 324, or ss. 627.732-627.734 shall be given either by personal delivery thereof to the licensee whose license is being canceled, suspended, revoked, or disqualified or by deposit in the United States mail in an envelope, first class, postage prepaid, addressed to the licensee at his or her last known mailing address furnished to the department. Such mailing by the department constitutes notification, and any failure by the person to receive the mailed order will not affect or stay the effective date or term of the cancellation, suspension, revocation, or disqualification of the licensee's driving privilege.
- (2) The giving of notice and an order of cancellation, suspension, revocation, or disqualification by mail is complete

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upon expiration of 20 days after deposit in the United States mail for all notices except those issued under chapter 324 or ss. 627.732-627.734, which are complete 15 days after deposit in the United States mail. Proof of the giving of notice and an order of cancellation, suspension, revocation, or disqualification in either manner shall be made by entry in the records of the department that such notice was given. The entry is admissible in the courts of this state and constitutes sufficient proof that such notice was given.

Section 17. Effective January 1, 2019, paragraph (a) of subsection (8) of section 322.34, Florida Statutes, is amended to read:

322.34 Driving while license suspended, revoked, canceled, or disqualified.—

- (8) (a) Upon the arrest of a person for the offense of driving while the person's driver license or driving privilege is suspended or revoked, the arresting officer shall determine:
- 1. Whether the person's driver license is suspended or revoked.
- 2. Whether the person's driver license has remained suspended or revoked since a conviction for the offense of driving with a suspended or revoked license.
- 3. Whether the suspension or revocation was made under s. 316.646 or s. 627.733, relating to failure to maintain required security, or under s. 322.264, relating to habitual traffic offenders.
- 4. Whether the driver is the registered owner or coowner of the vehicle.
 - Section 18. Effective January 1, 2019, subsection (2) of

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section 324.0221, Florida Statutes, is amended to read:

324.0221 Reports by insurers to the department; suspension of driver license and vehicle registrations; reinstatement.—

- (2) The department shall suspend, after due notice and an opportunity to be heard, the registration and driver license of any owner or registrant of a motor vehicle with respect to which security is required under $\underline{s. 324.022}$ $\underline{ss. 324.022}$ and $\underline{627.733}$ upon:
- (a) The department's records showing that the owner or registrant of such motor vehicle did not have in full force and effect when required security that complies with the requirements of s. 324.022 ss. 324.022 and 627.733; or
- (b) Notification by the insurer to the department, in a form approved by the department, of cancellation or termination of the required security.
- Section 19. Effective January 1, 2019, section 627.7263, Florida Statutes, is amended to read:
- 627.7263 Rental and leasing driver's insurance to be primary; exception.—
- (1) The valid and collectible liability insurance or personal injury protection insurance providing coverage for the lessor of a motor vehicle for rent or lease is primary unless otherwise stated in at least 10-point type on the face of the rental or lease agreement. Such insurance is primary for the limits of liability and personal injury protection coverage as required by s. 324.021(7) ss. 324.021(7) and 627.736.
- (2) If the lessee's coverage is to be primary, the rental or lease agreement must contain the following language, in at least 10-point type:

"The valid and collectible liability insurance and personal injury protection insurance of any authorized rental or leasing driver is primary for the limits of liability and personal injury protection coverage required by <u>s. 324.021(7)</u> <u>ss. 324.021(7)</u> and 627.736, Florida Statutes."

Section 20. Effective January 1, 2019, section 627.7275, Florida Statutes, is amended to read:

627.7275 Motor vehicle liability.-

- (1) A motor vehicle insurance policy providing personal injury protection as set forth in s. 627.736 may not be delivered or issued for delivery in this state for a with respect to any specifically insured or identified motor vehicle registered or principally garaged in this state must provide unless the policy also provides coverage for property damage liability and bodily injury liability as required under by s. 324.022.
- (2) (a) Insurers writing motor vehicle insurance in this state shall make available, subject to the insurers' usual underwriting restrictions:
- 1. Coverage under policies as described in subsection (1) to an applicant for private passenger motor vehicle insurance coverage who is seeking the coverage in order to reinstate the applicant's driving privileges in this state if the driving privileges were revoked or suspended pursuant to s. 316.646 or s. 324.0221 due to the failure of the applicant to maintain required security.

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2. Coverage under policies as described in subsection (1), which also provides bodily injury liability coverage and property damage liability coverage for bodily injury, death, and property damage arising out of the ownership, maintenance, or use of the motor vehicle in an amount not less than the limits described in s. 324.021(7) and conforms to the requirements of s. 324.151, to an applicant for private passenger motor vehicle insurance coverage who is seeking the coverage in order to reinstate the applicant's driving privileges in this state after such privileges were revoked or suspended under s. 316.193 or s. 322.26(2) for driving under the influence.

- (b) The policies described in paragraph (a) shall be issued for at least 6 months and, as to the minimum coverages required under this section, may not be canceled by the insured for any reason or by the insurer after 60 days, during which period the insurer is completing the underwriting of the policy. After the insurer has completed underwriting the policy, the insurer shall notify the Department of Highway Safety and Motor Vehicles that the policy is in full force and effect and is not cancelable for the remainder of the policy period. A premium shall be collected and the coverage is in effect for the 60-day period during which the insurer is completing the underwriting of the policy whether or not the person's driver license, motor vehicle tag, and motor vehicle registration are in effect. Once the noncancelable provisions of the policy become effective, the coverages for bodily injury and, property damage, and personal injury protection may not be reduced below the minimum limits required under s. 324.021 or s. 324.023 during the policy period.
 - (c) This subsection controls to the extent of any conflict

with any other section.

- (d) An insurer issuing a policy subject to this section may cancel the policy if, during the policy term, the named insured, or any other operator who resides in the same household or customarily operates an automobile insured under the policy, has his or her driver license suspended or revoked.
- (e) This subsection does not require an insurer to offer a policy of insurance to an applicant if such offer would be inconsistent with the insurer's underwriting guidelines and procedures.

Section 21. Effective January 1, 2019, paragraph (a) of subsection (5) and subsections (6) and (7) of section 627.7295, Florida Statutes, are amended to read:

- 627.7295 Motor vehicle insurance contracts.-
- (5)(a) A licensed general lines agent may charge a perpolicy fee not to exceed \$10 to cover the administrative costs of the agent associated with selling the motor vehicle insurance policy if the policy covers only personal injury protection coverage as provided by s. 627.736 and property damage liability coverage as provided by s. 627.7275 and if no other insurance is sold or issued in conjunction with or collateral to the policy. The fee is not considered part of the premium.
- (6) If a motor vehicle owner's driver license, license plate, and registration have previously been suspended pursuant to s. 316.646 or s. 627.733, an insurer may cancel a new policy only as provided in s. 627.7275.
- (7) A policy of private passenger motor vehicle insurance or a binder for such a policy may be initially issued in this state only if, before the effective date of such binder or

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policy, the insurer or agent has collected from the insured an amount equal to 2 months' premium. An insurer, agent, or premium finance company may not, directly or indirectly, take any action resulting in the insured having paid from the insured's own funds an amount less than the 2 months' premium required by this subsection. This subsection applies without regard to whether the premium is financed by a premium finance company or is paid pursuant to a periodic payment plan of an insurer or an insurance agent. This subsection does not apply if an insured or member of the insured's family is renewing or replacing a policy or a binder for such policy written by the same insurer or a member of the same insurer group. This subsection does not apply to an insurer that issues private passenger motor vehicle coverage primarily to active duty or former military personnel or their dependents. This subsection does not apply if all policy payments are paid pursuant to a payroll deduction plan or an automatic electronic funds transfer payment plan from the policyholder. This subsection and subsection (4) do not apply if all policy payments to an insurer are paid pursuant to an automatic electronic funds transfer payment plan from an agent, a managing general agent, or a premium finance company and if the policy includes, at a minimum, personal injury protection pursuant to ss. 627.730-627.7405; motor vehicle property damage liability pursuant to s. $627.7275 \div$ and bodily injury liability in at least the amount of \$10,000 because of bodily injury to, or death of, one person in any one accident and in the amount of \$20,000 because of bodily injury to, or death of, two or more persons in any one accident. This subsection and subsection (4) do not apply if an insured has had a policy in effect for at

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least 6 months, the insured's agent is terminated by the insurer that issued the policy, and the insured obtains coverage on the policy's renewal date with a new company through the terminated agent.

Section 22. Effective January 1, 2019, subsections (2) and (6) and paragraphs (a), (c), and (d) of subsection (7) of section 705.184, Florida Statutes, are amended to read:

705.184 Derelict or abandoned motor vehicles on the premises of public-use airports.—

(2) The airport director or the director's designee shall contact the Department of Highway Safety and Motor Vehicles to notify that department that the airport has possession of the abandoned or derelict motor vehicle and to determine the name and address of the owner of the motor vehicle, the insurance company insuring the motor vehicle, notwithstanding the provisions of s. 627.736, and any person who has filed a lien on the motor vehicle. Within 7 business days after receipt of the information, the director or the director's designee shall send notice by certified mail, return receipt requested, to the owner of the motor vehicle, the insurance company insuring the motor vehicle, notwithstanding the provisions of s. 627.736, and all persons of record claiming a lien against the motor vehicle. The notice shall state the fact of possession of the motor vehicle, that charges for reasonable towing, storage, and parking fees, if any, have accrued and the amount thereof, that a lien as provided in subsection (6) will be claimed, that the lien is subject to enforcement pursuant to law, that the owner or lienholder, if any, has the right to a hearing as set forth in subsection (4), and that any motor vehicle which, at the end of

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30 calendar days after receipt of the notice, has not been removed from the airport upon payment in full of all accrued charges for reasonable towing, storage, and parking fees, if any, may be disposed of as provided in s. 705.182(2)(a), (b), (d), or (e), including, but not limited to, the motor vehicle being sold free of all prior liens after 35 calendar days after the time the motor vehicle is stored if any prior liens on the motor vehicle are more than 5 years of age or after 50 calendar days after the time the motor vehicle is stored if any prior liens on the motor vehicle are 5 years of age or less.

- (6) The airport pursuant to this section or, if used, a licensed independent wrecker company pursuant to s. 713.78 shall have a lien on an abandoned or derelict motor vehicle for all reasonable towing, storage, and accrued parking fees, if any, except that no storage fee shall be charged if the motor vehicle is stored less than 6 hours. As a prerequisite to perfecting a lien under this section, the airport director or the director's designee must serve a notice in accordance with subsection (2) on the owner of the motor vehicle, the insurance company insuring the motor vehicle, notwithstanding the provisions of s. 627.736, and all persons of record claiming a lien against the motor vehicle. If attempts to notify the owner, the insurance company insuring the motor vehicle, notwithstanding the provisions of s. 627.736, or lienholders are not successful, the requirement of notice by mail shall be considered met. Serving of the notice does not dispense with recording the claim of lien.
- (7) (a) For the purpose of perfecting its lien under this section, the airport shall record a claim of lien which shall

22-00502C-16 20161112 1019 state: 1020 1. The name and address of the airport. 1021 2. The name of the owner of the motor vehicle, the 1022 insurance company insuring the motor vehicle, notwithstanding 1023 the provisions of s. 627.736, and all persons of record claiming 1024 a lien against the motor vehicle. 1025 3. The costs incurred from reasonable towing, storage, and 1026 parking fees, if any. 1027 4. A description of the motor vehicle sufficient for identification. 1028 1029 (c) The claim of lien shall be sufficient if it is in 1030 substantially the following form: 1031 1032 CLAIM OF LIEN 1033 State of 1034 County of 1035 Before me, the undersigned notary public, personally appeared 1036, who was duly sworn and says that he/she is the 1037 of, whose address is....; and that the 1038 following described motor vehicle: 1039 ... (Description of motor vehicle) ... 1040 owned by, whose address is, has accrued 1041 \$..... in fees for a reasonable tow, for storage, and for 1042 parking, if applicable; that the lienor served its notice to the 1043 owner, the insurance company insuring the motor vehicle 1044 notwithstanding the provisions of s. 627.736, Florida Statutes, 1045 and all persons of record claiming a lien against the motor vehicle on, ... (year)..., by...... 1046 1047 ...(Signature)...

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22-00502C-16 20161112 1048 Sworn to (or affirmed) and subscribed before me this day of 1049 ..., ... (year)..., by ... (name of person making statement).... 1050 ... (Signature of Notary Public) (Print, Type, or Stamp 1051 Commissioned name of Notary Public) ... 1052 Personally Known....OR Produced....as identification. 1053 1054 However, the negligent inclusion or omission of any information 1055 in this claim of lien which does not prejudice the owner does 1056 not constitute a default that operates to defeat an otherwise 1057 valid lien. 1058 (d) The claim of lien shall be served on the owner of the 1059 motor vehicle, the insurance company insuring the motor vehicle, 1060 notwithstanding the provisions of s. 627.736, and all persons of 1061 record claiming a lien against the motor vehicle. If attempts to 1062 notify the owner, the insurance company insuring the motor vehicle notwithstanding the provisions of s. 627.736, or 1063 1064 lienholders are not successful, the requirement of notice by mail shall be considered met. The claim of lien shall be so 1065 1066 served before recordation. 1067 Section 23. Effective July 1, 2019, paragraphs (a), (b), 1068 and (c) of subsection (4) of section 713.78, Florida Statutes, 1069 are amended to read: 1070 713.78 Liens for recovering, towing, or storing vehicles 1071 and vessels.-1072 (4)(a) Any person regularly engaged in the business of 1073 recovering, towing, or storing vehicles or vessels who comes 1074 into possession of a vehicle or vessel pursuant to subsection 1075 (2), and who claims a lien for recovery, towing, or storage

services, shall give notice to the registered owner, the

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insurance company insuring the vehicle notwithstanding the provisions of s. 627.736, and to all persons claiming a lien thereon, as disclosed by the records in the Department of Highway Safety and Motor Vehicles or as disclosed by the records of any corresponding agency in any other state in which the vehicle is identified through a records check of the National Motor Vehicle Title Information System or an equivalent commercially available system as being titled or registered.

(b) Whenever any law enforcement agency authorizes the removal of a vehicle or vessel or whenever any towing service, garage, repair shop, or automotive service, storage, or parking place notifies the law enforcement agency of possession of a vehicle or vessel pursuant to s. 715.07(2)(a)2., the law enforcement agency of the jurisdiction where the vehicle or vessel is stored shall contact the Department of Highway Safety and Motor Vehicles, or the appropriate agency of the state of registration, if known, within 24 hours through the medium of electronic communications, giving the full description of the vehicle or vessel. Upon receipt of the full description of the vehicle or vessel, the department shall search its files to determine the owner's name, the insurance company insuring the vehicle or vessel, and whether any person has filed a lien upon the vehicle or vessel as provided in s. 319.27(2) and (3) and notify the applicable law enforcement agency within 72 hours. The person in charge of the towing service, garage, repair shop, or automotive service, storage, or parking place shall obtain such information from the applicable law enforcement agency within 5 days after the date of storage and shall give notice pursuant to paragraph (a). The department may release the

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insurance company information to the requestor notwithstanding the provisions of s. 627.736.

(c) Notice by certified mail shall be sent within 7 business days after the date of storage of the vehicle or vessel to the registered owner, the insurance company insuring the vehicle notwithstanding the provisions of s. 627.736, and all persons of record claiming a lien against the vehicle or vessel. It shall state the fact of possession of the vehicle or vessel, that a lien as provided in subsection (2) is claimed, that charges have accrued and the amount thereof, that the lien is subject to enforcement pursuant to law, and that the owner or lienholder, if any, has the right to a hearing as set forth in subsection (5), and that any vehicle or vessel which remains unclaimed, or for which the charges for recovery, towing, or storage services remain unpaid, may be sold free of all prior liens after 35 days if the vehicle or vessel is more than 3 years of age or after 50 days if the vehicle or vessel is 3 years of age or less.

Section 24. Effective July 1, 2019, paragraph (a) of subsection (1), paragraph (c) of subsection (7), paragraphs (a), (b), and (c) of subsection (8), and subsections (9) and (10) of section 817.234, Florida Statutes, are amended to read:

- 817.234 False and fraudulent insurance claims.-
- (1) (a) A person commits insurance fraud punishable as provided in subsection (11) if that person, with the intent to injure, defraud, or deceive any insurer:
- 1. Presents or causes to be presented any written or oral statement as part of, or in support of, a claim for payment or other benefit pursuant to an insurance policy or a health

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maintenance organization subscriber or provider contract, knowing that such statement contains any false, incomplete, or misleading information concerning any fact or thing material to such claim;

- 2. Prepares or makes any written or oral statement that is intended to be presented to any insurer in connection with, or in support of, any claim for payment or other benefit pursuant to an insurance policy or a health maintenance organization subscriber or provider contract, knowing that such statement contains any false, incomplete, or misleading information concerning any fact or thing material to such claim;
- 3.a. Knowingly presents, causes to be presented, or prepares or makes with knowledge or belief that it will be presented to any insurer, purported insurer, servicing corporation, insurance broker, or insurance agent, or any employee or agent thereof, any false, incomplete, or misleading information or written or oral statement as part of, or in support of, an application for the issuance of, or the rating of, any insurance policy, or a health maintenance organization subscriber or provider contract; or
- b. Knowingly conceals information concerning any fact material to such application; or
- 4. Knowingly presents, causes to be presented, or prepares or makes with knowledge or belief that it will be presented to any insurer a claim for payment or other benefit under a motor vehicle personal injury protection insurance policy if the person knows that the payee knowingly submitted a false, misleading, or fraudulent application or other document when applying for licensure as a health care clinic, seeking an

exemption from licensure as a health care clinic, or demonstrating compliance with part X of chapter 400.

(7)

- (c) An insurer, or any person acting at the direction of or on behalf of an insurer, may not change an opinion in a mental or physical report prepared under s. 627.736(7) or direct the physician preparing the report to change such opinion; however, this provision does not preclude the insurer from calling to the attention of the physician errors of fact in the report based upon information in the claim file. Any person who violates this paragraph commits a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.
- (8) (a) It is unlawful for any person intending to defraud any other person to solicit or cause to be solicited any business from a person involved in a motor vehicle accident for the purpose of making, adjusting, or settling motor vehicle tort claims or claims for personal injury protection benefits required by s. 627.736. Any person who violates the provisions of this paragraph commits a felony of the second degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084. A person who is convicted of a violation of this subsection shall be sentenced to a minimum term of imprisonment of 2 years.
- (b) A person may not solicit or cause to be solicited any business from a person involved in a motor vehicle accident by any means of communication other than advertising directed to the public for the purpose of making motor vehicle tort claims or claims for personal injury protection benefits required by s. 627.736, within 60 days after the occurrence of the motor vehicle accident. Any person who violates this paragraph commits

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a felony of the third degree, punishable as provided in s. 1194 775.082, s. 775.083, or s. 775.084.

- (c) A lawyer, health care practitioner as defined in s. 456.001, or owner or medical director of a clinic required to be licensed pursuant to s. 400.9905 may not, at any time after 60 days have elapsed from the occurrence of a motor vehicle accident, solicit or cause to be solicited any business from a person involved in a motor vehicle accident by means of in person or telephone contact at the person's residence, for the purpose of making motor vehicle tort claims or claims for personal injury protection benefits required by s. 627.736. Any person who violates this paragraph commits a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.
- (9) A person may not organize, plan, or knowingly participate in an intentional motor vehicle crash or a scheme to create documentation of a motor vehicle crash that did not occur for the purpose of making motor vehicle tort claims or claims for personal injury protection benefits as required by s.

 627.736. Any person who violates this subsection commits a felony of the second degree, punishable as provided in s.

 775.082, s. 775.083, or s. 775.084. A person who is convicted of a violation of this subsection shall be sentenced to a minimum term of imprisonment of 2 years.
- (10) A licensed health care practitioner who is found guilty of insurance fraud under this section for an act relating to a motor vehicle personal injury protection insurance policy loses his or her license to practice for 5 years and may not receive reimbursement for bodily personal injury liability

20161112___ 22-00502C-16 1222 protection benefits for 10 years. Section 25. Except as otherwise expressly provided in this 1223 1224 act, this act shall take effect upon becoming a law.