

	LEGISLATIVE ACTION	
Senate		House
Comm: UNFAV		
02/28/2018		
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Appropriations Subcommittee on Health and Human Services (Lee) recommended the following:

Senate Amendment (with title amendment)

Delete everything after the enacting clause and insert:

Section 1. Sections 627.730, 627.731, 627.7311, 627.732, <u>627.733, 627.734, 627.73</u>6, 627.737, 627.739, 627.7401, 627.7403, and 627.7405, Florida Statutes, which comprise the Florida Motor Vehicle No-Fault Law, are repealed.

Section 2. Section 627.7407, Florida Statutes, is repealed. Section 3. Subsection (1) of section 316.646, Florida

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Statutes, is amended to read:

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

- (1) Any person required by s. 324.022 to maintain liability security for property damage, liability security, 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 required under s. 324.021(7).
- (a) Such proof must 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 4. 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



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- (b) For all violations of ss. 320.0605, 320.07(1), 322.065, and 322.15(1). A 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 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. 324.021(7) 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

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since been sold, stolen, or destroyed; that the owner 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. 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 bodily injury liability coverage and property damage liability coverage personal injury protection benefits have been purchased if required under s. 324.022, s. 324.032, or s. 627.742, that medical payments coverage has been purchased if required under s. 627.7265 s. 627.733, that property damage liability coverage has been purchased as required under s. 324.022, that bodily injury liability 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 must 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 may not 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



98 card or insurance policy, insurance policy binder, or 99 certificate of insurance or a photocopy of any of these; an 100 affidavit containing the name of the insured's insurance 101 company, the insured's policy number, and the make and year of 102 the vehicle insured; or such other proof as may be prescribed by 103 the department constitutes shall constitute sufficient proof of purchase. If an affidavit is provided as proof, it must be in 104 105 substantially the following form: 106 107 Under penalty of perjury, I ... (Name of insured) ... do hereby 108 certify that I have ... (bodily injury liability and Personal 109 Injury Protection, property damage liability coverage, and 110 medical payments coverage, and, if required, Bodily Injury 111 Liability)... Insurance currently in effect with ... (Name of 112 insurance company)... under ... (policy number)... covering ... (make, year, and vehicle identification number of 113 114 vehicle) (Signature of Insured) ... 115 116 Such affidavit must include the following warning: 117 118 WARNING: GIVING FALSE INFORMATION IN ORDER TO OBTAIN A VEHICLE 119 REGISTRATION CERTIFICATE IS A CRIMINAL OFFENSE UNDER FLORIDA 120 LAW. ANYONE GIVING FALSE INFORMATION ON THIS AFFIDAVIT IS 121 SUBJECT TO PROSECUTION. 122 123 If an application is made through a licensed motor vehicle 124 dealer as required under s. 319.23, the original or a photocopy 125 photostatic copy of such card, insurance policy, insurance policy binder, or certificate of insurance or the original 126

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affidavit from the insured must shall be forwarded by the dealer to the tax collector of the county or the Department of Highway Safety and Motor Vehicles for processing. By executing the aforesaid affidavit, a no licensed motor vehicle dealer is not will be liable in damages for any inadequacy, insufficiency, or falsification of any statement contained therein. A card must also indicate the existence of any bodily injury liability insurance voluntarily purchased.

(d) The verifying of 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 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 accuracy of the evidence of such proof, or that the provisions of any insurance policy furnished as proof of financial responsibility comply with state law. Neither The department or nor any tax collector is not 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 before 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 6. Paragraph (b) of subsection (1) of section



156 320.0609, Florida Statutes, is amended to read:

> 320.0609 Transfer and exchange of registration license plates; transfer fee.-

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(b) The transfer of a license plate from a vehicle disposed of to a newly acquired vehicle does not constitute a new registration. The application for transfer shall be accepted without requiring proof of personal injury protection or liability insurance.

Section 7. Paragraph (g) is added to subsection (1) of section 320.27, Florida Statutes, and subsection (3) of that section is amended, to read:

320.27 Motor vehicle dealers.

- (1) DEFINITIONS.—The following words, terms, and phrases when used in this section have the meanings respectively ascribed to them in this subsection, except where the context clearly indicates a different meaning:
- (g) "Garage liability insurance" means combined singlelimit liability coverage, including property damage and bodily injury liability coverage, in the amount of:
- 1. Beginning January 1, 2019, and continuing through December 31, 2020, at least \$50,000.
- 2. Beginning January 1, 2021, and thereafter, at least \$60,000.
- (3) APPLICATION AND FEE.—The application for the license application must shall be in such form as may be prescribed by the department and is shall be subject to such rules with respect thereto as may be so prescribed by the department it. Such application must shall be verified by oath or affirmation

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and must shall contain a full statement of the name and birth date of the person or persons applying for the license therefor; the name of the firm or copartnership, with the names and places of residence of all members thereof, if such applicant is a firm or copartnership; the names and places of residence of the principal officers, if the applicant is a body corporate or other artificial body; the name of the state under whose laws the corporation is organized; the present and former place or places of residence of the applicant; and the prior business in which the applicant has been engaged and its the location thereof. The Such application must shall describe the exact location of the place of business and must shall state whether the place of business is owned by the applicant and when acquired, or, if leased, a true copy of the lease must shall be attached to the application. The applicant shall certify that the location provides an adequately equipped office and is not a residence; that the location affords sufficient unoccupied space upon and within which adequately to store all motor vehicles offered and displayed for sale; and that the location is a suitable place where the applicant can in good faith carry on such business and keep and maintain books, records, and files necessary to conduct such business, which must shall be available at all reasonable hours to inspection by the department or any of its inspectors or other employees. The applicant shall certify that the business of a motor vehicle dealer is the principal business that will which shall be conducted at that location. The application must shall contain a statement that the applicant is either franchised by a manufacturer of motor vehicles, in which case the name of each

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motor vehicle that the applicant is franchised to sell must shall be included, or an independent (nonfranchised) motor vehicle dealer. The application must shall contain other relevant information as may be required by the department. The applicant must furnish, including evidence, in a form approved by the department, that the applicant is insured under a garage liability insurance policy or a general liability insurance policy coupled with a business automobile policy having the garage liability insurance coverage required by this subsection, which shall include, at a minimum, \$25,000 combined single-limit liability coverage including bodily injury and property damage protection and \$10,000 personal injury protection. However, a salvage motor vehicle dealer as defined in subparagraph (1)(c)5. is exempt from the requirements for garage liability insurance and medical payments coverage insurance and personal injury protection insurance on those vehicles that cannot be legally operated on roads, highways, or streets in this state. Franchise dealers must submit a garage liability insurance policy, and all other dealers must submit a garage liability insurance policy or a general liability insurance policy coupled with a business automobile policy. Such policy must shall be for the license period, and evidence of a new or continued policy must shall be delivered to the department at the beginning of each license period. Upon making an initial application, the applicant shall pay to the department a fee of \$300 in addition to any other fees required by law. Applicants may choose to extend the licensure period for 1 additional year for a total of 2 years. An initial applicant shall pay to the department a fee of \$300 for the first year and \$75 for the second year, in addition to

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any other fees required by law. An applicant for renewal shall pay to the department \$75 for a 1-year renewal or \$150 for a 2year renewal, in addition to any other fees required by law. Upon making an application for a change of location, the applicant person shall pay a fee of \$50 in addition to any other fees now required by law. The department shall, in the case of every application for initial licensure, verify whether certain facts set forth in the application are true. Each applicant, general partner in the case of a partnership, or corporate officer and director in the case of a corporate applicant shall, must file a set of fingerprints with the department for the purpose of determining any prior criminal record or any outstanding warrants. The department shall submit the fingerprints to the Department of Law Enforcement for state processing and forwarding to the Federal Bureau of Investigation for federal processing. The actual cost of state and federal processing must shall be borne by the applicant and is in addition to the fee for licensure. The department may issue a license to an applicant pending the results of the fingerprint investigation, which license is fully revocable if the department subsequently determines that any facts set forth in the application are not true or correctly represented.

Section 8. Paragraph (j) of subsection (3) of section 320.771, Florida Statutes, is amended to read:

- 320.771 License required of recreational vehicle dealers.-
- (3) APPLICATION.—The application for such license shall be in the form prescribed by the department and subject to such rules as may be prescribed by it. The application shall be verified by oath or affirmation and shall contain:



(j) A statement that the applicant is insured under a garage liability insurance policy in accordance with s. 320.27(1)(g), which shall include, at a minimum, \$25,000 combined single-limit liability coverage, including bodily injury and property damage protection, and \$10,000 personal injury protection, if the applicant is to be licensed as a dealer in, or intends to sell, recreational vehicles.

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The department shall, if it deems necessary, cause an investigation to be made to ascertain if the facts set forth in the application are true and shall not issue a license to the applicant until it is satisfied that the facts set forth in the application are true.

Section 9. Subsections (1) and (2) of section 322.251, Florida Statutes, are amended to read:

322.251 Notice of cancellation, suspension, revocation, or disqualification of license .-

(1) All orders of cancellation, suspension, revocation, or disqualification issued under the provisions of this chapter, chapter 318, or chapter 324 must, 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

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of the licensee's driving privilege.

(2) The giving of notice and an order of cancellation, suspension, revocation, or disqualification by mail is complete 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 must 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 10. 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.

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Section 11. Section 324.011, Florida Statutes, is amended to read:

324.011 Legislative intent and purpose of chapter.—It is the Legislature's intent of this chapter to ensure that the privilege of owning or operating a motor vehicle in this state be exercised recognize the existing privilege to own or operate a motor vehicle on the public streets and highways of this state when such vehicles are used with due consideration for others' safety others and their property, and to promote safety, and to provide financial security requirements for such owners and or operators whose responsibility it is to recompense others for injury to person or property caused by the operation of a motor vehicle. Therefore, this chapter requires that every owner or operator of a motor vehicle required to be registered in this state establish, maintain, and it is required herein that the operator of a motor vehicle involved in a crash or convicted of certain traffic offenses meeting the operative provisions of s. 324.051(2) shall respond for such damages and show proof of financial ability to respond for damages arising out of the ownership, maintenance, or use of a motor vehicle in future accidents as a requisite to owning or operating a motor vehicle in this state his or her future exercise of such privileges.

Section 12. Subsections (1) and (7) and paragraph (c) of subsection (9) of section 324.021, Florida Statutes, are amended, and subsection (12) is added to that section, 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

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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 that 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 that is propelled by electric power obtained from overhead wires but not operated upon rails, but not including any personal delivery device as defined in s. 316.003, bicycle, or moped. However, the term "motor vehicle" does not include a 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.
- (7) PROOF OF FINANCIAL RESPONSIBILITY.—That Proof of ability to respond in damages for liability on account of crashes arising out of the ownership, maintenance, or use of a motor vehicle:
- (a) With respect to a motor vehicle that is not a commercial motor vehicle, nonpublic sector bus, or for-hire passenger transportation vehicle:
- 1. Beginning January 1, 2019, and continuing through December 31, 2020, in the amount of:
- a. Twenty thousand dollars for \$10,000 because of bodily injury to, or the death of, one person in any one crash and, +
- (b) subject to such limits for one person, in the amount of \$40,000 for \$20,000 because of bodily injury to, or the death of, two or more persons in any one crash; and



388 b. Ten thousand dollars for damage to, or destruction of, 389 property of others in any one crash. 2. Beginning January 1, 2021, and thereafter, in the amount 390 391 of: 392 a. Twenty-five thousand dollars for bodily injury to, or 393 the death of, one person in any one crash and, subject to such 394 limits for one person, in the amount of \$50,000 for bodily 395 injury to, or the death of, two or more persons in any one 396 crash; and 397 b. (c) Ten thousand dollars for damage In the amount of 398 \$10,000 because of injury to, or destruction of, property of 399 others in any one crash.; and 400 (b) (d) With respect to commercial motor vehicles and 401 nonpublic sector buses, in the amounts specified in s. 627.7415 402 ss. 627.7415 and 627.742, respectively. 403 (c) With respect to nonpublic sector buses, in the amounts 404 specified in s. 627.742. 405 (d) With respect to for-hire passenger transportation 406 vehicles, in the amounts specified in s. 324.032. 407 (9) OWNER; OWNER/LESSOR.-408 (c) Application.— 409 1. The limits on liability in subparagraphs (b) 2. and 3. do 410 not apply to an owner of motor vehicles that are used for 411 commercial activity in the owner's ordinary course of business, 412 other than a rental company that rents or leases motor vehicles. 413 For purposes of this paragraph, the term "rental company" 414 includes only an entity that is engaged in the business of 415 renting or leasing motor vehicles to the general public and that

rents or leases a majority of its motor vehicles to persons with

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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:

- 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.
- 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 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. 207.002 or s. 320.01 $\frac{1}{8}$ 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

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- b. The lessee or other operator of the commercial motor vehicle has in effect insurance with limits of at least \$5 million \$5,000,000 combined property damage and bodily injury liability. (12) FOR-HIRE PASSENGER TRANSPORTATION VEHICLE.—Every "for-
- hire vehicle" as defined in s. 320.01(15) which is offered or used to provide transportation for persons, including taxicabs, limousines, and jitneys.
- Section 13. Section 324.022, Florida Statutes, is amended to read:
- 324.022 Financial responsibility requirements for property damage.-
- (1) (a) Every owner or operator of a motor vehicle required to be registered in this state shall establish and continuously maintain the ability to respond in damages for liability on account of accidents arising out of the use of the motor vehicle in the amount of:
- 1. Beginning January 1, 2019, and continuing through December 31, 2020:
- a. Twenty thousand dollars for bodily injury to, or the death of, one person in any one crash and, subject to such limits for one person, in the amount of \$40,000 for bodily injury to, or the death of, two or more persons in any one crash; and
- b. Ten thousand dollars for damage to, or destruction of, property of others in any one crash.
 - 2. Beginning January 1, 2021, and thereafter:
- a. Twenty-five thousand dollars for bodily injury to, or the death of, one person in any one crash and, subject to such

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limits for one person, in the amount of \$50,000 for bodily injury to, or the death of, two or more persons in any one crash; and

- b. Ten thousand dollars for \$10,000 because of damage to, or destruction of, property of others in any one crash.
- (b) The requirements of paragraph (a) this section may be met by one of the methods established in s. 324.031; by selfinsuring as authorized by s. 768.28(16); or by maintaining medical payments coverage under s. 627.7265 and a motor vehicle liability insurance policy that an insurance policy providing coverage for property damage liability in the amount of at least \$10,000 because of damage to, or destruction of, property of others in any one accident arising out of the use of the motor vehicle. The requirements of this section may also be met by having a policy which provides combined property damage liability and bodily injury liability coverage for any one crash arising out of the ownership, maintenance, or use of a motor vehicle which conforms to the requirements of s. 324.151 in the amount of:
- 1. At least \$50,000 for every owner or operator subject to the financial responsibility required in subparagraph (1)(a)1.
- 2. At least \$60,000 for every owner or operator subject to the financial responsibility required in subparagraph (1)(a)2. \$30,000 for combined property damage liability and bodily injury liability for any one crash arising out of the use of the motor vehicle. The policy, with respect to coverage for property damage liability, must meet the applicable requirements of s. 324.151, subject to the usual policy exclusions that have been approved in policy forms by the Office of Insurance Regulation.

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No insurer shall have any duty to defend uncovered claims irrespective of their joinder with covered claims.

- (2) As used in this section, the term:
- (a) "Motor vehicle" means any self-propelled vehicle that has four or more wheels and that is of a type designed and required to be licensed for use on the highways of this state, and any trailer or semitrailer designed for use with such vehicle. The term does not include the following:
 - 1. A mobile home as defined in s. 320.01.
- 2. A motor vehicle that is used in mass transit and designed to transport more than five passengers, exclusive of the operator of the motor vehicle, and that is owned by a municipality, transit authority, or political subdivision of the state.
- 3. A school bus as defined in s. 1006.25, which shall maintain security as required under s. 316.615.
- 4. A commercial motor vehicle as defined in s. 207.002 or s. 320.01, which shall maintain security as required under ss. 324.031 and 627.7415.
- 5. A nonpublic sector bus, which shall maintain security as required under ss. 324.031 and 627.742.
- 6.4. A vehicle providing for-hire passenger transportation vehicle, which that is subject to the provisions of s. 324.031. A taxicab shall maintain security as required under s. 324.032 s. 324.032(1).
 - 7.5. A personal delivery device as defined in s. 316.003.
- (b) "Owner" means the person who holds legal title to a motor vehicle or the debtor or lessee who has the right to possession of a motor vehicle that is the subject of a security

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agreement or lease with an option to purchase.

- (3) Each nonresident owner or registrant of a motor vehicle that, whether operated or not, has been physically present within this state for more than 90 days during the preceding 365 days shall maintain security as required by subsection (1). The security must be that is in effect continuously throughout the period the motor vehicle remains within this state.
- (4) An The owner or registrant of a motor vehicle who is exempt from the requirements of this section if she or he is a member of the United States Armed Forces and is called to or on active duty outside the United States in an emergency situation is exempt from this section while he or she. The exemption provided by this subsection applies only as long as the member of the Armed Forces is on such active duty. This exemption outside the United States and applies only while the vehicle covered by the security is not operated by any person. Upon receipt of a written request by the insured to whom the exemption provided in this subsection applies, the insurer shall cancel the coverages and return any unearned premium or suspend the security required by this section. Notwithstanding s. 324.0221(2) s. 324.0221(3), the department may not suspend the registration or operator's license of an any owner or registrant of a motor vehicle during the time she or he qualifies for the an exemption under this subsection. An Any owner or registrant of a motor vehicle who qualifies for the an exemption under this subsection shall immediately notify the department before prior to and at the end of the expiration of the exemption.

Section 14. Subsections (1) and (2) of section 324.0221, Florida Statutes, are amended to read:

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

(1)(a) Each insurer that has issued a policy providing medical payments coverage or personal injury protection coverage or property damage liability coverage shall report the cancellation or nonrenewal thereof to the department within 10 days after the processing date or effective date of each cancellation or nonrenewal. Upon the issuance of a policy providing medical payments coverage or personal injury protection coverage or property damage liability coverage to a named insured not previously insured by the insurer during that calendar year, the insurer shall report the issuance of the new policy to the department within 10 days. The report must shall be in the form and format and contain any information required by the department and must be provided in a format that is compatible with the data processing capabilities of the department. Failure by an insurer to file proper reports with the department as required by this subsection constitutes a violation of the Florida Insurance Code. These records may shall be used by the department only for enforcement and regulatory purposes, including the generation by the department of data regarding compliance by owners of motor vehicles with the requirements for financial responsibility coverage.

(b) With respect to an insurance policy providing medical payments coverage or personal injury protection coverage or property damage liability coverage, each insurer shall notify the named insured, or the first-named insured in the case of a commercial fleet policy, in writing that any cancellation or nonrenewal of the policy will be reported by the insurer to the

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department. The notice must also inform the named insured that failure to maintain medical payments coverage, bodily injury liability personal injury protection coverage, and property damage liability coverage on a motor vehicle when required by law may result in the loss of registration and driving privileges in this state and inform the named insured of the amount of the reinstatement fees required by this section. This notice is for informational purposes only, and an insurer is not civilly liable for failing to provide this notice.

- (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 for with respect to which security is required under s. 324.022, s. 324.032, s. 627.7415, or s. 627.742 ss. 324.022 and 627.733 upon:
- (a) The department's records showing that the owner or registrant of such motor vehicle did not have the in full force and effect when required security in full force and effect that complies with the requirements of 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 15. Section 324.023, Florida Statutes, is amended to read:

324.023 Financial responsibility for bodily injury or death.—In addition to any other financial responsibility required by law, every owner or operator of a motor vehicle that is required to be registered in this state, or that is located within this state, and who, regardless of adjudication of quilt, has been found guilty of or entered a plea of guilty or nolo

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contendere to a charge of driving under the influence under s. 316.193 after October 1, 2007, shall, by one of the methods established in s. 324.031(1) (a) or (b) s. 324.031(1) or (2), establish and maintain the ability to respond in damages for liability on account of accidents arising out of the use of a motor vehicle in the amount of \$100,000 because of bodily injury to, or death of, one person in any one crash and, subject to such limits for one person, in the amount of \$300,000 because of bodily injury to, or death of, two or more persons in any one crash and in the amount of \$50,000 because of property damage in any one crash. If the owner or operator chooses to establish and maintain such ability by furnishing a certificate of deposit pursuant to s. 324.031(1) (b) s. 324.031(2), such certificate of deposit must be at least \$350,000. Such higher limits must be carried for a minimum period of 3 years. If the owner or operator has not been convicted of driving under the influence or a felony traffic offense for a period of 3 years from the date of reinstatement of driving privileges for a violation of s. 316.193, the owner or operator shall be exempt from this section.

Section 16. Section 324.031, Florida Statutes, is amended to read:

324.031 Manner of proving financial responsibility.-

(1) The owner or operator of a taxicab, limousine, jitney, or any other for-hire passenger transportation vehicle may prove financial responsibility by providing satisfactory evidence of holding a motor vehicle liability policy as defined in s. 324.021(8) or s. 324.151, which policy is issued by an insurance carrier which is a member of the Florida Insurance Guaranty

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Association. The operator or owner of a motor vehicle other than a for-hire passenger transportation vehicle any other vehicle may prove his or her financial responsibility by: (a) (1) Furnishing satisfactory evidence of holding a motor vehicle liability policy as defined in ss. 324.021(8) and 324.151; (b) (2) Furnishing a certificate of self-insurance showing a deposit of cash in accordance with s. 324.161; or (c) (3) Furnishing a certificate of self-insurance issued by the department in accordance with s. 324.171. (2) (a) Any person, including any firm, partnership, association, corporation, or other person, other than a natural person, electing to use the method of proof specified in paragraph (1)(b) subsection (2) shall furnish a certificate of deposit equal to the number of vehicles owned times: 1. Fifty thousand dollars, to a maximum of \$200,000, from January 1, 2019, through December 31, 2020. 2. Sixty thousand dollars \$30,000, to a maximum of \$240,000, from January 1, 2021, and thereafter. \$120,000; (b) In addition, any such person, other than a natural person, shall maintain insurance providing coverage conforming to the requirements of s. 324.151 in excess of the amount of the certificate of deposit, with limits of at least: 1. One hundred twenty-five thousand dollars for bodily injury to, or the death of, one person in any one crash and, subject to such limits for one person, in the amount of \$250,000 for bodily injury to, or the death of, two or more persons in

property of others in any one crash; or \$10,000/20,000/10,000 or

any one crash, and \$50,000 for damage to, or destruction of,

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\$30,000 combined single limits, and such excess insurance shall provide minimum limits of \$125,000/250,000/50,000 or \$300,000 combined single limits. These increased limits shall not affect the requirements for proving financial responsibility under s. 324.032(1).

2. Three hundred thousand dollars for combined bodily injury liability and property damage liability for any one crash.

Section 17. Section 324.032, Florida Statutes, is amended to read:

324.032 Manner of proving Financial responsibility for; for-hire passenger transportation vehicles. - Notwithstanding the provisions of s. 324.031:

- (1) An owner or lessee of a for-hire passenger transportation vehicle that is required to be registered in this state shall establish and continuously maintain the ability to respond in damages for liability on account of accidents arising out of the ownership, maintenance, or use of the for-hire passenger transportation vehicle, in the amount of:
- (a) One hundred twenty-five thousand dollars for bodily injury to, or the death of, one person in any one crash and, subject to such limits for one person, in the amount of \$250,000 for bodily injury to, or the death of, two or more persons in any one crash; and 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.

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- (b) Fifty thousand dollars for damage to, or destruction of, property of others in any one crash 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.
- (2) Except as provided in subsection (3), the requirements of this section must be met by the owner or lessee providing satisfactory evidence of holding a motor vehicle liability policy conforming to the requirements of s. 324.151 which is issued by an insurance carrier that is a member of the Florida Insurance Guaranty Association.
- (3) (2) An owner or a lessee who is required to maintain insurance under s. 324.021(9)(b) and who operates at least 300 taxicabs, limousines, jitneys, or any other for-hire passenger transportation vehicles may provide financial responsibility by complying with the provisions of s. 324.171, such compliance to be demonstrated by maintaining at its principal place of business an audited financial statement, prepared in accordance with generally accepted accounting principles, and providing to the department a certification issued by a certified public accountant that the applicant's net worth is at least equal to the requirements of s. 324.171 as determined by the Office of Insurance Regulation of the Financial Services Commission, including claims liabilities in an amount certified as adequate by a Fellow of the Casualty Actuarial Society.

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Upon request by the department, the applicant shall 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 subsections (1) and (2) subsection (1) is

Section 18. Paragraph (b) of subsection (2) of section 324.051, Florida Statutes, is amended to read:

324.051 Reports of crashes; suspensions of licenses and registrations.-

(2)

obtained.

- (b) This subsection does shall not apply:
- 1. To such operator or owner if such operator or owner had in effect at the time of such crash or traffic conviction a motor vehicle an automobile liability policy with respect to all of the registered motor vehicles owned by such operator or owner.
 - 2. To such operator, if not the owner of such motor

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vehicle, if there was in effect at the time of such crash or traffic conviction a motor vehicle an automobile liability policy or bond with respect to his or her operation of motor vehicles not owned by him or her.

- 3. To such operator or owner if the liability of such operator or owner for damages resulting from such crash is, in the judgment of the department, covered by any other form of liability insurance or bond.
- 4. To any person who has obtained from the department a certificate of self-insurance, in accordance with s. 324.171, or to any person operating a motor vehicle for such self-insurer.

No such policy or bond shall be effective under this subsection unless it contains limits of not less than those specified in s. 324.021(7).

Section 19. Section 324.071, Florida Statutes, is amended to read:

324.071 Reinstatement; renewal of license; reinstatement fee. -An Any operator or owner whose license or registration has been suspended pursuant to s. 324.051(2), s. 324.072, s. 324.081, or s. 324.121 may effect its reinstatement upon compliance with the provisions of s. 324.051(2)(a)3. or 4., or s. 324.081(2) and (3), as the case may be, and with one of the provisions of s. 324.031 and upon payment to the department of a nonrefundable reinstatement fee of \$15. Only one such fee may shall be paid by any one person regardless irrespective of the number of licenses and registrations to be then reinstated or issued to such person. All Such fees must shall be deposited to a department trust fund. If When the reinstatement of any

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license or registration is effected by compliance with s. 324.051(2)(a)3. or 4., the department may $\frac{shall}{shall}$ not renew the license or registration within a period of 3 years after from such reinstatement, nor may shall any other license or registration be issued in the name of such person, unless the operator continues is continuing to comply with one of the provisions of s. 324.031.

Section 20. Subsection (1) of section 324.091, Florida Statutes, is amended to read:

324.091 Notice to department; notice to insurer.

(1) Each owner and operator involved in a crash or conviction case within the purview of this chapter shall furnish evidence of automobile liability insurance or motor vehicle liability insurance within 14 days after the date of the mailing of notice of crash by the department in the form and manner as it may designate. Upon receipt of evidence that a an automobile liability policy or motor vehicle liability policy was in effect at the time of the crash or conviction case, the department shall forward to the insurer such information for verification in a method as determined by the department. The insurer shall respond to the department within 20 days after the notice as to whether or not such information is valid. If the department determines that a an automobile liability policy or motor vehicle liability policy was not in effect and did not provide coverage for both the owner and the operator, it must shall take action as it is authorized to do under this chapter.

Section 21. Section 324.151, Florida Statutes, is amended to read:

324.151 Motor vehicle liability policies; required



provisions.-

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- (1) A motor vehicle liability policy that serves as to be proof of financial responsibility under s. 324.031(1) must₇ shall be issued to owners or operators of motor vehicles under the following provisions:
- (a) A motor vehicle An owner's liability insurance policy issued to an owner of a motor vehicle registered in this state must shall designate by explicit description or by appropriate reference all motor vehicles for with respect to which coverage is thereby granted. The policy must and shall insure the person or persons owner named therein and any other person as operator using such motor vehicle or motor vehicles with the express or implied permission of such owner against loss from the liability imposed by law for damage arising out of the ownership, maintenance, or use of any such motor vehicle or motor vehicles within the United States or the Dominion of Canada, subject to limits, exclusive of interest and costs with respect to each such motor vehicle as is provided for under s. 324.021(7). Insurers may make available, with respect to property damage liability coverage, a deductible amount not to exceed \$500. In the event of a property damage loss covered by a policy containing a property damage deductible provision, the insurer shall pay to the third-party claimant the amount of any property damage liability settlement or judgment, subject to policy limits, as if no deductible existed.
- (b) An operator's motor vehicle liability policy of insurance must shall insure the person or persons named therein against loss from the liability imposed upon him or her by law for damages arising out of the use by the person of any motor

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vehicle not owned by him or her, with the same territorial limits and subject to the same limits of liability as referred to above with respect to an owner's policy of liability insurance.

- (c) All such motor vehicle liability policies must shall state the name and address of the named insured, the coverage afforded by the policy, the premium charged therefor, the policy period, the limits of liability, and must shall contain an agreement or be endorsed that insurance is provided in accordance with the coverage defined in this chapter as respects bodily injury and death or property damage or both and is subject to all provisions of this chapter. The Said policies must shall also contain a provision that the satisfaction by an insured of a judgment for such injury or damage may shall not be a condition precedent to the right or duty of the insurance carrier to make payment on account of such injury or damage, and must shall also contain a provision that bankruptcy or insolvency of the insured or of the insured's estate may shall not relieve the insurance carrier of any of its obligations under the said policy.
- (2) The provisions of This section is shall not be applicable to any automobile liability policy unless and until it is furnished as proof of financial responsibility for the future pursuant to s. 324.031, and then only from and after the date the said policy is so furnished.

Section 22. Section 324.161, Florida Statutes, is amended to read:

324.161 Proof of financial responsibility; deposit.—If a person elects to prove his or her financial responsibility under

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the method of proof specified in s. 324.031(1)(b), he or she must obtain proof of a certificate of deposit annually, in the amount required under s. 324.031(2), from a financial institution insured by the Federal Deposit Insurance Corporation or the National Credit Union Administration. Proof of such certificate of deposit Annually, before any certificate of insurance may be issued to a person, including any firm, partnership, association, corporation, or other person, other than a natural person, proof of a certificate of deposit of \$30,000 issued and held by a financial institution must be submitted to the department annually. A power of attorney will be issued to and held by the department and may be executed upon a judgment issued against such person making the deposit, for damages for because of bodily injury to or death of any person or for damages for because of injury to or destruction of property resulting from the use or operation of any motor vehicle occurring after such deposit was made. Money so deposited is shall not be subject to attachment or execution unless such attachment or execution arises shall arise out of a lawsuit suit for such damages as aforesaid.

Section 23. Subsections (1) and (2) of section 324.171, Florida Statutes, are amended to read:

324.171 Self-insurer.

(1) A Any person may qualify as a self-insurer by obtaining a certificate of self-insurance from the department. which may, in its discretion and Upon application of such a person, the department may issue a said certificate of self-insurance if the applicant when such person has satisfied the requirements of this section to qualify as a self-insurer under this section:

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- 910 (a) A private individual with private passenger vehicles 911 must shall possess a net unencumbered worth: of 1. Beginning January 1, 2019, through December 31, 2020, of 912 913 at least \$80,000.
 - 2. Beginning January 1, 2021, and thereafter, of at least \$100,000 \$40,000.
 - (b) A person, including any firm, partnership, association, corporation, or other person, other than a natural person, must shall:
 - 1. Possess a net unencumbered worth: of
 - a. Beginning January 1, 2019, through December 31, 2020, of at least \$80,000 for the first motor vehicle and \$40,000 for each additional motor vehicle.
 - b. Beginning January 1, 2021, and thereafter, of at least \$100,000 \$40,000 for the first motor vehicle and \$50,000 \$20,000 for each additional motor vehicle; or
 - 2. Maintain sufficient net worth, in an amount determined by the department, to be financially responsible for potential losses. The department shall annually determine the minimum net worth sufficient to satisfy this subparagraph as determined annually by the department, pursuant to rules adopted $\frac{1}{2}$ promulgated by the department, with the assistance of the Office of Insurance Regulation of the Financial Services Commission, to be financially responsible for potential losses. The rules must consider any shall take into consideration excess insurance carried by the applicant. The department's determination must shall be based upon reasonable actuarial principles considering the frequency, severity, and loss development of claims incurred by casualty insurers writing coverage on the type of motor

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vehicles for which a certificate of self-insurance is desired.

- (c) The owner of a commercial motor vehicle, as defined in s. 207.002 or s. 320.01, may qualify as a self-insurer subject to the standards provided for in subparagraph (b) 2.
- (2) The self-insurance certificate must shall provide limits of 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 24. Section 324.251, Florida Statutes, is amended to read:

324.251 Short title.—This chapter may be cited as the "Financial Responsibility Law of 2018 1955" and is shall become effective at 12:01 a.m., January 1, 2019 October 1, 1955.

Section 25. Subsection (4) of section 400.9905, Florida Statutes, is amended to read:

400.9905 Definitions.

- (4)(a) "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:
- 1. (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

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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.

2. (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 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.

3.(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-

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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.

4.(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 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.

5.(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.

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6.(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.

7. (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, 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).

8.(h) Clinical facilities affiliated with an accredited medical school at which training is provided for medical students, residents, or fellows.

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9.(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.

10.(j) Clinical facilities affiliated with a college of chiropractic accredited by the Council on Chiropractic Education at which training is provided for chiropractic students.

11. (k) Entities that provide licensed practitioners to staff 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.

12. (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.

13. (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

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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.

14. (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 must include shall contain information that includes: the name, residence, and business address and telephone 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 medical payments personal injury protection insurance coverage for the preceding year. If the agency determines that an entity that which is exempt under this subsection has received payments for medical services under medical payments personal injury protection insurance coverage, the agency may deny or revoke the exemption from licensure under this subsection.

(b) Notwithstanding this subsection, an entity shall be

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1113 deemed a clinic and must be licensed under this part in order to receive medical payments coverage reimbursement under s. 1114 627.7265 unless the entity is: the Florida Motor Vehicle No-1115 1116 Fault Law, ss. 627.730-627.7405, unless exempted under s. 1117 627.736(5)(h). 1118

- 1. Wholly owned by a physician licensed under chapter 458 or chapter 459, or by the physician and the spouse, parent, child, or sibling of the physician;
- 2. Wholly owned by a dentist licensed under chapter 466, or by the dentist and the spouse, parent, child, or sibling of the dentist;
- 3. Wholly owned by a chiropractic physician licensed under chapter 460, or by the chiropractic physician and the spouse, parent, child, or sibling of the chiropractic physician;
- 4. A hospital or ambulatory surgical center licensed under chapter 395;
- 5. An entity that wholly owns or is wholly owned, directly or indirectly, by a hospital or hospitals licensed under chapter 395;
- 6. Is a clinical facility affiliated with an accredited medical school at which training is provided for medical students, residents, or fellows;
 - 7. Is certified under 42 C.F.R. part 485, subpart H; or
- 8. Is owned by a publicly traded corporation, either directly or indirectly through its subsidiaries, which has \$250 million or more in total annual sales of health care services provided by licensed health care practitioners, if one or more of the persons responsible for the operations of the entity are health care practitioners who are licensed in this state and are



1142 responsible for supervising the business activities of the entity and the entity's compliance with state law for purposes 1143 1144 of this section.

Section 26. Subsection (6) of section 400.991, Florida Statutes, is amended to read:

400.991 License requirements; background screenings; prohibitions.-

(6) All agency forms for licensure application or exemption from licensure under this part must contain the following statement:

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INSURANCE FRAUD NOTICE.—A person commits a fraudulent insurance act, as defined in s. 626.989, Florida Statutes, if the person who knowingly submits 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, Florida Statutes, with the intent to use the license, exemption from licensure, or demonstration of compliance to provide services or seek reimbursement under a motor vehicle liability insurance policy's medical payments coverage the Florida Motor Vehicle No-Fault Law, commits a fraudulent insurance act, as defined in s. 626.989, Florida Statutes. A person who presents a claim for benefits under medical payments coverage, personal injury protection benefits knowing that the payee knowingly submitted such health care clinic

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1171 application or document, commits insurance fraud, as 1172 defined in s. 817.234, Florida Statutes. Section 27. Paragraph (g) of subsection (1) of section 1173

400.9935, Florida Statutes, is amended to read:

400.9935 Clinic responsibilities.-

- (1) Each clinic shall appoint a medical director or clinic director who shall agree in writing to accept legal responsibility for the following activities on behalf of the clinic. The medical director or the clinic director shall:
- (q) Conduct systematic reviews of clinic billings to ensure that the billings are not fraudulent or unlawful. Upon discovery of an unlawful charge, the medical director or clinic director shall take immediate corrective action. If the clinic performs only the technical component of magnetic resonance imaging, static radiographs, computed tomography, or positron emission tomography, and provides the professional interpretation of such services, in a fixed facility that is accredited by a national accrediting organization that is approved by the Centers for Medicare and Medicaid Services for magnetic resonance imaging and advanced diagnostic imaging services and if, in the preceding quarter, the percentage of scans performed by that clinic which was billed to motor vehicle all personal injury protection insurance carriers under medical payments coverage was less than 15 percent, the chief financial officer of the clinic may, in a written acknowledgment provided to the agency, assume the responsibility for the conduct of the systematic reviews of clinic billings to ensure that the billings are not fraudulent or unlawful.

Section 28. Subsection (28) of section 409.901, Florida

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1200 Statutes, is amended to read: 1201 409.901 Definitions; ss. 409.901-409.920.—As used in ss. 1202 409.901-409.920, except as otherwise specifically provided, the 1203 term:

(28) "Third-party benefit" means any benefit that is or may be available at any time through contract, court award, judgment, settlement, agreement, or any arrangement between a third party and any person or entity, including, without limitation, a Medicaid recipient, a provider, another third party, an insurer, or the agency, for any Medicaid-covered injury, illness, goods, or services, including costs of medical services related thereto, for bodily personal injury or for death of the recipient, but specifically excluding policies of life insurance policies on the recipient, unless available under terms of the policy to pay medical expenses before prior to death. The term includes, without limitation, collateral, as defined in this section, health insurance, any benefit under a health maintenance organization, a preferred provider arrangement, a prepaid health clinic, liability insurance, uninsured motorist insurance, medical payments coverage or personal injury protection coverage, medical benefits under workers' compensation, and any obligation under law or equity to provide medical support.

Section 29. Paragraph (f) of subsection (11) of section 409.910, Florida Statutes, is amended to read:

- 409.910 Responsibility for payments on behalf of Medicaideligible persons when other parties are liable.-
- (11) The agency may, as a matter of right, in order to enforce its rights under this section, institute, intervene in,

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or join any legal or administrative proceeding in its own name in one or more of the following capacities: individually, as subrogee of the recipient, as assignee of the recipient, or as lienholder of the collateral.

- (f) Notwithstanding any provision in this section to the contrary, in the event of an action in tort against a third party in which the recipient or his or her legal representative is a party which results in a judgment, award, or settlement from a third party, the amount recovered shall be distributed as follows:
- 1. After attorney attorney's fees and taxable costs as defined by the Florida Rules of Civil Procedure, one-half of the remaining recovery shall be paid to the agency up to the total amount of medical assistance provided by Medicaid.
- 2. The remaining amount of the recovery shall be paid to the recipient.
- 3. For purposes of calculating the agency's recovery of medical assistance benefits paid, the fee for services of an attorney retained by the recipient or his or her legal representative shall be calculated at 25 percent of the judgment, award, or settlement.
- 4. Notwithstanding any other provision of this section to the contrary, the agency shall be entitled to all medical coverage benefits up to the total amount of medical assistance provided by Medicaid. For purposes of this paragraph, the term "medical coverage" means any benefits under health insurance, a health maintenance organization, a preferred provider arrangement, or a prepaid health clinic, and the portion of benefits designated for medical payments under coverage for

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workers' compensation coverage, motor vehicle insurance coverage, personal injury protection, and casualty coverage.

Section 30. 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," "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. 627.7265 s. 627.736(7).

Section 31. Paragraphs (ee) and (ff) of subsection (1) of section 456.072, Florida Statutes, 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 medical payments coverage personal injury protection claim under s. 627.7265 as required by s. 627.736, intentionally submitting a claim, statement, or bill that has been upcoded. As used in this paragraph, the term "upcoded" means an action that submits a billing code that would result in payment greater in amount than would be paid using a billing code that accurately describes the services performed.

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The term does not include an otherwise lawful bill by a magnetic resonance imaging facility, which globally combines both technical and professional components, if the amount of the global bill is not more than the components if billed separately; however, payment of such a bill constitutes payment in full for all components of such service "upcoded" as defined in s. 627.732.

(ff) With respect to making a medical payments coverage personal injury protection claim as required under s. 627.7265 by s. 627.736, intentionally submitting a claim, statement, or bill for payment of services that were not rendered.

Section 32. Paragraphs (i) and (o) of subsection (1) of section 626.9541, Florida Statutes, are amended to read:

626.9541 Unfair methods of competition and unfair or 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;
- 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

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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 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

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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.
- (o) Illegal dealings in premiums; excess or reduced charges for insurance.-
- 1. Knowingly collecting any sum as a premium or charge for insurance, which is not then provided, or is not in due course to be provided, subject to acceptance of the risk by the insurer, by an insurance policy issued by an insurer as permitted by this code.
- 2. Knowingly collecting as a premium or charge for insurance any sum in excess of or less than the premium or charge applicable to such insurance, in accordance with the applicable classifications and rates as filed with and approved by the office, and as specified in the policy; or, in cases when classifications, premiums, or rates are not required by this code to be so filed and approved, premiums and charges collected

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from a Florida resident in excess of or less than those specified in the policy and as fixed by the insurer. Notwithstanding any other provision of law, this provision shall not be deemed to prohibit the charging and collection, by surplus lines agents licensed under part VIII of this chapter, of the amount of applicable state and federal taxes, or fees as authorized by s. 626.916(4), in addition to the premium required by the insurer or the charging and collection, by licensed agents, of the exact amount of any discount or other such fee charged by a credit card facility in connection with the use of a credit card, as authorized by subparagraph (q)3., in addition to the premium required by the insurer. This subparagraph shall not be construed to prohibit collection of a premium for a universal life or a variable or indeterminate value insurance policy made in accordance with the terms of the contract.

- 3.a. Imposing or requesting an additional premium for bodily injury liability coverage, property damage liability coverage a policy of motor vehicle liability, personal injury protection, medical payment coverage, or collision coverage in a motor vehicle liability insurance policy insurance or any combination thereof or refusing to renew the policy solely because the insured was involved in a motor vehicle accident unless the insurer's file contains information from which the insurer in good faith determines that the insured was substantially at fault in the accident.
- b. An insurer which imposes and collects such a surcharge or which refuses to renew such policy shall, in conjunction with the notice of premium due or notice of nonrenewal, notify the named insured that he or she is entitled to reimbursement of

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such amount or renewal of the policy under the conditions listed below and will subsequently reimburse him or her or renew the policy, if the named insured demonstrates that the operator involved in the accident was:

- (I) Lawfully parked;
- (II) Reimbursed by, or on behalf of, a person responsible for the accident or has a judgment against such person;
- (III) Struck in the rear by another vehicle headed in the same direction and was not convicted of a moving traffic violation in connection with the accident;
- (IV) Hit by a "hit-and-run" driver, if the accident was reported to the proper authorities within 24 hours after discovering the accident;
- (V) Not convicted of a moving traffic violation in connection with the accident, but the operator of the other automobile involved in such accident was convicted of a moving traffic violation;
- (VI) Finally adjudicated not to be liable by a court of competent jurisdiction;
- (VII) In receipt of a traffic citation which was dismissed or nolle prossed; or
- (VIII) Not at fault as evidenced by a written statement from the insured establishing facts demonstrating lack of fault which are not rebutted by information in the insurer's file from which the insurer in good faith determines that the insured was substantially at fault.
- c. In addition to the other provisions of this subparagraph, an insurer may not fail to renew a policy if the insured has had only one accident in which he or she was at

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1432 fault within the current 3-year period. However, an insurer may nonrenew a policy for reasons other than accidents in accordance 1433 with s. 627.728. This subparagraph does not prohibit nonrenewal 1434 1435 of a policy under which the insured has had three or more 1436 accidents, regardless of fault, during the most recent 3-year 1437 period.

- 4. Imposing or requesting an additional premium for, or refusing to renew, a policy for motor vehicle insurance solely because the insured committed a noncriminal traffic infraction as described in s. 318.14 unless the infraction is:
- a. A second infraction committed within an 18-month period, or a third or subsequent infraction committed within a 36-month period.
- b. A violation of s. 316.183, when such violation is a result of exceeding the lawful speed limit by more than 15 miles per hour.
- 5. Upon the request of the insured, the insurer and licensed agent shall supply to the insured the complete proof of fault or other criteria which justifies the additional charge or cancellation.
- 6. No insurer shall impose or request an additional premium for motor vehicle insurance, cancel or refuse to issue a policy, or refuse to renew a policy because the insured or the applicant is a handicapped or physically disabled person, so long as such handicap or physical disability does not substantially impair such person's mechanically assisted driving ability.
- 7. No insurer may cancel or otherwise terminate any insurance contract or coverage, or require execution of a consent to rate endorsement, during the stated policy term for

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the purpose of offering to issue, or issuing, a similar or identical contract or coverage to the same insured with the same exposure at a higher premium rate or continuing an existing contract or coverage with the same exposure at an increased premium.

- 8. No insurer may issue a nonrenewal notice on any insurance contract or coverage, or require execution of a consent to rate endorsement, for the purpose of offering to issue, or issuing, a similar or identical contract or coverage to the same insured at a higher premium rate or continuing an existing contract or coverage at an increased premium without meeting any applicable notice requirements.
- 9. No insurer shall, with respect to premiums charged for motor vehicle insurance, unfairly discriminate solely on the basis of age, sex, marital status, or scholastic achievement.
- 10. Imposing or requesting an additional premium for motor vehicle comprehensive or uninsured motorist coverage solely because the insured was involved in a motor vehicle accident or was convicted of a moving traffic violation.
- 11. No insurer shall cancel or issue a nonrenewal notice on any insurance policy or contract without complying with any applicable cancellation or nonrenewal provision required under the Florida Insurance Code.
- 12. No insurer shall impose or request an additional premium, cancel a policy, or issue a nonrenewal notice on any insurance policy or contract because of any traffic infraction when adjudication has been withheld and no points have been assessed pursuant to s. 318.14(9) and (10). However, this subparagraph does not apply to traffic infractions involving

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accidents in which the insurer has incurred a loss due to the fault of the insured.

Section 33. Paragraph (a) of subsection (1) of section 626.989, Florida Statutes, is amended to read:

626.989 Investigation by department or Division of Investigative and Forensic Services; compliance; immunity; confidential information; reports to division; division investigator's power of arrest.-

- (1) For the purposes of this section:
- (a) A person commits a "fraudulent insurance act" if the person:
- 1. Knowingly and with intent to defraud presents, causes to be presented, or prepares with knowledge or belief that it will be presented, to or by an insurer, self-insurer, self-insurance fund, servicing corporation, purported insurer, broker, or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of, any insurance policy, or a claim for payment or other benefit pursuant to any insurance policy, which the person knows to contain materially false information concerning any fact material thereto or if the person conceals, for the purpose of misleading another, information concerning any fact material thereto.
 - 2. Knowingly submits:
- a. 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 with an intent to use the license, exemption from licensure, or

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demonstration of compliance to provide services or seek reimbursement under a motor vehicle liability insurance policy's medical payments coverage the Florida Motor Vehicle No-Fault Law.

b. A claim for payment or other benefit under medical payments coverage pursuant to a personal injury protection insurance policy under the Florida Motor Vehicle No-Fault Law 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.

Section 34. Subsection (1) of section 627.06501, Florida Statutes, is amended to read:

627.06501 Insurance discounts for certain persons completing driver improvement course.-

(1) Any rate, rating schedule, or rating manual for the liability, medical payments personal injury protection, and collision coverages of a motor vehicle insurance policy filed with the office may provide for an appropriate reduction in premium charges as to such coverages if when the principal operator on the covered vehicle has successfully completed a driver improvement course approved and certified by the Department of Highway Safety and Motor Vehicles which is effective in reducing crash or violation rates, or both, as determined pursuant to s. 318.1451(5). Any discount, not to exceed 10 percent, used by an insurer is presumed to be appropriate unless credible data demonstrates otherwise.

Section 35. Subsection (1) of section 627.0652, Florida



Statutes, is amended to read:

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627.0652 Insurance discounts for certain persons completing safety course.-

(1) Any rates, rating schedules, or rating manuals for the liability, medical payments personal injury protection, and collision coverages of a motor vehicle insurance policy filed with the office must shall provide for an appropriate reduction in premium charges as to such coverages if when the principal operator on the covered vehicle is an insured 55 years of age or older who has successfully completed a motor vehicle accident prevention course approved by the Department of Highway Safety and Motor Vehicles. Any discount used by an insurer is presumed to be appropriate unless credible data demonstrates otherwise.

Section 36. Subsections (1), (3), and (6) of section 627.0653, Florida Statutes, are amended to read:

627.0653 Insurance discounts for specified motor vehicle equipment.-

- (1) Any rates, rating schedules, or rating manuals for the liability, medical payments personal injury protection, and collision coverages of a motor vehicle insurance policy filed with the office must shall provide a premium discount if the insured vehicle is equipped with factory-installed, four-wheel antilock brakes.
- (3) Any rates, rating schedules, or rating manuals for personal injury protection coverage and medical payments coverage, if offered, of a motor vehicle insurance policy filed with the office must shall provide a premium discount if the insured vehicle is equipped with one or more air bags that which are factory installed.

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(6) The Office of Insurance Regulation may approve a premium discount to any rates, rating schedules, or rating manuals for the liability, medical payments personal injury protection, and collision coverages of a motor vehicle insurance policy filed with the office if the insured vehicle is equipped with autonomous driving technology or electronic vehicle collision avoidance technology that is factory installed or a retrofitted system and that complies with National Highway Traffic Safety Administration standards.

Section 37. Section 627.4132, Florida Statutes, is amended to read:

- 627.4132 Stacking of coverages prohibited.—If an insured or named insured is protected by any type of motor vehicle insurance policy for bodily injury and property damage liability, personal injury protection, or other coverage, the policy must shall provide that the insured or named insured is protected only to the extent of the coverage she or he has on the vehicle involved in the accident. However, if none of the insured's or named insured's vehicles are is involved in the accident, coverage is available only to the extent of coverage on any one of the vehicles with applicable coverage. Coverage on any other vehicles may shall not be added to or stacked upon that coverage. This section does not apply:
- (1) To uninsured motorist coverage that which is separately governed by s. 627.727.
- (2) To reduce the coverage available by reason of insurance policies insuring different named insureds.

Section 38. 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 and medical payments coverage 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) and medical payments coverage as required under s. 627.7265 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:

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"The valid and collectible liability insurance and medical payments coverage personal injury protection insurance of an any authorized rental or leasing driver is primary for the limits of liability and personal injury protection coverage and medical payments coverage required under ss. 324.021(7) and 627.7265 by ss. 324.021(7) and 627.736, Florida Statutes."

Section 39. Section 627.7265, Florida Statutes, is created to read:

- 627.7265 Motor vehicle insurance; medical payments coverage.-
- 1633 (1) MEDICAL PAYMENTS COVERAGE REQUIRED.—A motor vehicle liability insurance policy that is furnished as proof of 1634

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financial responsibility pursuant to s. 324.031 must include medical payments coverage as provided in this section. The medical payments coverage must protect the named insured, resident relatives, persons operating the insured motor vehicle, passengers in the insured motor vehicle, and persons who are struck by the insured motor vehicle and suffer bodily injury while not an occupant of a self-propelled motor vehicle, to a limit of at least \$5,000 per person for medical expense incurred due to bodily injury, sickness, or disease arising out of the ownership, maintenance, or use of a motor vehicle. The medical payments coverage must also provide each such person with a death benefit of at least \$5,000. This section may not be construed to limit any other coverage made available by an insurer. An insurer may not offer medical payments coverage with a deductible to an applicant or policyholder.

- (2) REQUIRED BENEFITS.—Medical payments coverage must provide coverage for all of the following if medically necessary and the individual initially receives such treatment within 14 days after the motor vehicle accident:
- (a) Emergency transport and treatment by a provider licensed under chapter 401.
- (b) Emergency services and care provided by a hospital licensed under chapter 395.
- (c) Emergency services and care as defined in s. 395.002, provided in a facility licensed under chapter 395 and rendered by a physician or dentist, and related hospital inpatient services rendered by a physician or dentist.
- (d) Hospital inpatient services, other than emergency services and care.



1664 (e) Hospital outpatient services, other than emergency 1665 services and care. (f) Physician services and care provided by a physician 1666 1667 licensed under chapter 458 or chapter 459 or a chiropractic 1668 physician licensed under chapter 460; dental services and care 1669 provided by a dentist licensed under chapter 466; or, to the 1670 extent permitted by applicable law and under the supervision of 1671 such physician, osteopathic physician, chiropractic physician, 1672 or dentist, services and care provided by a physician assistant 1673 licensed under chapter 458 or chapter 459 or by an advanced 1674 registered nurse practitioner licensed under chapter 464. 1675 (3) AUTHORIZED EXCLUSIONS.—Notwithstanding any other requirement in this section, an insurer may exclude medical 1676 1677 payment benefits: 1678 (a) For injury sustained by the named insured or a resident 1679 relative while occupying another motor vehicle owned by the 1680 named insured and not insured under the policy, unless such 1681 vehicle qualifies as a newly acquired vehicle or temporary 1682 substitute vehicle. 1683 (b) For injury sustained by any person operating the 1684 insured motor vehicle without the express or implied consent of 1685 the insured. 1686 (c) For any person who intentionally causes injury to 1687 himself or herself. 1688 (d) For any person injured while committing a felony. 1689 (4) PAYMENT OF BENEFITS.-1690 (a) Benefits due from an insurer under medical payments

coverage are primary to any health insurance benefit of a person injured in a motor vehicle accident and apply to any coinsurance

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or deductible amount required by the injured person's health insurance policy, except that:

- 1. Benefits received under any workers' compensation law must be credited against medical payments coverage benefits, and are due and payable as losses accrue, upon reasonable proof of such losses and the amount of expenses and losses incurred which are covered by the policy issued under this section.
- 2. When the Agency for Health Care Administration provides, pays for, or becomes liable for medical assistance under the Medicaid program which is related to injury, sickness, disease, or death arising out of the ownership, maintenance, or use of a motor vehicle, medical payments benefits are subject to the provisions of the Medicaid program, and, within 30 days after receiving notice that the Medicaid program paid such benefits, the insurer must repay the full amount of the benefits to the Medicaid program.
- (b) A medical payments insurance policy may include a provision allowing subrogation for medical payments benefits paid, if the expenses giving rise to the payments were caused by wrongful act or omission of another.
- (c) Upon receiving notice of an accident that is potentially covered by medical payments coverage benefits, the insurer must reserve \$2,500 of medical payments coverage benefits for payment to physicians licensed under chapter 458 or chapter 459 or dentists licensed under chapter 466 who provide emergency services and care, as defined in s. 395.002, or who provide hospital inpatient care. The amount required to be held in reserve may be used only to pay claims from such physicians or dentists until 30 days after the date the insurer receives

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notice of the accident. After the 30-day period, any amount of the reserve for which the insurer has not received notice of such claims may be used by the insurer to pay other claims. This paragraph does not require an insurer to establish a claim reserve for insurance accounting purposes.

- (5) CHARGES FOR CARE OF INJURED PERSONS. -
- (a) A physician, hospital, clinic, or other person or institution lawfully providing medical care to an injured person for a bodily injury covered by medical payments coverage may charge the insurer and injured party only a reasonable amount pursuant to this section. However, such charges may not exceed the amount the person or institution customarily charges for like medical care. In determining whether a charge for a particular service, treatment, supply, or prescription 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, supply, or prescription.
- 1. The insurer may limit reimbursement to 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 in s.

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- 1751 395.002, provided in a facility licensed under chapter 395 and rendered by a physician or dentist, and related hospital 1752 1753 inpatient services rendered by a physician or dentist, the usual 1754 and customary charges in the community. 1755 d. For hospital inpatient services other than emergency services and care, 200 percent of the Medicare Part A 1756 1757 prospective payment applicable to the specific hospital 1758 providing the inpatient services. 1759
 - 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 physician 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. Services, supplies, or care that is not reimbursable under Medicare or

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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 the services, supplies, or care is rendered. 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; however, 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. For purposes of subparagraph 1., the applicable fee schedule or payment limitation under workers' compensation is determined under s. 440.13 and rules adopted thereunder which are in effect at the time such services, supplies, or care is provided.
- 4. Subparagraph 1. does not authorize 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 medical care under the scope of his or her license, regardless of whether the provider is entitled to reimbursement under Medicare or workers' compensation due to restrictions or

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

- 5. If an insurer limits payment as authorized by subparagraph 1., the person providing such medical 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 medical payments benefits due to the maximum policy limits.
- 6. 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.
- (b) 1. An insurer or insured is not required to pay a claim or charges:
- a. For any service or treatment that was not lawful at the time rendered;
- b. To any person who knowingly submits a false or misleading statement relating to the claim or charges; or

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- c. For any treatment or service that is upcoded or that is unbundled when the treatment or services should be bundled. To facilitate prompt payment of lawful services, an insurer may change codes that it determines have been improperly or incorrectly upcoded or unbundled and may make payment based on the changed codes, without affecting the right of the provider to dispute the change by the insurer, if, before doing so, the insurer contacts the health care provider and discusses the reasons for the insurer's change and the health care provider's reason for the coding, or makes a reasonable good faith effort to do so, as documented in the insurer's file.
- 2. The Department of Health, in consultation with the appropriate professional licensing boards, shall adopt by rule a list of diagnostic tests deemed not to be medically necessary for use in the treatment of persons sustaining bodily injury covered by medical payments benefits under this section. The list must be revised from time to time as determined by the Department of Health in consultation with the respective professional licensing boards. Inclusion of a test on the list must be based on a lack of demonstrated medical value and a level of general acceptance by the relevant provider community and may not be dependent on results based entirely upon subjective patient response. Notwithstanding its inclusion on a fee schedule in this subsection, an insurer or insured is not required to pay any charges or reimburse claims for an invalid diagnostic test as determined by the Department of Health.
- (c) With respect to any medical care other than medical services billed by a hospital or other provider for emergency services and care, as defined in s. 395.002, or inpatient



1867 services rendered at a hospital-owned facility, the statement of 1868 charges must be furnished to the insurer by the provider. (d) All statements and bills for medical services rendered 1869 1870 by a physician, hospital, clinic, or other person or institution 1871 must be submitted to the insurer on a properly completed Centers 1872 for Medicare and Medicaid Services Form CMS-1500, a UB-92 form, or any other standard form approved by the office and adopted by 1873 1874 the commission for purposes of this paragraph. All billings for 1875 such services rendered by providers must, to the extent 1876 applicable, comply with the Form CMS-1500 instructions, the 1877 codes established by the American Medical Association's Current 1878 Procedural Terminology Editorial Panel, and the Healthcare 1879 Common Procedure Coding System (HCPCS) and must follow the 1880 Physicians' Current Procedural Terminology (CPT), the HCPCS in 1881 effect for the year in which services are rendered, and the 1882 International Classification of Diseases adopted by the United 1883 States Department of Health and Human Services in effect for the 1884 year in which services are rendered. The guidance for 1885 determining compliance with applicable CPT and HCPCS coding must 1886 be provided by the CPT or the HCPCS in effect for the year in 1887 which services were rendered, the Office of the Inspector 1888 General, Physicians Compliance Guidelines, and other 1889 authoritative treatises designated by rule by the Agency for Health Care Administration. A statement of medical services may 1890 1891 not include charges for medical services of a person or entity 1892 that performed such services without possessing the valid 1893 licenses required to perform such services. 1894 (6) CIVIL ACTION FOR INSURANCE FRAUD.—An insurer has a cause of action against any person convicted of, or who, 1895

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regardless of adjudication of guilt, pleads guilty or nolo contendere to, insurance fraud under s. 817.234, patient brokering under s. 817.505, or kickbacks under s. 456.054, associated with a claim for medical payments coverage benefits in accordance with this section. An insurer prevailing in an action brought under this subsection may recover compensatory, consequential, and punitive damages subject to the requirements and limitations of part II of chapter 768 and attorney fees and costs incurred in litigating a cause of action against any person convicted of, or who, regardless of adjudication of guilt, pleads guilty or nolo contendere to, insurance fraud under s. 817.234, patient brokering under s. 817.505, or kickbacks under s. 456.054, associated with a claim for medical payments coverage benefits in accordance with this section. (7) FRAUD ADVISORY NOTICE. - Upon receiving notice of a claim under this section, an insurer shall provide a notice to the

- insured or to a person for whom a claim for reimbursement for diagnosis or treatment of injuries has been filed, advising that:
- (a) Pursuant to s. 626.9892, the department may pay rewards of up to \$25,000 to persons who provide information leading to the arrest and conviction of persons committing crimes investigated by the Division of Investigative and Forensic Services arising from violations of s. 440.105, s. 624.15, s. 626.9541, s. 626.989, or s. 817.234.
- (b) Solicitation of a person injured in a motor vehicle crash for purposes of filing medical payments coverage or tort claims could be a violation of s. 817.234, s. 817.505, or the rules regulating The Florida Bar and should be immediately

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reported to the Division of Investigative and Forensic Services if such conduct has taken place.

- (8) NONREIMBURSABLE CLAIMS.—Claims generated as a result of activities that are unlawful pursuant to s. 817.505 are not reimbursable.
- (9) SECURE ELECTRONIC DATA TRANSFER.—A notice, documentation, transmission, or communication of any kind required or authorized under this section may be transmitted electronically if it is transmitted by secure electronic data transfer that is consistent with state and federal privacy and security laws.

Section 40. Subsections (1) and (7) of section 627.727, Florida Statutes, are amended, and present subsections (8), (9), and (10) of that section are redesignated as subsections (7), (8), and (9), respectively, to read:

- 627.727 Motor vehicle insurance; uninsured and underinsured vehicle coverage; insolvent insurer protection.-
- (1) A No motor vehicle liability insurance policy that which provides bodily injury liability coverage may not shall be delivered or issued for delivery in this state with respect to any specifically insured or identified motor vehicle registered or principally garaged in this state, unless uninsured motor vehicle coverage is provided therein or supplemental thereto for the protection of persons insured thereunder who are legally entitled to recover damages from owners or operators of uninsured motor vehicles because of bodily injury, sickness, or disease, including death, resulting therefrom. However, the coverage required under this section is not applicable if when, or to the extent that, an insured named in the policy makes a

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written rejection of the coverage on behalf of all insureds under the policy. If When a motor vehicle is leased for a period of 1 year or longer and the lessor of such vehicle, by the terms of the lease contract, provides liability coverage on the leased vehicle, the lessee of such vehicle has shall have the sole privilege to reject uninsured motorist coverage or to select lower limits than the bodily injury liability limits, regardless of whether the lessor is qualified as a self-insurer pursuant to s. 324.171. Unless an insured, or lessee having the privilege of rejecting uninsured motorist coverage, requests such coverage or requests higher uninsured motorist limits in writing, the coverage or such higher uninsured motorist limits need not be provided in or supplemental to any other policy which renews, extends, changes, supersedes, or replaces an existing policy with the same bodily injury liability limits when an insured or lessee had rejected the coverage. When an insured or lessee has initially selected limits of uninsured motorist coverage lower than her or his bodily injury liability limits, higher limits of uninsured motorist coverage need not be provided in or supplemental to any other policy that which renews, extends, changes, supersedes, or replaces an existing policy with the same bodily injury liability limits unless an insured requests higher uninsured motorist coverage in writing. The rejection or selection of lower limits must shall be made on a form approved by the office. The form must shall fully advise the applicant of the nature of the coverage and must shall state that the coverage is equal to bodily injury liability limits unless lower limits are requested or the coverage is rejected. The heading of the form must shall be in 12-point bold type and must shall

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state: "You are electing not to purchase certain valuable coverage that which protects you and your family or you are purchasing uninsured motorist limits less than your bodily injury liability limits when you sign this form. Please read carefully." If this form is signed by a named insured, it will be conclusively presumed that there was an informed, knowing rejection of coverage or election of lower limits on behalf of all insureds. The insurer shall notify the named insured at least annually of her or his options as to the coverage required by this section. Such notice must shall be part of, and attached to, the notice of premium, must shall provide for a means to allow the insured to request such coverage, and must shall be given in a manner approved by the office. Receipt of this notice does not constitute an affirmative waiver of the insured's right to uninsured motorist coverage if where the insured has not signed a selection or rejection form. The coverage described under this section must shall be over and above, but may shall not duplicate, the benefits available to an insured under any workers' compensation law, personal injury protection benefits, disability benefits law, or similar law; under any automobile medical payments expense coverage; under any motor vehicle liability insurance coverage; or from the owner or operator of the uninsured motor vehicle or any other person or organization jointly or severally liable together with such owner or operator for the accident; and such coverage must shall cover the difference, if any, between the sum of such benefits and the damages sustained, up to the maximum amount of such coverage provided under this section. The amount of coverage available under this section may shall not be reduced by a setoff against

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any coverage, including liability insurance. Such coverage does shall not inure directly or indirectly to the benefit of any workers' compensation or disability benefits carrier or any person or organization qualifying as a self-insurer under any workers' compensation or disability benefits law or similar law.

(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 41. Subsection (1) and paragraphs (a) and (b) of subsection (2) of section 627.7275, Florida Statutes, are 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 bodily injury liability coverage and unless the policy also provides coverage for property damage liability coverage as required under by s. 324.022, and medical payments coverage as required under s. 627.7265.
- (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

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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.

- 2. Coverage under policies as described in subsection (1), which includes bodily injury also provides 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 minimum limits required under described in s. 324.021(7) or s. 324.023 and which 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) must 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 must 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

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in effect. Once the noncancelable provisions of the policy become effective, the bodily injury liability and property damage liability coverages for bodily injury, 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, and the medical payments coverage may not be reduced below the minimum limit required under s. 627.7265.

Section 42. Paragraph (a) of subsection (1) of section 627.728, Florida Statutes, is amended to read:

- 627.728 Cancellations; nonrenewals.-
- (1) As used in this section, the term:
- (a) "Policy" means the bodily injury and property damage liability, personal injury protection, medical payments, comprehensive, collision, and uninsured motorist coverage portions of a policy of motor vehicle insurance delivered or issued for delivery in this state:
- 1. Insuring a natural person as named insured or one or more related individuals who are residents resident of the same household; and
- 2. Insuring only a motor vehicle of the private passenger type or station wagon type which is not used as a public or livery conveyance for passengers or rented to others; or insuring any other four-wheel motor vehicle having a load capacity of 1,500 pounds or less which is not used in the occupation, profession, or business of the insured other than farming; other than any policy issued under an automobile insurance assigned risk plan or covering garage, automobile sales agency, repair shop, service station, or public parking place operation hazards.



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The term "policy" does not include a binder as defined in s. 627.420 unless the duration of the binder period exceeds 60 days.

Section 43. Subsection (1), 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.-
- (1) As used in this section, the term:
- (a) "Policy" means a motor vehicle insurance policy that provides bodily injury liability personal injury protection coverage, property damage liability coverage, and medical payments coverage or both.
- (b) "Binder" means a binder that provides motor vehicle bodily injury liability coverage, personal injury protection and property damage liability coverage, and medical payments coverage.
- (5)(a) A licensed general lines agent may charge a perpolicy fee up to 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 bodily injury liability coverage, personal injury protection coverage as provided by s. 627.736 and property damage liability coverage, and medical payments 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

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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 policy, the insurer or agent has collected from the insured an amount equal to 2 months' premium from the insured. An insurer, agent, or premium finance company may not, directly or indirectly, take any action that results resulting in the insured paying 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.
 - (a) This subsection does not apply:
- 1. 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
- 2. 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
- 3. If all policy payments are paid pursuant to a payroll deduction plan, an automatic electronic funds transfer payment plan from the policyholder, or a recurring credit card or debit card agreement with the insurer.
 - (b) This subsection and subsection (4) do not apply if: 1. All policy payments to an insurer are paid pursuant to

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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, bodily injury liability coverage, personal injury protection pursuant to ss. 627.730-627.7405; motor vehicle property damage liability coverage, and medical payments coverage pursuant to s. 627.7275; or 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

2. An insured has had a policy in effect for at 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 44. Subsections (1) and (2) of section 627.7415, Florida Statutes, are amended to read:

- 627.7415 Commercial motor vehicles; additional liability insurance coverage. - Commercial motor vehicles, as defined in s. 207.002 or s. 320.01, operated upon the roads and highways of this state shall be insured with the following minimum levels of combined bodily liability insurance and property damage liability insurance under subsections (1) and (2) in addition to any other insurance requirements. +
- (1) Fifty thousand dollars per occurrence For a commercial motor vehicle with a gross vehicle weight of 26,000 pounds or more, but less than 35,000 pounds:
 - (a) Beginning January 1, 2019, through December 31, 2020,



2186 no less than \$50,000 per occurrence. (b) Beginning January 1, 2021, and thereafter, no less than 2187 2188 \$60,000 per occurrence. 2189 (2) One hundred thousand dollars per occurrence For a 2190 commercial motor vehicle with a gross vehicle weight of 35,000 2191 pounds or more, but less than 44,000 pounds: 2192 (a) Beginning January 1, 2019, through December 31, 2020, 2193 no less than \$100,000 per occurrence. 2194 (b) Beginning January 1, 2021, and thereafter, no less than 2195 \$120,000 per occurrence. 2196 A violation of this section is a noncriminal traffic infraction, 2197 2198 punishable as a nonmoving violation as provided in chapter 318. 2199 Section 45. Section 627.8405, Florida Statutes, is amended 2200 to read: 2201 627.8405 Prohibited acts; financing companies.—A No premium 2202 finance company shall, in a premium finance agreement or other 2203 agreement, may not finance the cost of or otherwise provide for 2204 the collection or remittance of dues, assessments, fees, or 2205 other periodic payments of money for the cost of: 2206 (1) A membership in an automobile club. The term "automobile club" means a legal entity that which, in 2207 2208 consideration of dues, assessments, or periodic payments of 2209 money, promises its members or subscribers to assist them in 2210 matters relating to the ownership, operation, use, or 2211 maintenance of a motor vehicle; however, the term this definition of "automobile club" does not include persons, 2212 2213 associations, or corporations which are organized and operated

solely for the purpose of conducting, sponsoring, or sanctioning

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motor vehicle races, exhibitions, or contests upon racetracks, or upon racecourses established and marked as such for the duration of such particular events. The term words "motor vehicle" used herein has have the same meaning as defined in chapter 320.

- (2) An accidental death and dismemberment policy sold in combination with a policy providing only medical payments coverage, bodily injury liability coverage, personal injury protection and property damage liability coverage only policy.
- (3) Any product not regulated under the provisions of this insurance code.

This section also applies to premium financing by any insurance agent or insurance company under part XVI. The commission shall adopt rules to assure disclosure, at the time of sale, of coverages financed with personal injury protection and shall prescribe the form of such disclosure.

Section 46. Subsection (1) of section 627.915, Florida Statutes, is amended to read:

627.915 Insurer experience reporting.-

(1) Each insurer transacting private passenger automobile insurance in this state shall report certain information annually to the office. The information will be due on or before July 1 of each year. The information must shall be divided into the following categories: bodily injury liability; property damage liability; uninsured motorist; personal injury protection benefits; medical payments; and comprehensive and collision. The information given must shall be on direct insurance writings in the state alone and shall represent total limits data. The

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information set forth in paragraphs (a)-(f) is applicable to voluntary private passenger and Joint Underwriting Association private passenger writings and must shall be reported for each of the latest 3 calendar-accident years, with an evaluation date of March 31 of the current year. The information set forth in paragraphs (g)-(j) is applicable to voluntary private passenger writings and must shall be reported on a calendar-accident year basis ultimately seven times at seven different stages of development.

- (a) Premiums earned for the latest 3 calendar-accident years.
- (b) Loss development factors and the historic development of those factors.
 - (c) Policyholder dividends incurred.
 - (d) Expenses for other acquisition and general expense.
- (e) Expenses for agents' commissions and taxes, licenses, and fees.
- (f) Profit and contingency factors as utilized in the insurer's automobile rate filings for the applicable years.
 - (g) Losses paid.
 - (h) Losses unpaid.
 - (i) Loss adjustment expenses paid.
 - (j) Loss adjustment expenses unpaid.
- 2267 Section 47. Subsections (2) and (3) of section 628.909, 2268 Florida Statutes, are 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



2273 provisions are not inconsistent with this part: (a) Chapter 624, except for ss. 624.407, 624.408, 624.4085, 2274 624.40851, 624.4095, 624.411, 624.425, and 624.426. 2275 2276 (b) Chapter 625, part II. 2277 (c) Chapter 626, part IX. 2278

- (d) Sections 627.730-627.7405, when no-fault coverage is provided.
 - (e) Chapter 628.

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- (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:
- (a) Chapter 624, except for ss. 624.407, 624.408, 624.4085, 624.40851, 624.4095, 624.411, 624.425, 624.426, and 624.609(1).
- (b) Chapter 625, part II, if the industrial insured captive insurance company is incorporated in this state.
 - (c) Chapter 626, part IX.
- (d) Sections 627.730-627.7405 when no-fault coverage is provided.
- (e) Chapter 628, except for ss. 628.341, 628.351, and 628.6018.
- Section 48. Subsections (2), (6), and (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

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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 must 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 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

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reasonable towing, storage, and accrued parking fees, if any, except that no storage fee may 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 states shall state:
 - 1. The name and address of the airport.
- 2. The name of 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.
- 3. The costs incurred from reasonable towing, storage, and parking fees, if any.
- 4. A description of the motor vehicle sufficient for identification.
- (b) The claim of lien must shall be signed and sworn to or affirmed by the airport director or the director's designee.
 - (c) The claim of lien is shall be sufficient if it is in



2360	substantially the following form:
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2362	CLAIM OF LIEN
2363	State of
2364	County of
2365	Before me, the undersigned notary public, personally appeared
2366	, who was duly sworn and says that he/she is the
2367	of, whose address is; and that the
2368	following described motor vehicle:
2369	(Description of motor vehicle)
2370	owned by, whose address is, has accrued
2371	\$ in fees for a reasonable tow, for storage, and for
2372	parking, if applicable; that the lienor served its notice to the
2373	owner, the insurance company insuring the motor vehicle
2374	notwithstanding the provisions of s. 627.736, Florida Statutes,
2375	and all persons of record claiming a lien against the motor
2376	vehicle on,(year), by
2377	(Signature)
2378	Sworn to (or affirmed) and subscribed before me this day of
2379	,(year), by(name of person making statement)
2380	(Signature of Notary Public)(Print, Type, or Stamp
2381	Commissioned name of Notary Public)
2382	Personally KnownOR Producedas identification.
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2384	However, the negligent inclusion or omission of any information
2385	in this claim of lien which does not prejudice the owner does
2386	not constitute a default that operates to defeat an otherwise
2387	valid lien.
2388	(d) The claim of lien $\underline{\text{must}}$ $\underline{\text{shall}}$ be served on the owner of

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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. The claim of lien must shall be so served before recordation.

(e) The claim of lien must shall be recorded with the clerk of court in the county where the airport is located. The recording of the claim of lien shall be constructive notice to all persons of the contents and effect of such claim. The lien attaches shall attach at the time of recordation and takes shall take priority as of that time.

Section 49. Subsection (4) of section 713.78, Florida Statutes, is amended to read:

713.78 Liens for recovering, towing, or storing vehicles and vessels.-

(4)(a) Any person regularly engaged in the business of recovering, towing, or storing vehicles or vessels who comes into possession of a vehicle or vessel pursuant to subsection (2), and who claims a lien for recovery, towing, or storage services, shall give notice to the registered owner, the 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

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Motor Vehicle Title Information System or an equivalent commercially available system as being titled or registered.

- (b) If a Whenever any law enforcement agency authorizes the removal of a vehicle or vessel or if a 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 insurance company information to the requestor notwithstanding the provisions of s. 627.736.
- (c) Notice by certified mail must 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

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persons of record claiming a lien against the vehicle or vessel. The notice must 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.

- (d) If attempts to locate the name and address of the owner or lienholder prove unsuccessful, the towing-storage operator must shall, after 7 working days, excluding Saturday and Sunday, of the initial tow or storage, notify the public agency of jurisdiction where the vehicle or vessel is stored in writing by certified mail or acknowledged hand delivery that the towingstorage company has been unable to locate the name and address of the owner or lienholder and a physical search of the vehicle or vessel has disclosed no ownership information and a good faith effort has been made, including records checks of the Department of Highway Safety and Motor Vehicles database and the National Motor Vehicle Title Information System or an equivalent commercially available system. As used in For purposes of this paragraph and subsection (9), the term "good faith effort" means that the following checks have been performed by the company to establish prior state of registration and for title:
 - 1. Check of the Department of Highway Safety and Motor

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Vehicles database for the owner and any lienholder.

- 2. Check of the electronic National Motor Vehicle Title Information System or an equivalent commercially available system to determine the state of registration when there is not a current registration record for the vehicle on file with the Department of Highway Safety and Motor Vehicles.
- 3. Check of vehicle or vessel for any type of tag, tag record, temporary tag, or regular tag.
- 4. Check of law enforcement report for tag number or other information identifying the vehicle or vessel, if the vehicle or vessel was towed at the request of a law enforcement officer.
- 5. Check of trip sheet or tow ticket of tow truck operator to see if a tag was on vehicle or vessel at beginning of tow, if private tow.
- 6. If there is no address of the owner on the impound report, check of law enforcement report to see if an out-ofstate address is indicated from driver license information.
- 7. Check of vehicle or vessel for inspection sticker or other stickers and decals that may indicate a state of possible registration.
- 8. Check of the interior of the vehicle or vessel for any papers that may be in the glove box, trunk, or other areas for a state of registration.
 - 9. Check of vehicle for vehicle identification number.
 - 10. Check of vessel for vessel registration number.
- 11. Check of vessel hull for a hull identification number which should be carved, burned, stamped, embossed, or otherwise permanently affixed to the outboard side of the transom or, if there is no transom, to the outmost seaboard side at the end of

Statutes, are amended to read:

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the hull that bears the rudder or other steering mechanism. Section 50. 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

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 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 an 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 an any insurer, purported insurer, servicing corporation, insurance broker, or insurance agent, or any employee or agent thereof, any false, incomplete, or misleading information or a 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 medical payments coverage in a motor vehicle a 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.

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- (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

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claims or claims for benefits under medical payments coverage in a motor vehicle insurance policy 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 benefits under medical payments coverage in a motor vehicle insurance policy 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 a felony of the third degree, punishable as provided in s. 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 benefits under medical payments coverage in a motor vehicle insurance policy personal injury protection benefits required by s. 627.736. Any person who violates this paragraph commits a

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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 benefits under medical payments coverage in a motor vehicle insurance policy 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 under medical payments coverage in a motor vehicle insurance policy for personal injury protection benefits for 10 years.

Section 51. Applicability and construction; notice to policyholders.-

- (1) As used in this section, the term "minimum security requirements" means security that enables a person to respond in damages for liability on account of crashes arising out of the ownership, maintenance, or use of a motor vehicle in the amounts required by s. 324.021(7), Florida Statutes.
 - (2) Effective January 1, 2019:
 - (a) Motor vehicle insurance policies issued or renewed on



2621 or after that date may not include personal injury protection. 2622 (b) All persons subject to s. 324.022, s. 324.032, s. 627.7415, or s. 627.742, Florida Statutes, must maintain at 2623 2624 least minimum security requirements. 2625 (c) Any new or renewal motor vehicle insurance policy 2626 delivered or issued for delivery in this state must provide coverage that complies with minimum security requirements. 2627 2628 (d) Any new or renewal motor vehicle insurance policy 2629 furnished to an owner or operator of a motor vehicle as proof of 2630 financial responsibility pursuant to s. 324.022 or s. 324.031, 2631 Florida Statutes, must provide medical payments coverage that 2632 complies with s. 627.7265, Florida Statutes. 2633 (e) An existing motor vehicle insurance policy issued 2634 before that date which provides personal injury protection and 2635 property damage liability coverage that meets the requirements 2636 of s. 324.022, Florida Statutes, on December 31, 2018, but which 2637 does not meet minimum security requirements on or after January 2638 1, 2019, is deemed to meet the security requirements of s. 2639 324.022, Florida Statutes, and the medical payments coverage 2640 requirements of s. 627.7265, Florida Statutes, until such policy 2641 is renewed, nonrenewed, or canceled on or after January 1, 2019. 2642 (3) Each insurer shall allow each insured who has a new or 2643 renewal policy providing personal injury protection, which 2644 becomes effective before January 1, 2019, and whose policy does 2645 not meet minimum security requirements on or after January 1, 2019, to change coverages so as to eliminate personal injury 2646 2647 protection and obtain coverage providing minimum security 2648 requirements, which shall be effective on or after January 1,

2019. The insurer is not required to provide coverage complying

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with minimum security requirements in such policies if the insured does not pay the required premium, if any, by January 1, 2019, or such later date as the insurer may allow. Any reduction in the premium must be refunded by the insurer. The insurer may not impose on the insured an additional fee or charge that applies solely to a change in coverage; however, the insurer may charge an additional required premium that is actuarially indicated.

- (4) By September 1, 2018, each motor vehicle insurer shall provide notice of this section to each motor vehicle policyholder who is subject to this section. The notice is subject to approval by the Office of Insurance Regulation and must clearly inform the policyholder that:
- (a) The Florida Motor Vehicle No-Fault Law is repealed, effective January 1, 2019, and that on or after that date, the insured is no longer required to maintain personal injury protection insurance coverage, that personal injury protection coverage is no longer available for purchase in this state, and that all new or renewal policies issued on or after that date do not contain such coverage.
- (b) Effective January 1, 2019, a person subject to the financial responsibility requirements of s. 324.022, Florida Statutes, must maintain minimum security requirements that enable the person to respond in damages for liability on account of accidents arising out of the use of a motor vehicle in the following amounts:
- 1. Beginning January 1, 2019, and continuing through December 31, 2020:
 - a. Twenty thousand dollars for bodily injury to, or the

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2679 death of, one person in any one crash and, subject to such limits for one person, in the amount of \$40,000 for bodily 2680 injury to, or the death of, two or more persons in any one 2681 2682 crash; and

- b. Ten thousand dollars for damage to, or destruction of, the property of others in any one crash.
 - 2. Beginning January 1, 2021, and thereafter:
- a. Twenty-five thousand dollars for bodily injury to, or the death of, one person in any one crash and, subject to such limits for one person, in the amount of \$50,000 for bodily injury to, or the death of, two or more persons in any one crash; and
- b. Ten thousand dollars for damage to, or destruction of, the property of others in any one crash.
- (c) Personal injury protection insurance paid covered medical expenses for injuries sustained in a motor vehicle crash by the policyholder, passengers, and relatives residing in the policyholder's household.
- (d) Bodily injury liability coverage protects the insured, up to the coverage limits, against loss if the insured is legally responsible for the death of or bodily injury to others in a motor vehicle accident.
- (e) Effective January 1, 2019, a person who purchases a motor vehicle liability insurance policy as proof of financial responsibility must maintain medical payments coverage that complies with s. 627.7265, Florida Statutes. Medical payments coverage pays covered medical expenses, up to the limits of such coverage, for injuries sustained in a motor vehicle crash by the policyholder, passengers, and relatives residing in the

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policyholder's household, as provided in s. 627.7265, Florida Statutes. Medical payments coverage also provides a death benefit of at least \$5,000. Medical payments coverage provides reimbursement for the following if medically necessary and if an individual initially receives such treatment within 14 days after the motor vehicle accident:

- 1. Emergency transportation and treatment.
- 2. Emergency services and care provided by a hospital.
- 3. Emergency services and care provided by a licensed physician or licensed dentist in a hospital, ambulatory surgical center, or mobile surgical facility licensed under chapter 395, Florida Statutes, and related hospital inpatient care.
- 4. Hospital inpatient services, other than emergency services and care.
- 5. Hospital outpatient services, other than emergency services and care.
- 6. Physician services and care provided by a physician licensed under chapter 458 or chapter 459 or a chiropractic physician licensed under chapter 460; dental services and care provided by a dentist licensed under chapter 466; or, to the extent permitted by applicable law and under the supervision of such physician, osteopathic physician, chiropractic physician, or dentist, services and care provided by a physician assistant licensed under chapter 458 or chapter 459 or by an advanced registered nurse practitioner licensed under chapter 464.
- (f) The policyholder may obtain underinsured motorist coverage, which provides benefits, up to the limits of such coverage, to a policyholder or other insured entitled to recover damages for bodily injury, sickness, disease, or death resulting

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from a motor vehicle accident with an uninsured or underinsured owner or operator of a motor vehicle.

- (g) If the policyholder's new or renewal motor vehicle insurance policy is effective before January 1, 2019, and contains personal injury protection and property damage liability coverage as required by state law before January 1, 2019, but does not meet minimum security requirements on or after January 1, 2019, the policy is deemed to meet minimum security requirements until it is renewed, nonrenewed, or canceled on or after January 1, 2019.
- (h) A policyholder whose new or renewal policy becomes effective before January 1, 2019, but does not meet minimum security requirements on or after January 1, 2019, may change coverages under the policy so as to eliminate personal injury protection and to obtain coverage providing minimum security requirements, including bodily injury liability coverage, which are effective on or after January 1, 2019.
- (i) If the policyholder has any questions, he or she should contact the person named at the telephone number provided in the notice.
- (5) This section takes effect upon this act becoming a law. Section 52. Application of suspensions for failure to maintain security; reinstatement.—All suspensions for failure to maintain required security as required by law in effect before January 1, 2019, remain in full force and effect after January 1, 2019. A driver may reinstate a suspended driver license or registration as provided under s. 324.0221, Florida Statutes.
- Section 53. For the 2018-2019 fiscal year, the sum of \$83,651 in nonrecurring funds is appropriated from the Insurance



Regulatory Trust Fund to the Office of Insurance Regulation for the purpose of implementing this act.

Section 54. Except as otherwise expressly provided in this act and except for this section, which shall take effect upon this act becoming a law, this act shall take effect January 1, 2019.

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======= T I T L E A M E N D M E N T ======= 2773 And the title is amended as follows: 2.774

Delete everything before the enacting clause and insert:

A bill to be entitled

An act relating to motor vehicle insurance; repealing 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 comprise the Florida Motor Vehicle No-Fault Law; repealing s. 627.7407, F.S., relating to application of the Florida Motor Vehicle No-Fault Law; amending s. 316.646, F.S.; revising a requirement for proof of security on a motor vehicle and the applicability of the requirement; amending s. 318.18, F.S.; conforming a provision to changes made by the act; amending s. 320.02, F.S.; revising the motor vehicle insurance coverages that an applicant must show to register certain vehicles with the Department of Highway Safety and Motor Vehicles; deleting a requirement that specified information be included on a certain insurance proof-of-purchase card; revising

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construction; amending s. 320.0609, F.S.; conforming a provision to changes made by the act; amending s. 320.27, F.S.; defining the term "garage liability insurance"; revising garage liability insurance requirements for motor vehicle dealer applicants; conforming a provision to changes made by the act; amending s. 320.771, F.S.; revising garage liability insurance requirements for recreational vehicle dealer license applicants; amending ss. 322.251 and 322.34, F.S.; conforming provisions to changes made by the act; amending s. 324.011, F.S.; revising legislative intent; amending s. 324.021, F.S.; revising definitions of the terms "motor vehicle" and "proof of financial responsibility"; revising, at specified timeframes, minimum coverage requirements for proof of financial responsibility for specified motor vehicles; defining the term "for-hire passenger transportation vehicle"; conforming provisions to changes made by the act; amending s. 324.022, F.S.; revising, at specified timeframes, minimum liability coverage requirements for motor vehicle owners or operators; revising authorized methods for meeting such requirements; revising the vehicles that are excluded from the definition of the term "motor vehicle" and providing security requirements for certain excluded vehicles; conforming provisions to changes made by the act; conforming cross-references; amending s. 324.0221, F.S.; revising applicability of certain insurer reporting and notice requirements as to policies

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providing certain coverages; conforming provisions to changes made by the act; amending s. 324.023, F.S.; conforming cross-references; amending s. 324.031, F.S.; revising applicability of a provision authorizing certain methods of proving financial responsibility; revising, at specified timeframes, the amount of a certificate of deposit required for a specified method of proof of financial responsibility; revising excess liability coverage requirements for a person electing to use such method; amending s. 324.032, F.S.; revising financial responsibility requirements for owners or lessees of for-hire passenger transportation vehicles and the applicability of such requirements; revising a requirement for a motor vehicle liability policy obtained to comply with such requirements; amending ss. 324.051, 324.071, 324.091, and 324.151, F.S.; making technical changes; amending s. 324.161, F.S.; revising requirements for a certificate of deposit that is required if a person elects a certain method of providing financial responsibility; amending s. 324.171, F.S.; revising, at specified timeframes, the minimum net worth requirements to qualify certain persons as self-insurers; conforming provisions to changes made by the act; amending s. 324.251, F.S.; revising the short title and an effective date; amending s. 400.9905, F.S.; revising the definition of the term "clinic"; amending ss. 400.991 and 400.9935, F.S.; conforming provisions to changes made by the

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act; amending s. 409.901, F.S.; revising the definition of the term "third-party benefit"; amending s. 409.910, F.S.; revising the definition of the term "medical coverage"; making technical changes; amending s. 456.057, F.S.; conforming a cross-reference; amending s. 456.072, F.S.; revising specified grounds for discipline for certain health professions; amending s. 626.9541, F.S.; conforming a provision to changes made by the act; revising the type of insurance coverage applicable to a certain prohibited act; conforming a cross-reference; amending s. 626.989, F.S.; revising the definition of the term "fraudulent insurance act"; amending s. 627.06501, F.S.; revising coverages that may provide for a reduction in motor vehicle insurance policy premium charges under certain circumstances; amending s. 627.0652, F.S.; revising coverages that must provide a premium charge reduction under certain circumstances; amending s. 627.0653, F.S.; revising coverages subject to premium discounts for specified motor vehicle equipment; amending s. 627.4132, F.S.; revising the coverages of a motor vehicle policy which are subject to a stacking prohibition; amending s. 627.7263, F.S.; revising provisions relating to designation of primary coverages for rental and leasing driver's insurance; conforming provisions to changes made by the act; creating s. 627.7265, F.S.; requiring specified motor vehicle liability insurance policies to include medical payments coverage; specifying persons such

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coverage must protect; specifying the minimum medical expense coverage and minimum death benefit required under such coverage; providing construction relating to limits on certain other coverages; prohibiting insurers from offering such coverage to an applicant or policyholder with a deductible; specifying medical services and care required to be covered under such coverage; authorizing insurers to exclude medical payment benefits under certain circumstances; providing that medical payments benefits are primary to certain health insurance benefits and apply to the coinsurance or deductible amounts required by certain health insurance policies, except under certain circumstances; providing that a medical payments insurance policy, under certain circumstances, may include a subrogation provision for medical payments benefits paid; requiring insurers, upon receiving a certain notice, to hold a specified reserve for certain purposes for a specified time; providing that the reserve requirement does not require insurers to establish a claim reserve for accounting purposes; specifying requirements, procedures, limitations, and prohibitions relating to charges and billing for care of bodily injuries under medical payments coverage; defining the term "service year"; requiring the Department of Health to adopt a certain rule; providing insurers a civil cause of action against certain persons who are convicted of or plead quilty or nolo contendre to certain acts of insurance fraud

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associated with claims for medical payments coverage benefits; requiring insurers receiving notice of a claim to provide a specified fraud advisory notice to certain persons; providing that claims generated as a result of certain patient brokering activities are nonreimbursable; authorizing notices, documentation, transmissions, or communications to be transferred electronically in a secure manner; amending s. 627.727, F.S.; conforming provisions to changes made by the act; amending s. 627.7275, F.S.; revising applicability and required coverages for a motor vehicle insurance policy; conforming provisions to changes made by the act; amending s. 627.728, F.S.; conforming a provision to changes made by the act; amending s. 627.7295, F.S.; revising the definitions of the terms "policy" and "binder"; revising the coverages of a motor vehicle insurance policy for which a licensed general lines agent may charge a specified fee; revising applicability; conforming a cross-reference; amending s. 627.7415, F.S.; revising, at specified intervals, the minimum levels of certain liability insurance required for commercial motor vehicles; amending s. 627.8405, F.S.; revising coverages in a policy sold in combination with an accidental death and dismemberment policy, which a premium finance company may not finance; revising rulemaking authority of the commission; amending ss. 627.915, 628.909, 705.184, and 713.78, F.S.; conforming provisions to changes made by the act;

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amending s. 817.234, F.S.; revising coverages that are the basis of specified prohibited false and fraudulent insurance claims; conforming a provision to changes made by the act; conforming a cross-reference; providing applicability and construction relating to changes made by the act; defining the term "minimum security requirements"; providing requirements and procedures relating to motor vehicle insurance policies that include personal injury protection as of a specified date; requiring an insurer to provide, by a specified date, a specified notice to policyholders relating to requirements under the act; providing for construction relating to suspensions for failure to maintain required security in effect before a specified date; providing an appropriation; providing effective dates.