	LEGISLATIVE ACTION	
Senate		House
Comm: RCS		
01/27/2022	•	
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The Committee on Banking and Insurance (Boyd) recommended the following:

## Senate Amendment (with title amendment)

Delete everything after the enacting clause and insert:

Section 1. Section 17.0315, Florida Statutes, is repealed.

Section 2. Subsections (1) and (3) of section 48.151, Florida Statutes, are amended to read:

48.151 Service on statutory agents for certain persons.-(1) When any law designates a public officer, board,

agency, or commission as the agent for service of process on any

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person, firm, or corporation, service of process thereunder shall be made by leaving one copy of the process with the public officer, board, agency, or commission or in the office thereof, or by mailing one copy to the public officer, board, agency, or commission, except as provided in subsection (3). The public officer, board, agency, or commission so served shall retain a record copy and promptly send the copy served, by registered or certified mail, to the person to be served as shown by his or her or its records. Proof of service on the public officer, board, agency, or commission shall be by a notice accepting the process which shall be issued by the public officer, board, agency, or commission promptly after service and filed in the court issuing the process. The notice accepting service shall state the date upon which the copy of the process was mailed by the public officer, board, agency, or commission to the person being served and the time for pleading prescribed by the rules of procedure shall run from this date. The service is valid service for all purposes on the person for whom the public officer, board, agency, or commission is statutory agent for service of process.

(3) The Chief Financial Officer or his or her assistant or deputy or another person in charge of the office is the agent for service of process on all insurers applying for authority to transact insurance in this state, all licensed nonresident insurance agents, all nonresident disability insurance agents licensed pursuant to s. 626.835, any unauthorized insurer under s. 626.906 or s. 626.937, domestic reciprocal insurers, fraternal benefit societies under chapter 632, warranty associations under chapter 634, prepaid limited health service

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organizations under chapter 636, and persons required to file statements under s. 628.461. As an alternative to service of process made by mail or personal service on the Chief Financial Officer, on his or her assistant or deputy, or on another person in charge of the office, The Department of Financial Services shall may create a secure online portal as the sole means an Internet-based transmission system to accept service of process on the Chief Financial Officer under this section by electronic transmission of documents.

Section 3. Present subsections (9) through (13) of section 110.123, Florida Statutes, are redesignated as subsections (10) through (14), respectively, a new subsection (9) is added to that section, and paragraphs (b), (c), (f), (h), (i), and (o) of subsection (2) and paragraph (i) of subsection (5) are amended, to read:

- 110.123 State group insurance program.-
- (2) DEFINITIONS.—As used in ss. 110.123-110.1239, the term:
- (b) "Enrollee" means all state officers and employees, retired state officers and employees, surviving spouses of deceased state officers and employees, and terminated employees or individuals with continuation coverage who are enrolled in an insurance plan offered by the state group insurance program. The term <u>"Enrollee"</u> includes all state university officers and employees, retired state university officers and employees, surviving spouses of deceased state university officers and employees, and terminated state university employees or individuals with continuation coverage who are enrolled in an insurance plan offered by the state group insurance program. As used in this paragraph, state employees and retired state

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employees also include employees and retired employees of the Division of Rehabilitation and Liquidation.

- (c) "Full-time state employees" means employees of all branches or agencies of state government holding salaried positions who are paid by state warrant or from agency funds and who work or are expected to work an average of at least 30 ormore hours per week; employees of the Division of Rehabilitation and Liquidation who work or are expected to work an average of at least 30 hours per week; employees paid from regular salary appropriations for 8 months' employment, including university personnel on academic contracts; and employees paid from otherpersonal-services (OPS) funds as described in subparagraphs 1. and 2. The term includes all full-time employees of the state universities. The term does not include seasonal workers who are paid from OPS funds.
- 1. For persons hired before April 1, 2013, the term includes any person paid from OPS funds who:
- a. Has worked an average of at least 30 hours or more per week during the initial measurement period from April 1, 2013, through September 30, 2013; or
- b. Has worked an average of at least 30 hours or more per week during a subsequent measurement period.
- 2. For persons hired after April 1, 2013, the term includes any person paid from OPS funds who:
- a. Is reasonably expected to work an average of at least 30 hours or more per week; or
- b. Has worked an average of at least 30 hours or more per week during the person's measurement period.
  - (f) "Part-time state employee" means an employee of any

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branch or agency of state government paid by state warrant from salary appropriations or from agency funds, or an employee of the Division of Rehabilitation and Liquidation, and who is employed for less than an average of 30 hours per week or, if on academic contract or seasonal or other type of employment which is less than year-round, is employed for less than 8 months during any 12-month period, but does not include a person paid from other-personal-services (OPS) funds. The term includes all part-time employees of the state universities.

- (h) "Retired state officer or employee" or "retiree" means any state or state university officer or employee, or, beginning with the 2023 plan year, an employee of the Division of Rehabilitation and Liquidation, who retires under a state retirement system or a state optional annuity or retirement program or is placed on disability retirement, and who was insured under the state group insurance program or the Division of Rehabilitation and Liquidation's group insurance program at the time of retirement, and who begins receiving retirement benefits immediately after retirement from state or state university office or employment. The term also includes any state officer or state employee who retires under the Florida Retirement System Investment Plan established under part II of chapter 121 if he or she:
- 1. Meets the age and service requirements to qualify for normal retirement as set forth in s. 121.021(29); or
- 2. Has attained the age specified by s. 72(t)(2)(A)(i) of the Internal Revenue Code and has 6 years of creditable service.
- (i) "State agency" or "agency" means any branch, department, or agency of state government. "State agency" or

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"agency" includes any state university and the Division of Rehabilitation and Liquidation for purposes of this section only.

- (o) "Surviving spouse" means the widow or widower of a deceased state officer, full-time state employee, part-time state employee, or retiree if such widow or widower was covered as a dependent under the state group health insurance plan, TRICARE supplemental insurance plan, or a health maintenance organization plan established pursuant to this section, or the Division of Rehabilitation and Liquidation's group insurance program at the time of the death of the deceased officer, employee, or retiree. "Surviving spouse" also means any widow or widower who is receiving or eligible to receive a monthly state warrant from a state retirement system as the beneficiary of a state officer, full-time state employee, or retiree who died prior to July 1, 1979. For the purposes of this section, any such widow or widower shall cease to be a surviving spouse upon his or her remarriage.
- (5) DEPARTMENT POWERS AND DUTIES.—The department is responsible for the administration of the state group insurance program. The department shall initiate and supervise the program as established by this section and shall adopt such rules as are necessary to perform its responsibilities. To implement this program, the department shall, with prior approval by the Legislature:
- (i) Contract with a single custodian to provide services necessary to implement and administer the health savings accounts authorized in subsection (13)  $\frac{(12)}{(12)}$ .

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Final decisions concerning enrollment, the existence of coverage, or covered benefits under the state group insurance program shall not be delegated or deemed to have been delegated by the department.

- (9) COVERAGE AND ENROLLMENT PERIOD FOR EMPLOYEES, RETIREES, AND WIDOWS AND WIDOWERS OF EMPLOYEES AND RETIREES OF THE DIVISION OF REHABILITATION AND LIQUIDATION. -
  - (a) Beginning with the 2023 plan year:
- 1. A retired employee insured under the Division of Rehabilitation and Liquidation's group insurance program, or a widow or widower of an employee or of a retired employee of the Division of Rehabilitation and Liquidation who is covered as a dependent under the Division of Rehabilitation and Liquidation's group insurance program, may purchase coverage in a state group health insurance plan at the same premium cost as that for a retiree or a surviving spouse, respectively, enrolled in the state group insurance program.
- 2. A terminated employee of the Division of Rehabilitation and Liquidation or an individual with continuation coverage who is insured under the Division of Rehabilitation and Liquidation's group insurance program may purchase coverage in a state group health insurance plan at the same premium cost as that for a terminated employee or an individual with continuation coverage, respectively, enrolled in the state group insurance program.
- (b) The enrollment period for the state group insurance program begins with the 2023 plan year for:
- 1. Current and retired employees of the Division of Rehabilitation and Liquidation.

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- 2. Widows and widowers of employees and of retired employees of the Division of Rehabilitation and Liquidation.
- 3. Terminated employees of the Division of Rehabilitation and Liquidation or individuals with continuation coverage who are insured under the Division of Rehabilitation and Liquidation's group insurance program.

Section 4. Subsection (5) of section 110.131, Florida Statutes, is amended to read:

110.131 Other-personal-services employment.

(5) Beginning January 1, 2014, an other-personal-services (OPS) employee who has worked an average of at least 30 or more hours per week during the measurement period described in s. 110.123(14) (c) or (d) s. 110.123(13) (e) or (d), or who is reasonably expected to work an average of at least 30 or more hours per week following his or her employment, is eligible to participate in the state group insurance program as provided under s. 110.123.

Section 5. Paragraph (d) is added to subsection (4) of section 120.541, Florida Statutes, and paragraph (a) of subsection (2) and subsection (3) of that section are republished, to read:

- 120.541 Statement of estimated regulatory costs.-
- (2) A statement of estimated regulatory costs shall include:
- (a) An economic analysis showing whether the rule directly or indirectly:
- 1. Is likely to have an adverse impact on economic growth, private sector job creation or employment, or private sector investment in excess of \$1 million in the aggregate within 5

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years after the implementation of the rule;

- 2. Is likely to have an adverse impact on business competitiveness, including the ability of persons doing business in the state to compete with persons doing business in other states or domestic markets, productivity, or innovation in excess of \$1 million in the aggregate within 5 years after the implementation of the rule; or
- 3. Is likely to increase regulatory costs, including any transactional costs, in excess of \$1 million in the aggregate within 5 years after the implementation of the rule.
- (3) If the adverse impact or regulatory costs of the rule exceed any of the criteria established in paragraph (2)(a), the rule shall be submitted to the President of the Senate and Speaker of the House of Representatives no later than 30 days prior to the next regular legislative session, and the rule may not take effect until it is ratified by the Legislature.
  - (4) Subsection (3) does not apply to the adoption of:
- (d) Schedules of maximum reimbursement allowances by the three-member panel which are expressly authorized by s. 440.13.

Section 6. Subsection (1) of section 215.34, Florida Statutes, is amended to read:

- 215.34 State funds; noncollectible items; procedure.-
- (1) Any check, draft, or other order for the payment of money in payment of any licenses, fees, taxes, commissions, or charges of any sort authorized to be made under the laws of the state and deposited in the State Treasury as provided herein, which may be returned for any reason by the bank or other payor upon which same shall have been drawn shall be forthwith returned by the Chief Financial Officer for collection to the

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state officer, the state agency, or the entity of the judicial branch making the deposit. In such case, the Chief Financial Officer may issue a debit memorandum charging an account of the agency, officer, or entity of the judicial branch which originally received the payment. The original of the debit memorandum shall state the reason for the return of the check, draft, or other order and shall accompany the item being returned to the officer, agency, or entity of the judicial branch being charged. The officer, agency, or entity of the judicial branch receiving the charged-back item shall prepare a journal transfer which shall debit the charge against the fund or account to which the same shall have been originally credited. Such procedure for handling noncollectible items shall not be construed as paying funds out of the State Treasury without an appropriation, but shall be considered as an administrative procedure for the efficient handling of state records and accounts.

Section 7. Paragraph (c) of subsection (1) of section 215.93, Florida Statutes, is amended to read:

215.93 Florida Financial Management Information System.-

(1) To provide the information necessary to carry out the intent of the Legislature, there shall be a Florida Financial Management Information System. The Florida Financial Management Information System shall be fully implemented and shall be upgraded as necessary to ensure the efficient operation of an integrated financial management information system and to provide necessary information for the effective operation of state government. Upon the recommendation of the coordinating council and approval of the board, the Florida Financial

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Management Information System may require data from any state agency information system or information subsystem or may request data from any judicial branch information system or information subsystem that the coordinating council and board have determined to have statewide financial management significance. Each functional owner information subsystem within the Florida Financial Management Information System shall be developed in such a fashion as to allow for timely, positive, preplanned, and prescribed data transfers between the Florida Financial Management Information System functional owner information subsystems and from other information systems. The principal unit of the system shall be the functional owner information subsystem, and the system shall include, but shall not be limited to, the following:

(c) Financial Cash Management Subsystem.

Section 8. Subsection (3) of section 215.94, Florida Statutes, is amended to read:

215.94 Designation, duties, and responsibilities of functional owners.-

- (3) The Chief Financial Officer shall be the functional owner of the Financial Cash Management Subsystem. The Chief Financial Officer shall design, implement, and operate the subsystem in accordance with the provisions of ss. 215.90-215.96. The subsystem shall include, but shall not be limited to, functions for:
- (a) Recording and reconciling credits and debits to treasury fund accounts.
- (b) Monitoring cash levels and activities in state bank accounts.

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- 301 (c) Monitoring short-term investments of idle cash.
  - (d) Administering the provisions of the Federal Cash Management Improvement Act of 1990.

Section 9. Subsection (3) of section 216.102, Florida Statutes, is amended to read:

216.102 Filing of financial information; handling by Chief Financial Officer; penalty for noncompliance. -

- (3) The Chief Financial Officer shall:
- (a) Prepare and furnish to the Auditor General annual financial statements for the state on or before December 31 of each year, using generally accepted accounting principles.
- (b) Prepare and publish an annual a comprehensive annual financial report for the state in accordance with generally accepted accounting principles on or before February 28 of each year.
- (c) Furnish the Governor, the President of the Senate, and the Speaker of the House of Representatives with a copy of the annual comprehensive annual financial report prepared pursuant to paragraph (b).
- (d) Notify each agency and the judicial branch of the data that is required to be recorded to enhance accountability for tracking federal financial assistance.
- (e) Provide reports, as requested, to executive or judicial branch entities, the President of the Senate, the Speaker of the House of Representatives, and the members of the Florida Congressional Delegation, detailing the federal financial assistance received and disbursed by state agencies and the judicial branch.
  - (f) Consult with and elicit comments from the Executive



Office of the Governor on changes to the Florida Accounting Information Resource Subsystem which clearly affect the accounting of federal funds, so as to ensure consistency of information entered into the Federal Aid Tracking System by state executive and judicial branch entities. While efforts shall be made to ensure the compatibility of the Florida Accounting Information Resource Subsystem and the Federal Aid Tracking System, any successive systems serving identical or similar functions shall preserve such compatibility.

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The Chief Financial Officer may furnish and publish in electronic form the financial statements and the annual comprehensive annual financial report required under paragraphs (a), (b), and (c).

Section 10. Paragraph (h) of subsection (1) of section 218.32, Florida Statutes, is amended, and paragraph (i) is added to that subsection, to read:

218.32 Annual financial reports; local governmental entities.-

(1)

(h) It is the intent of the Legislature to create The Florida Open Financial Statement System must serve as $_{7}$  an interactive repository for governmental financial statements. This system serves as the primary reporting location for government financial information. A local government shall use the system to file with the department copies of all audit reports compiled pursuant to ss. 11.45 and 218.39. The system must be accessible to the public and must be open to inspection at all times by the Legislature, the Auditor General, and the



## Chief Inspector General.

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- 1. The Chief Financial Officer may consult with stakeholders with regard to, including the department, the Auditor General, a representative of a municipality or county, a representative of a special district, a municipal bond investor, and an information technology professional employed in the private sector, for input on the design and implementation of the Florida Open Financial Statement System.
- 2. The Chief Financial Officer may choose contractors to build one or more eXtensible Business Reporting Language (XBRL) taxonomies suitable for state, county, municipal, and special district financial filings and to create a software tool that enables financial statement filers to easily create XBRL documents consistent with such taxonomies. The Chief Financial Officer must recruit and select contractors through an open request for proposals process pursuant to chapter 287.
- 3. The Chief Financial Officer must require that all work products be completed no later than December 31, 2021.
- 4. If the Chief Financial Officer deems the work products adequate, all local governmental financial statements for fiscal years ending on or after September 1, 2022, may must be filed in XBRL format as prescribed by the Chief Financial Officer and must meet the validation requirements of the relevant taxonomy.
- 5. A local government that begins filing in XBRL format may not be required to make filings in Portable Document Format.
- (i) Each local governmental entity that enters all required information in the Florida Open Financial Statement System is deemed to be compliant with this section, except as otherwise provided in this section.



388 Section 11. Section 395.1061, Florida Statutes, is created 389 to read: 390 395.1061 Professional liability coverage. 391 (1) As used in this section, the term: 392 (a) "Committee" means a committee or board of a hospital 393 established to make recommendations, policies, or decisions 394 regarding patient institutional utilization, patient treatment, 395 or institutional staff privileges or to perform other 396 administrative or professional purposes or functions. 397 (b) "Covered individuals" means the officers; trustees; volunteer workers; trainees; committee members, including 398 399 physicians, osteopathic physicians, podiatric physicians, and 400 dentists; and employees of the hospital other than employed 401 physicians licensed under chapter 458, physician assistants 402 licensed under chapter 458, osteopathic physicians licensed 403 under chapter 459, dentists licensed under chapter 466, and 404 podiatric physicians licensed under chapter 461. However, with respect to a hospital, the term also includes house physicians, 405 406 interns, employed physician residents in a resident training 407 program, and physicians performing purely administrative duties 408 for the hospital instead of treating patients. The coverage 409 applies to the hospital and those included in the definition of 410 health care provider as provided in s. 985.6441(1). 411 (c) "Hospital system" means two or more hospitals 412 associated by common ownership or corporate affiliation. 413 (d) "House physician" means any physician, osteopathic 414 physician, podiatric physician, or dentist at a hospital, 415 except:

1. The physician, osteopathic physician, podiatric



417 physician, or dentist who has staff privileges at a hospital, provides emergency room services, or performs a medical or 418 419 dental service for a fee; or 420 2. An anesthesiologist, a pathologist, or a radiologist. 421 (e) "Occurrence" means an accident or incident, including 422 continuous or repeated exposure to certain harmful conditions, 423 which results in patient injuries. 424 (f) "Per claim" means all claims per patient arising out of 425 an occurrence. 426 (2) Each hospital, unless exempted under paragraph (3)(b), 427 must demonstrate financial responsibility for maintaining 428 professional liability coverage to pay claims and costs 429 ancillary thereto arising out of the rendering of or failure to 430 render medical care or services and for bodily injury or 431 property damage to the person or property of any patient arising 432 out of the activities of the hospital or arising out of the 433 activities of covered individuals, to the satisfaction of the 434 agency, by meeting one of the following requirements: 435 (a) Establish an escrow account in an amount equivalent to 436 \$10,000 per claim for each bed in such hospital, not to exceed a 437 \$2.5 million annual aggregate. 438 (b) Obtain professional liability coverage in an amount 439 equivalent to \$10,000 or more per claim for each bed in such 440 hospital from a private insurer, from the Joint Underwriting 441 Association established under s. 627.351(4), or through a plan 442 of self-insurance as provided in s. 627.357. However, a hospital 443 may not be required to obtain such coverage in an amount 444 exceeding a \$2.5 million annual aggregate.

(3) (a) Each hospital, unless exempted under paragraph (b),

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shall provide evidence of compliance and remain in continuous compliance with the professional liability coverage provisions of this section. The agency may not issue or renew the license of any hospital that does not provide evidence of compliance or that provides evidence of insufficient coverage.

- (b) Any hospital operated by an agency, subdivision, or instrumentality of the state is exempt from the provisions of this section.
- (4) A hospital system may meet the professional liability coverage requirement with an escrow account, insurance, or selfinsurance policies if the \$10,000 per claim and \$2.5 million annual aggregate are met for each hospital in the hospital system.

Section 12. Section 414.40, Florida Statutes, is amended to read:

- 414.40 Stop Inmate Fraud Program established; quidelines.-
- (1) There is created within the Department of Economic Opportunity Financial Services a Stop Inmate Fraud Program.
- (2) The Department of Economic Opportunity Financial Services is directed to implement the Stop Inmate Fraud Program in accordance with the following guidelines:
- (a) The program shall establish procedures for sharing public records not exempt from the public records law among social services agencies regarding the identities of persons incarcerated in state correctional institutions, as defined in s. 944.02, and or in county, municipal, or regional jails or other detention facilities of local governments under chapter 950 and or chapter 951 who are wrongfully receiving public assistance benefits or entitlement benefits.

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- (b) Pursuant to these procedures, the program shall have access to records containing correctional information not exempt from the public records law on incarcerated persons which have been generated as criminal justice information. As used in this paragraph, the terms "record" and "criminal justice information" have the same meanings as provided in s. 943.045.
- (c) Database searches shall be conducted of the inmate population at each correctional institution or other detention facility. A correctional institution or a detention facility shall provide the Stop Inmate Fraud Program with the information necessary to identify persons wrongfully receiving benefits in the medium requested by the Stop Inmate Fraud Program if the correctional institution or detention facility maintains the information in that medium.
- (d) Data obtained from correctional institutions or other detention facilities shall be compared with the client files of the Department of Children and Families, the Department of Economic Opportunity, and other state or local agencies as needed to identify persons wrongfully obtaining benefits. Data comparisons shall be accomplished during periods of low information demand by agency personnel to minimize inconvenience to the agency.
- (e) Results of data comparisons shall be furnished to the appropriate office for use in the county in which the data originated. The program may provide reports of the data it obtains to appropriate state, federal, and local government agencies or governmental entities, including, but not limited
  - 1. The Child Support Enforcement Program of the Department

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of Revenue, so that the data may be used as locator information on persons being sought for purposes of child support.

- 2. The Social Security Administration, so that the data may be used to reduce federal entitlement fraud within the state.
- 3. The Division of Public Assistance Fraud of the Department of Financial Services, so that an investigation of the fraudulent receipt of public assistance may be facilitated.
- (f) Reports by the program to another agency or entity shall be generated bimonthly, or as otherwise directed, and shall be designed to accommodate that agency's or entity's particular needs for data.
- (g) Only those persons with active cases, or with cases that were active during the incarceration period, shall be reported, in order that the funding agency or entity, upon verification of the data, may take whatever action is deemed appropriate.
- (h) For purposes of program review and analysis, each agency or entity receiving data from the program shall submit reports to the program which indicate the results of how the data was used.

Section 13. Paragraph (a) of subsection (16) of section 440.02, Florida Statutes, is amended to read:

- 440.02 Definitions.-When used in this chapter, unless the context clearly requires otherwise, the following terms shall have the following meanings:
- (16) (a) "Employer" means the state and all political subdivisions thereof, all public and quasi-public corporations therein, every person carrying on any employment, and the legal representative of a deceased person or the receiver or trustees

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of any person. The term "Employer" also includes employment agencies and, employee leasing companies that, and similar agents who provide employees to other business entities or persons. If the employer is a corporation, parties in actual control of the corporation, including, but not limited to, the president, officers who exercise broad corporate powers, directors, and all shareholders who directly or indirectly own a controlling interest in the corporation, are considered the employer for the purposes of ss. 440.105, 440.106, and 440.107.

Section 14. Effective January 1, 2023, subsections (3), (4), (10), and (12) of section 440.05, Florida Statutes, are amended to read:

440.05 Election of exemption; revocation of election; notice; certification.-

(3) The notice of election to be exempt must be electronically submitted to the department by the officer of a corporation who is allowed to claim an exemption as provided by this chapter and must list the name, date of birth, valid driver license number or Florida identification card number, and all certified or registered licenses issued pursuant to chapter 489 held by the person seeking the exemption, the registration number of the corporation filed with the Division of Corporations of the Department of State, and the percentage of ownership evidencing the required ownership under this chapter. The notice of election to be exempt must identify each corporation that employs the person electing the exemption and must list the social security number or federal tax identification number of each such employer and the additional documentation required by this section. In addition, the notice

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of election to be exempt must provide that the officer electing an exemption is not entitled to benefits under this chapter, must provide that the election does not exceed exemption limits for officers provided in s. 440.02, and must certify that any employees of the corporation whose officer elects an exemption are covered by workers' compensation insurance, and must certify that the officer electing an exemption has completed an online workers' compensation coverage and compliance tutorial developed by the department. Upon receipt of the notice of the election to be exempt, receipt of all application fees, and a determination by the department that the notice meets the requirements of this subsection, the department shall issue a certification of the election to the officer, unless the department determines that the information contained in the notice is invalid. The department shall revoke a certificate of election to be exempt from coverage upon a determination by the department that the person does not meet the requirements for exemption or that the information contained in the notice of election to be exempt is invalid. The certificate of election must list the name of the corporation listed in the request for exemption. A new certificate of election must be obtained each time the person is employed by a new or different corporation that is not listed on the certificate of election. Upon written request from a workers' compensation carrier, the department shall send thereafter an electronic notification to the carrier identifying each of its policyholders for which a notice of election to be exempt has been issued or for which a notice of revocation to be exempt has been received A notice of the certificate of election must be sent to each workers' compensation carrier identified in

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the request for exemption. Upon filing a notice of revocation of election, an officer who is a subcontractor or an officer of a corporate subcontractor must notify her or his contractor. Upon revocation of a certificate of election of exemption by the department, the department shall notify the workers' compensation carriers identified in the request for exemption.

- (4) The notice of election to be exempt from the provisions of this chapter must contain a notice that clearly states in substance the following: "Any person who, knowingly and with intent to injure, defraud, or deceive the department or any employer or employee, insurance company, or any other person, files a notice of election to be exempt containing any false or misleading information is quilty of a felony of the third degree." Each person filing a notice of election to be exempt shall personally sign the notice and attest that he or she has reviewed, understands, and acknowledges the foregoing notice. The certificate of election to be exempt must contain the following notice: "This certificate of election to be exempt is NOT a license issued by the Department of Business and Professional Regulation (DBPR). To determine if the certificateholder is required to have a license to perform work or to verify the license of the certificateholder, go to (insert DBPR's website address for where to find this information)."
- (10) Each officer of a corporation who is actively engaged in the construction industry and who elects an exemption from this chapter shall maintain business records as specified by the department by rule.
- (11) (12) Certificates of election to be exempt issued under subsection (3) shall apply only to the corporate officer named

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on the notice of election to be exempt and apply only within the scope of the business or trade listed on the notice of election to be exempt.

Section 15. Effective January 1, 2023, paragraphs (a) and (d) of subsection (7) of section 440.107, Florida Statutes, are amended to read:

440.107 Department powers to enforce employer compliance with coverage requirements.-

(7)(a) Whenever the department determines that an employer who is required to secure the payment to his or her employees of the compensation provided for by this chapter has failed to secure the payment of workers' compensation required by this chapter or to produce the required business records under subsection (5) within 21 <del>10 business</del> days after receipt of the written request of the department, such failure shall be deemed an immediate serious danger to public health, safety, or welfare sufficient to justify service by the department of a stop-work order on the employer, requiring the cessation of all business operations. If the department makes such a determination, the department shall issue a stop-work order within 72 hours. The order shall take effect when served upon the employer or, for a particular employer worksite, when served at that worksite. In addition to serving a stop-work order at a particular worksite which shall be effective immediately, the department shall immediately proceed with service upon the employer which shall be effective upon all employer worksites in the state for which the employer is not in compliance. A stop-work order may be served with regard to an employer's worksite by posting a copy of the stop-work order in a conspicuous location at the

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worksite. Information related to an employer's stop-work order shall be made available on the division's website, be updated daily, and remain on the website for at least 5 years. The order shall remain in effect until the department issues an order releasing the stop-work order upon a finding that the employer has come into compliance with the coverage requirements of this chapter and has paid any penalty assessed under this section. The department may issue an order of conditional release from a stop-work order to an employer upon a finding that the employer has complied with the coverage requirements of this chapter, paid a penalty of \$1,000 as a down payment, and agreed to remit periodic payments of the remaining penalty amount pursuant to a payment agreement schedule with the department or pay the remaining penalty amount in full. An employer may not enter into a payment agreement schedule unless the employer has fully paid any previous penalty assessed under this section. If an order of conditional release is issued, failure by the employer to pay the penalty in full or enter into a payment agreement with the department within 21 28 days after service of the first penalty assessment calculation stop-work order upon the employer, or to meet any term or condition of such penalty payment agreement, shall result in the immediate reinstatement of the stop-work order and the entire unpaid balance of the penalty shall become immediately due.

(d)1. In addition to any penalty, stop-work order, or injunction, the department shall assess against an any employer who has failed to secure the payment of compensation as required by this chapter a penalty equal to 2 times the amount the employer would have paid in premium when applying approved

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manual rates to the employer's payroll during periods for which it failed to secure the payment of workers' compensation required by this chapter within the preceding 12-month 2-year period or \$1,000, whichever is greater. However, for an employer who is issued a stop-work order for materially understating or concealing payroll or has been previously issued a stop-work order or an order of penalty assessment, the preceding 24-month period shall be used to calculate the penalty as specified in this subparagraph.

a. For an employer employers who has have not been previously issued a stop-work order or order of penalty assessment, the department must allow the employer to receive a credit for the initial payment of the estimated annual workers' compensation policy premium, as determined by the carrier, to be applied to the penalty. Before applying the credit to the penalty, the employer must provide the department with documentation reflecting that the employer has secured the payment of compensation pursuant to s. 440.38 and proof of payment to the carrier. In order for the department to apply a credit for an employer that has secured workers' compensation for leased employees by entering into an employee leasing contract with a licensed employee leasing company, the employer must provide the department with a written confirmation, by a representative from the employee leasing company, of the dollar or percentage amount attributable to the initial estimated workers' compensation expense for leased employees, and proof of payment to the employee leasing company. The credit may not be applied unless the employer provides the documentation and proof of payment to the department within 21 28 days after the

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employer's receipt of the written request to produce business records for calculating the penalty under this subparagraph service of the stop-work order or first order of penalty assessment upon the employer.

- b. For an employer employers who has have not been previously issued a stop-work order or order of penalty assessment, the department must reduce the final assessed penalty by 25 percent if the employer has complied with administrative rules adopted pursuant to subsection (5) and has provided such business records to the department within 21 10 business days after the employer's receipt of the written request to produce business records for calculating the penalty under this subparagraph.
- c. For an employer who has not been previously issued a stop-work order or an order of penalty assessment, the department must reduce the final assessed penalty by 15 percent if the employer correctly answers at least 80 percent of the questions from an online workers' compensation coverage and compliance tutorial, developed by the department, within 21 days after the employer's receipt of the written request to produce business records for calculating the penalty under this subparagraph. The online tutorial must be taken in a department office location identified by rule.

731 The \$1,000 penalty shall be assessed against the employer even 732 if the calculated penalty after the credit provided in sub-733 subparagraph a., the and 25 percent reduction provided in sub-734 subparagraph b., and the 15 percent reduction provided in sub-

735 subparagraph c., as applicable, have been applied is less than



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2. Any subsequent violation within 5 years after the most recent violation shall, in addition to the penalties set forth in this subsection, be deemed a knowing act within the meaning of s. 440.105.

Section 16. Subsection (12) of section 440.13, Florida Statutes, is amended to read:

- 440.13 Medical services and supplies; penalty for violations; limitations.-
- (12) CREATION OF THREE-MEMBER PANEL; GUIDES OF MAXIMUM REIMBURSEMENT ALLOWANCES.-
- (a) A three-member panel is created, consisting of the Chief Financial Officer, or the Chief Financial Officer's designee, and two members to be appointed by the Governor, subject to confirmation by the Senate, one member who, on account of present or previous vocation, employment, or affiliation, shall be classified as a representative of employers, the other member who, on account of previous vocation, employment, or affiliation, shall be classified as a representative of employees. The panel shall determine statewide schedules of maximum reimbursement allowances for medically necessary treatment, care, and attendance provided by physicians, hospitals, ambulatory surgical centers, workhardening programs, pain programs, and durable medical equipment. The maximum reimbursement allowances for inpatient hospital care shall be based on a schedule of per diem rates, to be approved by the three-member panel no later than March 1, 1994, to be used in conjunction with a precertification manual as determined by the department, including maximum hours in

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which an outpatient may remain in observation status, which shall not exceed 23 hours. All compensable charges for hospital outpatient care shall be reimbursed at 75 percent of usual and customary charges, except as otherwise provided by this subsection. Annually, the three-member panel shall adopt schedules of maximum reimbursement allowances for physicians, hospital inpatient care, hospital outpatient care, ambulatory surgical centers, work-hardening programs, and pain programs. An individual physician, hospital, ambulatory surgical center, pain program, or work-hardening program shall be reimbursed:

- 1. either The agreed-upon contract price; or
- 2. If there is no agreed-upon contract price, the lesser of the provider's billed charge or the maximum reimbursement allowance in the appropriate schedule.
- (b) It is the intent of the Legislature to increase the schedule of maximum reimbursement allowances for selected physicians effective January 1, 2004, and to pay for the increases through reductions in payments to hospitals. Revisions developed pursuant to this subsection are limited to the following:
- 1. Payments for outpatient physical, occupational, and speech therapy provided by hospitals shall be reduced to the schedule of maximum reimbursement allowances for these services which applies to nonhospital providers.
- 2. Payments for scheduled outpatient nonemergency radiological and clinical laboratory services that are not provided in conjunction with a surgical procedure shall be reduced to the schedule of maximum reimbursement allowances for these services which applies to nonhospital providers.

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- 3. Outpatient reimbursement for scheduled surgeries shall be reduced from 75 percent of charges to 60 percent of charges.
- 4. Maximum reimbursement for a physician licensed under chapter 458 or chapter 459 shall be increased to 110 percent of the reimbursement allowed by Medicare, using appropriate codes and modifiers or the medical reimbursement level adopted by the three-member panel as of January 1, 2003, whichever is greater.
- 5. Maximum reimbursement for surgical procedures shall be increased to 140 percent of the reimbursement allowed by Medicare or the medical reimbursement level adopted by the three-member panel as of January 1, 2003, whichever is greater.
- (c) As to reimbursement for a prescription medication, the reimbursement amount for a prescription shall be the average wholesale price plus \$4.18 for the dispensing fee. For repackaged or relabeled prescription medications dispensed by a dispensing practitioner as provided in s. 465.0276, the fee schedule for reimbursement shall be 112.5 percent of the average wholesale price, plus \$8.00 for the dispensing fee. For purposes of this subsection, the average wholesale price shall be calculated by multiplying the number of units dispensed times the per-unit average wholesale price set by the original manufacturer of the underlying drug dispensed by the practitioner, based upon the published manufacturer's average wholesale price published in the Medi-Span Master Drug Database as of the date of dispensing. All pharmaceutical claims submitted for repackaged or relabeled prescription medications must include the National Drug Code of the original manufacturer. Fees for pharmaceuticals and pharmaceutical services shall be reimbursable at the applicable fee schedule

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amount except where the employer or carrier, or a service company, third party administrator, or any entity acting on behalf of the employer or carrier directly contracts with the provider seeking reimbursement for a lower amount.

- (d) Reimbursement for all fees and other charges for such treatment, care, and attendance, including treatment, care, and attendance provided by any hospital or other health care provider, ambulatory surgical center, work-hardening program, or pain program, must not exceed the amounts provided by the uniform schedule of maximum reimbursement allowances as determined by the panel or as otherwise provided in this section. This subsection also applies to independent medical examinations performed by health care providers under this chapter. In determining the uniform schedule, the panel shall first approve the data which it finds representative of prevailing charges in the state for similar treatment, care, and attendance of injured persons. Each health care provider, health care facility, ambulatory surgical center, work-hardening program, or pain program receiving workers' compensation payments shall maintain records verifying their usual charges. In establishing the uniform schedule of maximum reimbursement allowances, the panel must consider:
- 1. The levels of reimbursement for similar treatment, care, and attendance made by other health care programs or third-party providers;
- 2. The impact upon cost to employers for providing a level of reimbursement for treatment, care, and attendance which will ensure the availability of treatment, care, and attendance required by injured workers;

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- 3. The financial impact of the reimbursement allowances upon health care providers and health care facilities, including trauma centers as defined in s. 395.4001, and its effect upon their ability to make available to injured workers such medically necessary remedial treatment, care, and attendance. The uniform schedule of maximum reimbursement allowances must be reasonable, must promote health care cost containment and efficiency with respect to the workers' compensation health care delivery system, and must be sufficient to ensure availability of such medically necessary remedial treatment, care, and attendance to injured workers; and
- 4. The most recent average maximum allowable rate of increase for hospitals determined by the Health Care Board under chapter 408.
- (e) In addition to establishing the uniform schedule of maximum reimbursement allowances, the panel shall:
- 1. Take testimony, receive records, and collect data to evaluate the adequacy of the workers' compensation fee schedule, nationally recognized fee schedules and alternative methods of reimbursement to health care providers and health care facilities for inpatient and outpatient treatment and care.
- 2. Survey health care providers and health care facilities to determine the availability and accessibility of workers' compensation health care delivery systems for injured workers.
- 3. Survey carriers to determine the estimated impact on carrier costs and workers' compensation premium rates by implementing changes to the carrier reimbursement schedule or implementing alternative reimbursement methods.
  - 4. Submit recommendations on or before January 15, 2017,



and biennially thereafter, to the President of the Senate and the Speaker of the House of Representatives on methods to improve the workers' compensation health care delivery system.

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The department, as requested, shall provide data to the panel, including, but not limited to, utilization trends in the workers' compensation health care delivery system. The department shall provide the panel with an annual report regarding the resolution of medical reimbursement disputes and any actions pursuant to subsection (8). The department shall provide administrative support and service to the panel to the extent requested by the panel and may adopt rules necessary to administer this subsection. For prescription medication purchased under the requirements of this subsection, a dispensing practitioner shall not possess such medication unless payment has been made by the practitioner, the practitioner's professional practice, or the practitioner's practice management company or employer to the supplying manufacturer, wholesaler, distributor, or drug repackager within 60 days of the dispensing practitioner taking possession of that medication.

Section 17. Subsection (3) of section 440.185, Florida Statutes, is amended to read:

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

(3) Within 3 business days after the employer or the employee informs the carrier of an injury, the carrier shall send by regular mail or e-mail to the injured worker an informational brochure approved by the department which sets forth in clear and understandable language an explanation of the

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rights, benefits, procedures for obtaining benefits and assistance, criminal penalties, and obligations of injured workers and their employers under the Florida Workers' Compensation Law. Annually, the carrier or its third-party administrator shall send by regular mail or e-mail to the employer an informational brochure approved by the department which sets forth in clear and understandable language an explanation of the rights, benefits, procedures for obtaining benefits and assistance, criminal penalties, and obligations of injured workers and their employers under the Florida Workers' Compensation Law. All such informational brochures shall contain a notice that clearly states in substance the following: "Any person who, knowingly and with intent to injure, defraud, or deceive any employer or employee, insurance company, or selfinsured program, files a statement of claim containing any false or misleading information commits a felony of the third degree."

Section 18. Subsection (3) of section 440.381, Florida Statutes, is amended to read:

440.381 Application for coverage; reporting payroll; payroll audit procedures; penalties.-

(3) The Financial Services Commission, in consultation with the department, shall establish by rule minimum requirements for audits of payroll and classifications in order to ensure that the appropriate premium is charged for workers' compensation coverage. The rules must shall ensure that audits performed by both carriers and employers are adequate to provide that all sources of payments to employees, subcontractors, and independent contractors are have been reviewed and that the accuracy of classification of employees is has been verified.

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The rules must require shall provide that employers in all classes other than the construction class be audited at least not less frequently than biennially and may provide for more frequent audits of employers in specified classifications based on factors such as amount of premium, type of business, loss ratios, or other relevant factors. In no event shall Employers in the construction  $class_{\tau}$  generating more than the amount of premium required to be experience rated must, be audited at least <del>less than</del> annually. The annual audits required for construction classes must shall consist of physical onsite audits for policies only if the estimated annual premium is \$10,000 or more. Payroll verification audit rules must include, but need not be limited to, the use of state and federal reports of employee income, payroll and other accounting records, certificates of insurance maintained by subcontractors, and duties of employees. At the completion of an audit, the employer or officer of the corporation and the auditor must print and sign their names on the audit document and attach proof of identification to the audit document.

Section 19. Subsection (2) of section 497.277, Florida Statutes, is amended to read:

497.277 Other charges.—Other than the fees for the sale of burial rights, burial merchandise, and burial services, no other fee may be directly or indirectly charged, contracted for, or received by a cemetery company as a condition for a customer to use any burial right, burial merchandise, or burial service, except for:

(2) Charges paid for transferring burial rights from one purchaser to another; however, no such fee may exceed \$50.

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Section 20. Paragraph (b) of subsection (1) of section 497.369, Florida Statutes, is amended to read:

497.369 Embalmers; licensure as an embalmer by endorsement; licensure of a temporary embalmer.-

- (1) The licensing authority shall issue a license by endorsement to practice embalming to an applicant who has remitted an examination fee set by rule of the licensing authority not to exceed \$200 and who the licensing authority certifies:
- (b) 1. Holds a valid license in good standing to practice embalming in another state of the United States and has engaged in the full-time, licensed practice of embalming in that state for at least 5 years, provided that, when the applicant secured her or his original license, the requirements for licensure were substantially equivalent to or more stringent than those existing in this state; or
- 2. Meets the qualifications for licensure in s. 497.368, except that the internship requirement shall be deemed to have been satisfied by 1 year's practice as a licensed embalmer in another state, and has, within 10 years before prior to the date of application, successfully completed a state, regional, or national examination in mortuary science, which, as determined by rule of the licensing authority, is substantially equivalent to or more stringent than the examination given by the licensing authority.

Section 21. Paragraphs (b) and (f) of subsection (1) of section 497.372, Florida Statutes, are amended to read:

497.372 Funeral directing; conduct constituting practice of funeral directing.-

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- (1) The practice of funeral directing shall be construed to consist of the following functions, which may be performed only by a licensed funeral director:
- (b) Planning or arranging, on an at-need basis, the details of funeral services, embalming, cremation, or other services relating to the final disposition of human remains, and including the removal of such remains from the state; setting the time of the services; establishing the type of services to be rendered; acquiring the services of the clergy; and obtaining vital information for the filing of death certificates and obtaining of burial transit permits.
- (f) Directing, being in charge or apparent charge of, or supervising, directly or indirectly, any memorial service held prior to or within 72 hours of the burial or cremation, if such memorial service is sold or arranged by a licensee.
- Section 22. Paragraph (b) of subsection (1) of section 497.374, Florida Statutes, is amended to read:
- 497.374 Funeral directing; licensure as a funeral director by endorsement; licensure of a temporary funeral director.-
- (1) The licensing authority shall issue a license by endorsement to practice funeral directing to an applicant who has remitted a fee set by rule of the licensing authority not to exceed \$200 and who:
- (b) 1. Holds a valid license in good standing to practice funeral directing in another state of the United States and has engaged in the full-time, licensed practice of funeral directing in that state for at least 5 years, provided that, when the applicant secured her or his original license, the requirements for licensure were substantially equivalent to or more stringent

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than those existing in this state; or

2. Meets the qualifications for licensure in s. 497.373, except that the applicant need not hold an associate degree or higher if the applicant holds a diploma or certificate from an accredited program of mortuary science, and has successfully completed a state, regional, or national examination in mortuary science or funeral service arts, which, as determined by rule of the licensing authority, is substantially equivalent to or more stringent than the examination given by the licensing authority.

Section 23. Present subsection (6) of section 554.108, Florida Statutes, is redesignated as subsection (7), a new subsection (6) is added to that section, and subsection (1) of that section is amended, to read:

554.108 Inspection.

- (1) The inspection requirements of this chapter apply only to boilers located in public assembly locations. A potable hot water supply boiler with an a heat input of 200,000 British thermal units (Btu) per hour and above, up to an a heat input not exceeding 400,000 Btu per hour, is exempt from inspection; however, such an exempt boiler, if manufactured after July 1, 2022, but must be stamped with the A.S.M.E. code symbol. Additionally, "HLW" and the boiler's A.S.M.E data report of a boiler with an input of 200,000 to 400,000 Btu per hour must be filed as required under s. 554.103(2).
- (6) Each enclosed space or room containing a boiler regulated under this chapter which is fired by the direct application of energy from the combustion of fuels and which is located in any portion of a public lodging establishment under s. 509.242 shall be equipped with one or more carbon monoxide



detector devices.

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Section 24. Paragraphs (a) and (e) of subsection (1) and paragraph (a) of subsection (2) of section 554.111, Florida Statutes, are amended to read:

554.111 Fees.-

- (1) The department shall charge the following fees:
- (a) For an applicant for a certificate of competency, the initial application fee shall be \$50, and the annual renewal fee shall be \$30. The fee for examination shall be \$50.
- (e) An application for a boiler permit must include the manufacturer's data report applicable certificate inspection fee provided in paragraph (b).
- (2) Not more than an amount equal to one certificate inspection fee may be charged or collected for any and all boiler inspections in any inspection period, except as otherwise provided in this chapter.
- (a) When it is necessary to make a special trip for testing and verification inspections to observe the application of a hydrostatic test, an additional fee equal to the fee for a certificate inspection of the boiler must be charged.

Section 25. Subsection (4) of section 554.114, Florida Statutes, is amended to read:

554.114 Prohibitions; penalties.-

(4) A boiler insurance company, authorized inspection agency, or other person in violation of this section for more than 30 days shall pay a fine of \$10 per day for the subsequent first 10 days of noncompliance, \$50 per day for the subsequent 20 days of noncompliance, and \$100 per day for each subsequent day over 20 days of noncompliance thereafter.

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Section 26. Subsection (9) of section 624.307, Florida Statutes, is amended to read:

624.307 General powers; duties.-

(9) Upon receiving service of legal process issued in any civil action or proceeding in this state against any regulated person or any unauthorized insurer under s. 626.906 or s. 626.937 that which is required to appoint the Chief Financial Officer as its agent attorney to receive service of all legal process, the Chief Financial Officer shall make the process available through a secure online portal, as attorney, may, in lieu of sending the process by registered or certified mail, send the process or make it available by any other verifiable means, including, but not limited to, making the documents available by electronic transmission from a secure website established by the department to the person last designated by the regulated person or the unauthorized insurer to receive the process. When process documents are made available electronically, the Chief Financial Officer shall promptly send a notice of receipt of service of process to the person last designated by the regulated person or unauthorized insurer to receive legal process. The notice must state the date and manner in which the copy of the process was made available to the regulated person or unauthorized insurer being served and contain the uniform resource locator (URL) where for a hyperlink to access files and information on the department's website to obtain a copy of the process may be obtained.

Section 27. Section 624.422, Florida Statutes, is amended to read:

624.422 Service of process; appointment of Chief Financial



Officer as process agent.-

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- (1) Each licensed insurer, whether domestic, foreign, or alien, shall be deemed to have appointed the Chief Financial Officer and her or his successors in office as its agent attorney to receive service of all legal process issued against it in any civil action or proceeding in this state; and process so served shall be valid and binding upon the insurer.
- (2) Before Prior to its authorization to transact insurance in this state, each insurer shall file with the department designation of the name and e-mail address of the person to whom process against it served upon the Chief Financial Officer is to be made available through the department's secure online portal forwarded. Each insurer shall also file with the department designation of the name and e-mail address of the person to whom the department shall forward civil remedy notices filed under s. 624.155. The insurer may change a designation at any time by a new filing.
- (3) Service of process submitted through the department's secure online portal upon the Chief Financial Officer as the insurer's agent attorney pursuant to such an appointment shall be the sole method of service of process upon an authorized domestic, foreign, or alien insurer in this state.

Section 28. Subsection (1) of section 624.423, Florida Statutes, is amended to read:

624.423 Serving process.-

(1) Service of process upon the Chief Financial Officer as process agent of the insurer under s. 624.422 and s. 626.937 shall be made by serving a copy of the process upon the Chief Financial Officer or upon her or his assistant, deputy, or other



person in charge of her or his office. Service may also be made by mail or electronically as provided in s. 48.151(3) s. 48.151. Upon receiving such service, the Chief Financial Officer shall retain a record of the process <del>copy</del> and promptly notify and make forward one copy of the process available through the department's secure online portal by registered or certified mail or by other verifiable means, as provided under s. 624.307(9), to the person last designated by the insurer to receive the same, as provided under s. 624.422(2). For purposes of this section, records shall may be retained electronically as paper or electronic copies.

Section 29. Paragraph (f) of subsection (3) and paragraph (d) of subsection (4) of section 624.610, Florida Statutes, are amended to read:

624.610 Reinsurance.

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- (f) If the assuming insurer is not authorized or accredited to transact insurance or reinsurance in this state pursuant to paragraph (a) or paragraph (b), the credit permitted by paragraph (c) or paragraph (d) must not be allowed unless the assuming insurer agrees in the reinsurance agreements:
- 1.a. That in the event of the failure of the assuming insurer to perform its obligations under the terms of the reinsurance agreement, the assuming insurer, at the request of the ceding insurer, shall submit to the jurisdiction of any court of competent jurisdiction in any state of the United States, will comply with all requirements necessary to give the court jurisdiction, and will abide by the final decision of the court or of any appellate court in the event of an appeal; and

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- b. To designate the Chief Financial Officer, pursuant to s. 48.151(3) s. 48.151, as its true and lawful agent attorney upon whom may be served any lawful process in any action, suit, or proceeding instituted by or on behalf of the ceding company.
- 2. This paragraph is not intended to conflict with or override the obligation of the parties to a reinsurance agreement to arbitrate their disputes, if this obligation is created in the agreement.
- (4) Credit must be allowed when the reinsurance is ceded to an assuming insurer meeting the requirements of this subsection.
- (d) The assuming insurer must, in a form specified by the commission:
- 1. Agree to provide prompt written notice and explanation to the office if the assuming insurer falls below the minimum requirements set forth in paragraph (b) or paragraph (c), or if any regulatory action is taken against it for serious noncompliance with applicable law of any jurisdiction.
- 2. Consent in writing to the jurisdiction of the courts of this state and to the designation of the Chief Financial Officer, pursuant to s. 48.151(3) s. 48.151, as its true and lawful agent attorney upon whom may be served any lawful process in any action, suit, or proceeding instituted by or on behalf of the ceding insurer. This subparagraph does not limit or alter in any way the capacity of parties to a reinsurance agreement to agree to an alternative dispute resolution mechanism, except to the extent that such agreement is unenforceable under applicable insolvency or delinquency laws.
- 3. Consent in writing to pay all final judgments, wherever enforcement is sought, obtained by a ceding insurer or its legal

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successor which have been declared enforceable in the jurisdiction where the judgment was obtained.

- 4. Confirm in writing that it will include in each reinsurance agreement a provision requiring the assuming insurer to provide security in an amount equal to 100 percent of the assuming insurer's liabilities attributable to reinsurance ceded pursuant to that agreement, if the assuming insurer resists enforcement of a final judgment that is enforceable under the law of the jurisdiction in which it was obtained or enforcement of a properly enforceable arbitration award, whether obtained by the ceding insurer or by its legal successor on behalf of its resolution estate.
- 5. Confirm in writing that it is not presently participating in any solvent scheme of arrangement which involves this state's ceding insurers, and agree to notify the ceding insurer and the office and to provide security in an amount equal to 100 percent of the assuming insurer's liabilities to the ceding insurer if the assuming insurer enters into such a solvent scheme of arrangement. Such security must be consistent with subsection (5) or as specified by commission rule.

Section 30. Present subsections (12) through (21) of section 626.015, Florida Statutes, are redesignated as subsections (13) through (22), respectively, a new subsection (12) is added to that section, and present subsection (20) of that section is amended, to read:

626.015 Definitions.—As used in this part:

(12) "Licensing authority" means the respective jurisdiction of the department or the office, as provided by



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(21) (20) "Unaffiliated insurance agent" means a licensed insurance agent, except a limited lines agent, who is selfappointed and who practices as an independent consultant in the business of analyzing or abstracting insurance policies, providing insurance advice or counseling, or making specific recommendations or comparisons of insurance products for a fee established in advance by written contract signed by the parties. An unaffiliated insurance agent may not be affiliated with an insurer, insurer-appointed insurance agent, or insurance agency contracted with or employing insurer-appointed insurance agents. A licensed adjuster who is also an unaffiliated insurance agent may obtain an adjuster appointment in order to adjust claims while holding an unaffiliated appointment on the agent license.

Section 31. Subsection (4) of section 626.171, Florida Statutes, is amended to read:

626.171 Application for license as an agent, customer representative, adjuster, service representative, or reinsurance intermediary.-

(4) An applicant for a license issued by the department under this chapter as an agent, customer representative, adjuster, service representative, or reinsurance intermediary must submit a set of the individual applicant's fingerprints, or, if the applicant is not an individual, a set of the fingerprints of the sole proprietor, majority owner, partners, officers, and directors, to the department and must pay the fingerprint processing fee set forth in s. 624.501. Fingerprints must be processed in accordance with s. 624.34 and used to

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investigate the applicant's qualifications pursuant to s. 626.201. The fingerprints must be taken by a law enforcement agency, designated examination center, or other departmentapproved entity. The department shall require all designated examination centers to have fingerprinting equipment and to take fingerprints from any applicant or prospective applicant who pays the applicable fee. The department may not approve an application for licensure as an agent, customer service representative, adjuster, service representative, or reinsurance intermediary if fingerprints have not been submitted.

Section 32. Paragraph (f) of subsection (2) of section 626.172, Florida Statutes, is amended to read:

- 626.172 Application for insurance agency license.-
- (2) An application for an insurance agency license must be signed by an individual required to be listed in the application under paragraph (a). An insurance agency may permit a third party to complete, submit, and sign an application on the insurance agency's behalf; however, the insurance agency is responsible for ensuring that the information on the application is true and correct and is accountable for any misstatements or misrepresentations. The application for an insurance agency license must include:
- (f) The fingerprints submitted in accordance with s. 626.171(4) of each of the following:
  - 1. A sole proprietor;
- 2. Each individual required to be listed in the application under paragraph (a); and
- 3. Each individual who directs or participates in the management or control of an incorporated agency whose shares are



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Fingerprints must be taken by a law enforcement agency or other entity approved by the department and must be accompanied by the fingerprint processing fee specified in s. 624.501. Fingerprints

1292 must be processed in accordance with s. 624.34. However,

Fingerprints need not be filed for an individual who is currently licensed and appointed under this chapter. This paragraph does not apply to corporations whose voting shares are traded on a securities exchange.

Section 33. Section 626.173, Florida Statutes, is created to read:

## 626.173 Insurance agency closure; cancellation of licenses.-

- (1) If a licensed insurance agency permanently ceases the transaction of insurance or ceases the transaction of insurance for more than 30 days, the agent in charge, the director of the agency, or other officer listed on the original application for licensure must, within 35 days after the agency first ceases the transaction of insurance, do all of the following:
- (a) Cancel the insurance agency's license by completing and submitting a form prescribed by the department to notify the department of the cancellation of the license.
- (b) Notify all insurers by which the agency or agent in charge is appointed of the agency's cessation of operations, the date on which operations ceased, the identity of any agency or agent to which the agency's current book of business has been transferred, and the method by which agency records may be obtained during the time periods specified in ss. 626.561 and



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- (c) Notify all policyholders currently insured by a policy written, produced, or serviced by the agency of the agency's cessation of operations; the date on which operations ceased; and the identity of the agency or agent to which the agency's current book of business has been transferred or, if no transfer has occurred, a statement directing the policyholder to contact the insurance company for assistance in locating a licensed agent to service the policy.
- (d) Notify all premium finance companies through which active policies are financed of the agency's cessation of operations, the date on which operations ceased, and the identity of the agency or agent to which the agency's current book of business has been transferred.
- (e) Ensure that all funds held in a fiduciary capacity are properly distributed to the rightful owners.
- (2) (a) The department may, in a proceeding initiated pursuant to chapter 120, impose an administrative fine against the agent in charge or director or officer of the agency found in the proceeding to have violated any provision of this section. A proceeding may not be initiated and a fine may not accrue until after the person has been notified in writing of the nature of the violation, has been afforded 10 business days to correct the violation, and has failed to do so.
- (b) A fine imposed under this subsection may not exceed the amounts specified in s. 626.681 per violation.
- (c) The department may, in addition to the imposition of an administrative fine under this subsection, suspend or revoke the license of a licensee fined under this subsection.

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(d) In imposing any administrative penalty or remedy provided under this subsection, the department shall take into account the appropriateness of the penalty with respect to the size of the financial resources and the good faith of the person charged, the gravity of the violation, the history of previous violations, and other matters as justice may require.

Section 34. Subsection (3) of section 626.201, Florida Statutes, is amended, and subsection (4) is added to that section, to read:

626.201 Investigation.-

- (3) An inquiry or investigation of the applicant's qualifications, character, experience, background, and fitness must include submission of the applicant's fingerprints, in accordance with s. 626.171(4), to the Department of Law Enforcement and the Federal Bureau of Investigation and consideration of any state criminal records, federal criminal records, or local criminal records obtained from these agencies or from local law enforcement agencies.
- (4) The expiration, nonrenewal, or surrender of a license under this chapter does not eliminate jurisdiction of the licensing authority to investigate and prosecute for a violation committed by the licensee while licensed under this chapter. The prosecution of any matter may be initiated or continued notwithstanding the withdrawal of a complaint.

Section 35. Section 626.202, Florida Statutes, is amended to read:

626.202 Fingerprinting requirements.-

(1) The requirements for completion and submission of fingerprints under this chapter in accordance with s. 626.171(4)

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are deemed to be met when an individual currently licensed under this chapter seeks additional licensure and has previously submitted fingerprints to the department within the past 48 months. However, the department may require the individual to file fingerprints if it has reason to believe that an applicant or licensee has been found guilty of, or pleaded guilty or nolo contendere to, a felony or a crime related to the business of insurance in this state or any other state or jurisdiction.

(2) If there is a change in ownership or control of any entity licensed under this chapter, or if a new partner, officer, or director is employed or appointed, a set of fingerprints of the new owner, partner, officer, or director must be filed with the department or office within 30 days after the change. The acquisition of 10 percent or more of the voting securities of a licensed entity is considered a change of ownership or control. The fingerprints must be submitted in accordance with s. 626.171(4) taken by a law enforcement agency or other department-approved entity and be accompanied by the fingerprint processing fee in s. 624.501.

Section 36. Paragraph (j) of subsection (2) of section 626.221, Florida Statutes, is amended to read:

626.221 Examination requirement; exemptions.-

- (2) However, an examination is not necessary for any of the following:
- (j) An applicant for license as an all-lines adjuster who has the designation of Accredited Claims Adjuster (ACA) from a regionally accredited postsecondary institution in this state, Certified All Lines Adjuster (CALA) from Kaplan Financial Education, Associate in Claims (AIC) from the Insurance

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Institute of America, Professional Claims Adjuster (PCA) from the Professional Career Institute, Professional Property Insurance Adjuster (PPIA) from the HurriClaim Training Academy, Certified Adjuster (CA) from ALL LINES Training, Certified Claims Adjuster (CCA) from AE21 Incorporated, Claims Adjuster Certified Professional (CACP) from WebCE, Inc., Accredited Insurance Claims Specialist (AICS) from Encore Claim Services, or Universal Claims Certification (UCC) from Claims and Litigation Management Alliance (CLM) whose curriculum has been approved by the department and which includes comprehensive analysis of basic property and casualty lines of insurance and testing at least equal to that of standard department testing for the all-lines adjuster license. The department shall adopt rules establishing standards for the approval of curriculum.

Section 37. Subsection (6) of section 626.311, Florida Statutes, is amended to read:

626.311 Scope of license.-

(6) An agent who appoints his or her license as an unaffiliated insurance agent may not hold an appointment from an insurer for any license he or she holds, with the exception of an adjuster license; transact, solicit, or service an insurance contract on behalf of an insurer; interfere with commissions received or to be received by an insurer-appointed insurance agent or an insurance agency contracted with or employing insurer-appointed insurance agents; or receive compensation or any other thing of value from an insurer, an insurer-appointed insurance agent, or an insurance agency contracted with or employing insurer-appointed insurance agents for any transaction or referral occurring after the date of appointment as an

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unaffiliated insurance agent. An unaffiliated insurance agent may continue to receive commissions on sales that occurred before the date of appointment as an unaffiliated insurance agent if the receipt of such commissions is disclosed when making recommendations or evaluating products for a client that involve products of the entity from which the commissions are received. An adjuster who holds an adjuster license and who is also an unaffiliated insurance agent may obtain an adjuster appointment while maintaining his or her unaffiliated insurance agent appointment and may adjust claims and receive compensation in accordance with the authority granted by the adjuster license and appointment.

Section 38. Paragraph (h) of subsection (1) of section 626.321, Florida Statutes, is amended to read:

626.321 Limited licenses and registration. -

- (1) The department shall issue to a qualified applicant a license as agent authorized to transact a limited class of business in any of the following categories of limited lines insurance:
- (h) Portable electronics insurance.—License for property insurance or inland marine insurance that covers only loss, theft, mechanical failure, malfunction, or damage for portable electronics.
  - 1. The license may be issued only to:
- a. Employees or authorized representatives of a licensed general lines agent; or
- b. The lead business location of a retail vendor that sells portable electronics insurance. The lead business location must have a contractual relationship with a general lines agent.

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- 2. Employees or authorized representatives of a licensee under subparagraph 1. may sell or offer for sale portable electronics coverage without being subject to licensure as an insurance agent if:
- a. Such insurance is sold or offered for sale at a licensed location or at one of the licensee's branch locations if the branch location is appointed by the licensed lead business location or its appointing insurers;
- b. The insurer issuing the insurance directly supervises or appoints a general lines agent to supervise the sale of such insurance, including the development of a training program for the employees and authorized representatives of vendors that are directly engaged in the activity of selling or offering the insurance; and
- c. At each location where the insurance is offered, brochures or other written materials that provide the information required by this subparagraph are made available to all prospective customers. The brochures or written materials may include information regarding portable electronics insurance, service warranty agreements, or other incidental services or benefits offered by a licensee.
- 3. Individuals not licensed to sell portable electronics insurance may not be paid commissions based on the sale of such coverage. However, a licensee who uses a compensation plan for employees and authorized representatives which includes supplemental compensation for the sale of noninsurance products, in addition to a regular salary or hourly wages, may include incidental compensation for the sale of portable electronics insurance as a component of the overall compensation plan.

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- 1490 4. Brochures or other written materials related to portable 1491 electronics insurance must:
  - a. Disclose that such insurance may duplicate coverage already provided by a customer's homeowners insurance policy, renters insurance policy, or other source of coverage;
  - b. State that enrollment in insurance coverage is not required in order to purchase or lease portable electronics or services;
  - c. Summarize the material terms of the insurance coverage, including the identity of the insurer, the identity of the supervising entity, the amount of any applicable deductible and how it is to be paid, the benefits of coverage, and key terms and conditions of coverage, such as whether portable electronics may be repaired or replaced with similar make and model reconditioned or nonoriginal manufacturer parts or equipment;
  - d. Summarize the process for filing a claim, including a description of how to return portable electronics and the maximum fee applicable if the customer fails to comply with equipment return requirements; and
  - e. State that an enrolled customer may cancel coverage at any time and that the person paying the premium will receive a refund of any unearned premium.
  - 5. A licensed and appointed general lines agent is not required to obtain a portable electronics insurance license to offer or sell portable electronics insurance at locations already licensed as an insurance agency, but may apply for a portable electronics insurance license for branch locations not otherwise licensed to sell insurance.
    - 6. A portable electronics license authorizes the sale of

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individual policies or certificates under a group or master insurance policy. The license also authorizes the sale of service warranty agreements covering only portable electronics to the same extent as if licensed under s. 634.419 or s. 634.420.

- 7. A licensee may bill and collect the premium for the purchase of portable electronics insurance provided that:
- a. If the insurance is included with the purchase or lease of portable electronics or related services, the licensee clearly and conspicuously discloses that insurance coverage is included with the purchase. Disclosure of the stand-alone cost of the premium for same or similar insurance must be made on the customer's bill and in any marketing materials made available at the point of sale. If the insurance is not included, the charge to the customer for the insurance must be separately itemized on the customer's bill.
- b. Premiums are incidental to other fees collected, are maintained in a manner that is readily identifiable, and are accounted for and remitted to the insurer or supervising entity within 60 days of receipt. Licensees are not required to maintain such funds in a segregated account.
- c. All funds received by a licensee from an enrolled customer for the sale of the insurance are considered funds held in trust by the licensee in a fiduciary capacity for the benefit of the insurer. Licensees may receive compensation for billing and collection services.
- 8. Notwithstanding any other provision of law, the terms for the termination or modification of coverage under a policy of portable electronics insurance are those set forth in the



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- 9. Notice or correspondence required by the policy, or otherwise required by law, may be provided by electronic means if the insurer or licensee maintains proof that the notice or correspondence was sent. Such notice or correspondence may be sent on behalf of the insurer or licensee by the general lines agent appointed by the insurer to supervise the administration of the program. For purposes of this subparagraph, an enrolled customer's provision of an electronic mail address to the insurer or licensee is deemed to be consent to receive notices and correspondence by electronic means if a conspicuously located disclosure is provided to the customer indicating the same.
- 10. The provisions of this chapter requiring submission of fingerprints requirements in s. 626.171(4) do not apply to licenses issued to qualified entities under this paragraph.
- 11. A branch location that sells portable electronics insurance may, in lieu of obtaining an appointment from an insurer or warranty association, obtain a single appointment from the associated lead business location licensee and pay the prescribed appointment fee under s. 624.501 if the lead business location has a single appointment from each insurer or warranty association represented and such appointment applies to the lead business location and all of its branch locations. Branch location appointments shall be renewed 24 months after the initial appointment date of the lead business location and every 24 months thereafter. Notwithstanding s. 624.501, the renewal fee applicable to such branch location appointments is \$30 per appointment.

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- 1577 12. For purposes of this paragraph:
  - a. "Branch location" means any physical location in this state at which a licensee offers its products or services for sale.
  - b. "Portable electronics" means personal, self-contained, easily carried by an individual, battery-operated electronic communication, viewing, listening, recording, gaming, computing or global positioning devices, including cell or satellite phones, pagers, personal global positioning satellite units, portable computers, portable audio listening, video viewing or recording devices, digital cameras, video camcorders, portable gaming systems, docking stations, automatic answering devices, and other similar devices and their accessories, and service related to the use of such devices.
  - c. "Portable electronics transaction" means the sale or lease of portable electronics or a related service, including portable electronics insurance.

Section 39. Subsection (5) of section 626.601, Florida Statutes, is amended to read:

626.601 Improper conduct; inquiry; fingerprinting.-

(5) If the department or office, after investigation, has reason to believe that an individual may have been found quilty of or pleaded guilty or nolo contendere to a felony or a crime related to the business of insurance in this or any other state or jurisdiction, the department or office may require the individual to file with the department or office a complete set of his or her fingerprints, in accordance with s. 626.171(4), which shall be accompanied by the fingerprint processing fee set forth in s. 624.501. The fingerprints shall be taken by an

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1606 authorized law enforcement agency or other department-approved 1607 entity.

Section 40. Subsection (2) of section 626.7845, Florida Statutes, is amended to read:

626.7845 Prohibition against unlicensed transaction of life insurance.-

- (2) Except as provided in s. 626.112(6), with respect to any line of authority specified in s. 626.015(13) s. 626.015(12), an individual may not, unless licensed as a life agent:
  - (a) Solicit insurance or annuities or procure applications;
- (b) In this state, engage or hold himself or herself out as engaging in the business of analyzing or abstracting insurance policies or of counseling or advising or giving opinions to persons relative to insurance or insurance contracts, unless the individual is:
  - 1. A consulting actuary advising insurers;
- 2. An employee of a labor union, association, employer, or other business entity, or the subsidiaries and affiliates of each, who counsels and advises such entity or entities relative to their interests and those of their members or employees under insurance benefit plans; or
- 3. A trustee advising a settlor, a beneficiary, or a person regarding his or her interests in a trust, relative to insurance benefit plans; or
- (c) In this state, from this state, or with a resident of this state, offer or attempt to negotiate on behalf of another person a viatical settlement contract as defined in s. 626.9911.
  - Section 40. Paragraph (d) of subsection (2) of section

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626.8411, Florida Statutes, is amended, and paragraph (f) is added to subsection (1) of that section, to read:

626.8411 Application of Florida Insurance Code provisions to title insurance agents or agencies.-

- (1) The following provisions applicable to general lines agents or agencies also apply to title insurance agents or agencies:
  - (f) Section 626.172(2)(f), relating to fingerprints.
- (2) The following provisions of part I do not apply to title insurance agents or title insurance agencies:
- (d) Section 626.172, except for paragraph (2)(f) of that section, relating to agent in full-time charge.

Section 41. Paragraph (b) of subsection (1) of section 626.8412, Florida Statutes, is amended to read:

626.8412 License and appointments required.-

- (1) Except as otherwise provided in this part:
- (b) A title insurance agent may not sell a title insurance policy issued by an insurer for which the agent and the agency do does not hold a current appointment.

Section 42. Paragraph (a) of subsection (3) of section 626.8417, Florida Statutes, is amended to read:

- 626.8417 Title insurance agent licensure; exemptions.
- (3) The department may not grant or issue a license as a title insurance agent to an individual who is found by the department to be untrustworthy or incompetent, who does not meet the qualifications for examination specified in s. 626.8414, or who does not meet the following qualifications:
- (a) Within the 4 years immediately preceding the date of the application for license, the applicant must have completed a

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40-hour <del>classroom</del> course in title insurance, 3 hours of which are on the subject matter of ethics, as approved by the department, or must have had at least 12 months of experience in responsible title insurance duties, under the supervision of a licensed title insurance agent, title insurer, or attorney while working in the title insurance business as a substantially fulltime, bona fide employee of a title insurance agency, title insurance agent, title insurer, or attorney who conducts real estate closing transactions and issues title insurance policies but who is exempt from licensure under subsection (4). If an applicant's qualifications are based upon the periods of employment at responsible title insurance duties, the applicant must submit, with the license application, an affidavit of the applicant and of the employer affirming the period of such employment, that the employment was substantially full time, and giving a brief abstract of the nature of the duties performed by the applicant.

Section 43. Section 626.8421, Florida Statutes, is amended to read:

626.8421 Number of appointments permitted or required.-A title agent and a title agency shall be required to have a separate appointment as to each insurer by which they are he or she is appointed as agents agent. As a part of each appointment there shall be a certified statement or affidavit of an appropriate officer or official of the appointing insurer stating that to the best of the insurer's knowledge and belief the applicant, or its principals in the case of a corporation or other legal entity, has met the requirements of s. 626.8417.

Section 44. Subsections (1) and (2) of section 626.843,

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Florida Statutes, are amended to read:

626.843 Renewal, continuation, reinstatement, termination of title insurance agent's and title insurance agency's appointments appointment.-

- (1) Appointments the appointment of a title insurance agent and a title insurance agency shall continue in force until suspended, revoked, or otherwise terminated, but subject to a renewed request filed by the insurer every 24 months after the original issue dates date of the appointments appointment, accompanied by payments payment of the renewal appointment fees fee and taxes as prescribed in s. 624.501.
- (2) Title insurance agent and title insurance agency appointments shall be renewed pursuant to s. 626.381 for insurance representatives in general.

Section 45. Subsection (1) of section 626.8433, Florida Statutes, is amended to read:

626.8433 Filing of reasons for terminating appointment of title insurance agent and title insurance agency; confidential information.-

(1) Any title insurer that is terminating the appointment of a title insurance agent or title insurance agency, whether such termination is by direct action of the appointing title insurer or by failure to renew or continue the appointment as provided, shall file with the department a statement of the reasons, if any, for, and the facts relative to, such termination.

Section 46. Section 626.8447, Florida Statutes, is amended to read:

626.8447 Effect of suspension or revocation upon other

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licensees, appointees.—In case of the suspension or revocation of the license and appointment of any title insurance agent or title insurance agency, the licenses and appointments of all other title insurance agents who knowingly were parties to the act that which formed the ground for such suspension or revocation may likewise be suspended or revoked for the same period as that of the offending title insurance agent or title insurance agency, but such suspension or revocation does shall not prevent any title insurance agent, except the one whose license and appointment was first suspended or revoked, from being issued an appointment for some other title insurer.

Section 47. Present paragraph (d) of subsection (10) of section 626.854, Florida Statutes, is redesignated as paragraph (f), and a new paragraph (d) and paragraph (e) are added to that subsection, to read:

626.854 "Public adjuster" defined; prohibitions.-The Legislature finds that it is necessary for the protection of the public to regulate public insurance adjusters and to prevent the unauthorized practice of law.

(10)

(d) Public adjuster compensation may not be based on amounts attributable to additional living expenses, unless such compensation is affirmatively agreed to in a separate agreement that includes a disclosure in substantially the following form: "I agree to retain and compensate the public adjuster for adjusting my additional living expenses and securing payment from my insurer for amounts attributable to additional living expenses payable under the policy issued on my (home/mobile home/condominium unit)."

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1751 (e) Public adjuster compensation may not be increased based 1752 on a claim being resolved by litigation.

Section 48. Section 626.8561, Florida Statutes, is amended to read:

626.8561 "Public adjuster apprentice" defined.—The term "public adjuster apprentice" means a person licensed as an alllines adjuster who:

- (1) Is appointed and employed or contracted by a public adjuster or a public adjusting firm;
- (2) Assists the public adjuster or public adjusting firm in ascertaining and determining the amount of any claim, loss, or damage payable under an insurance contract, or who undertakes to effect settlement of such claim, loss, or damage; and
  - (3) Satisfies the requirements of s. 626.8651.

Section 49. Paragraph (e) of subsection (1) and subsection

- (2) of section 626.865, Florida Statutes, are amended to read: 626.865 Public adjuster's qualifications, bond.-
- (1) The department shall issue a license to an applicant for a public adjuster's license upon determining that the applicant has paid the applicable fees specified in s. 624.501 and possesses the following qualifications:
- (e) Has been licensed and appointed in this state as a nonresident public adjuster on a continual basis for the previous 6 months, or has been licensed as an all-lines adjuster, and has been appointed on a continual basis for the previous 6 months as a public adjuster apprentice under s. 626.8561, as an independent adjuster under s. 626.855, or as a company employee adjuster under s. 626.856.
  - (2) At the time of application for license as a public

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adjuster, the applicant shall file with the department a bond executed and issued by a surety insurer authorized to transact such business in this state, in the amount of \$50,000, conditioned for the faithful performance of his or her duties as a public adjuster under the license for which the applicant has applied, and thereafter maintain the bond unimpaired throughout the existence of the license and for at least 1 year after termination of the license.

- (a) The bond must shall be in favor of the department and must shall specifically authorize recovery by the department of the damages sustained in case the licensee is guilty of fraud or unfair practices in connection with his or her business as public adjuster.
- (b) The bond must remain in effect for 1 year after the expiration or termination of the license.
- (c) The aggregate liability of the surety for all such damages may not shall in no event exceed the amount of the bond. The Such bond may shall not be terminated unless at least 30 days' written notice is given to the licensee and filed with the department.
- Section 50. Paragraph (a) of subsection (1) and subsection (3) of section 626.8651, Florida Statutes, are amended to read: 626.8651 Public adjuster apprentice appointment;
- 1803 qualifications.-
  - (1)(a) The department shall issue an appointment as a public adjuster apprentice to a licensee who:
    - 1. Is licensed as an all-lines adjuster under s. 626.866;
  - 2. Has filed with the department a bond executed and issued by a surety insurer that is authorized to transact such business

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in this state in the amount of \$50,000, which is conditioned upon the faithful performance of his or her duties as a public adjuster apprentice; and

- 3. Maintains such bond unimpaired throughout the existence of the appointment. The bond must remain in effect for 1 year after the expiration or termination of the license and for at least 1 year after termination of the appointment.
- (3) A public adjuster apprentice has the same authority as the licensed public adjuster or public adjusting firm that employs the apprentice except that an apprentice may not execute contracts for the services of a public adjuster or public adjusting firm. An individual may not be, act as, or hold himself or herself out to be a public adjuster apprentice unless the individual is licensed as an all-lines adjuster and holds a current appointment by a licensed public all-lines adjuster or a public adjusting firm that has designated with the department a primary employs a licensed public adjuster as required by s. 626.8695.

Section 51. Section 626.8696, Florida Statutes, is amended to read:

626.8696 Application for adjusting firm license.-

- (1) The application for an adjusting firm license must include:
- (a) The name of each majority owner, partner, officer, and director of the adjusting firm.
- (b) The resident address of each person required to be listed in the application under paragraph (a).
- (c) The name of the adjusting firm and its principal business address.

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- 1838 (d) The location of each adjusting firm office and the name 1839 under which each office conducts or will conduct business.
  - (e) The name and license number of the designated primary adjuster for each adjusting firm location as required in s. 626.8695.
  - (f) The fingerprints of each individual required to be listed in the application under paragraph (a), filed in accordance with s. 626.171(4). However, fingerprints need not be filed for an individual who is currently licensed and appointed under this chapter.
  - (g) Any additional information that the department requires.
  - (2) An application for an adjusting firm license must be signed by one of the individuals required to be listed in the application under paragraph (1)(a) each owner of the firm. If the firm is incorporated, the application must be signed by the president and secretary of the corporation.
  - (3) Each application must be accompanied by payment of any applicable fee as prescribed in s. 624.501.
    - (4) License fees are not refundable.
  - (5) An adjusting firm required to be licensed pursuant to s. 626.8695 must remain so licensed for a period of 3 years from the date of licensure, unless the license is suspended or revoked. The department may suspend or revoke the adjusting firm's authority to do business for activities occurring during the time the firm is licensed, regardless of whether the licensing period has terminated.

Section 52. Subsection (3) of section 626.8732, Florida Statutes, is amended to read:

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1867 626.8732 Nonresident public adjuster's qualifications, 1868 bond.-

- (3) At the time of application for license as a nonresident public adjuster, the applicant shall file with the department a bond executed and issued by a surety insurer authorized to transact surety business in this state, in the amount of \$50,000, conditioned for the faithful performance of his or her duties as a nonresident public adjuster under the license applied for. Thereafter, the applicant shall maintain the bond unimpaired throughout the existence of the license and for 1 year after the expiration or termination of the license.
- (a) The bond must be in favor of the department and must specifically authorize recovery by the department of the damages sustained if the licensee commits fraud or unfair practices in connection with his or her business as nonresident public adjuster.
- (b) The aggregate liability of the surety for all the damages may not exceed the amount of the bond. The bond may not be terminated unless at least 30 days' written notice is given to the licensee and filed with the department.

Section 53. Paragraph (a) of subsection (2) of section 626.8734, Florida Statutes, is amended to read:

626.8734 Nonresident all-lines adjuster license qualifications.-

- (2) The applicant must furnish the following with his or her application:
- (a) A complete set of his or her fingerprints in accordance with s. 626.171(4). The applicant's fingerprints must be certified by an authorized law enforcement officer.

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Section 54. Section 626.906, Florida Statutes, is amended to read:

626.906 Acts constituting Chief Financial Officer as process agent.—Any of the following acts in this state, effected by mail or otherwise, by an unauthorized foreign insurer, alien insurer, or person representing or aiding such an insurer is equivalent to and shall constitute an appointment by such insurer or person representing or aiding such insurer of the Chief Financial Officer to be its true and lawful agent attorney, upon whom may be served all lawful process in any action, suit, or proceeding instituted by or on behalf of an insured or beneficiary, arising out of any such contract of insurance; and any such act shall be signification of the insurer's or person's agreement that such service of process is of the same legal force and validity as personal service of process in this state upon such insurer or person representing or aiding such insurer:

- (1) The issuance or delivery of contracts of insurance to residents of this state or to corporations authorized to do business therein:
  - (2) The solicitation of applications for such contracts;
- (3) The collection of premiums, membership fees, assessments, or other considerations for such contracts; or
  - (4) Any other transaction of insurance.

1920 Section 55. Subsection (4) of section 626.912, Florida 1921 Statutes, is amended to read:

626.912 Exemptions from ss. 626.904-626.911.—The provisions of ss. 626.904-626.911 do not apply to any action, suit, or proceeding against any unauthorized foreign insurer, alien

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insurer, or person representing or aiding such an insurer arising out of any contract of insurance:

(4) Issued under and in accordance with the Surplus Lines Law, when such insurer or person representing or aiding such insurer enters a general appearance or when such contract of insurance contains a provision designating the Chief Financial Officer or designating a Florida resident agent to be the true and lawful agent attorney of such unauthorized insurer or person representing or aiding such insurer upon whom may be served all lawful process in any action, suit, or proceeding instituted by or on behalf of an insured or person representing or aiding such insurer or beneficiary arising out of any such contract of insurance; and service of process effected on such Chief Financial Officer or such resident agent shall be deemed to confer complete jurisdiction over such unauthorized insurer or person representing or aiding such insurer in such action.

Section 56. Subsections (3) and (4) of section 626.937, Florida Statutes, are amended to read:

626.937 Actions against insurer; service of process.-

(3) Each unauthorized insurer requesting eligibility pursuant to s. 626.918 shall file with the department its appointment of the Chief Financial Officer, on a form as furnished by the department, as its agent attorney to receive service of all legal process issued against it in any civil action or proceeding in this state, and agreeing that process so served shall be valid and binding upon the insurer. The appointment shall be irrevocable, shall bind the insurer and any successor in interest as to the assets or liabilities of the insurer, and shall remain in effect as long as there is

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outstanding in this state any obligation or liability of the insurer resulting from its insurance transactions therein.

(4) At the time of such appointment of the Chief Financial Officer as its process agent, the insurer shall file with the department designation of the name and e-mail address of the person to whom process against it served upon the Chief Financial Officer is to be made available through the department's secure online portal forwarded. The insurer may change the designation at any time by a new filing.

Section 57. Subsection (5) of section 626.9953, Florida Statutes, is amended to read:

626.9953 Qualifications for registration; application required.-

(5) An applicant must submit a set of his or her fingerprints in accordance with s. 626.171(4) to the department and pay the processing fee established under s. 624.501(23). The department shall submit the applicant's fingerprints to the Department of Law Enforcement for processing state criminal history records checks and local criminal records checks through local law enforcement agencies and for forwarding to the Federal Bureau of Investigation for national criminal history records checks. The fingerprints shall be taken by a law enforcement agency, a designated examination center, or another departmentapproved entity. The department may not approve an application for registration as a navigator if fingerprints have not been submitted.

Section 58. Paragraphs (e) and (f) are added to subsection (4) of section 633.135, Florida Statutes, to read:

633.135 Firefighter Assistance Grant Program.-



1983 (4) Funds shall be used to:

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- (e) Purchase other equipment and tools that improve firesafety and fire rescue capabilities for firefighters.
- (f) Purchase protective clothing and equipment compliant with NFPA 1977, "Standard on Protective Clothing and Equipment for Wildland Fire Fighting and Urban Interface Fire Fighting."

Section 59. Subsections (4) and (5) of section 633.216, Florida Statutes, are amended to read:

633.216 Inspection of buildings and equipment; orders; firesafety inspection training requirements; certification; disciplinary action.-The State Fire Marshal and her or his agents or persons authorized to enforce laws and rules of the State Fire Marshal shall, at any reasonable hour, when the State Fire Marshal has reasonable cause to believe that a violation of this chapter or s. 509.215, or a rule adopted thereunder, or a minimum firesafety code adopted by the State Fire Marshal or a local authority, may exist, inspect any and all buildings and structures which are subject to the requirements of this chapter or s. 509.215 and rules adopted thereunder. The authority to inspect shall extend to all equipment, vehicles, and chemicals which are located on or within the premises of any such building or structure.

(4) Every firesafety inspector certificate is valid for a period of 4 years from the date of issuance. Renewal of certification is subject to the affected person's completing proper application for renewal and meeting all of the requirements for renewal as established under this chapter or by rule adopted under this chapter, which must include completion of at least 54 hours during the preceding 4-year period of

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continuing education as required by the rule of the department or, in lieu thereof, successful passage of an examination as established by the department.

- (5) A previously certified firesafety inspector whose certification has lapsed for 8 years or more must repeat the fire safety inspector training as specified by the division.
- Section 60. Paragraph (b) of subsection (4) and paragraphs (a) and (c) of subsection (6) of section 633.408, Florida Statutes, are amended to read:
- 633.408 Firefighter and volunteer firefighter training and certification.-
- (4) The division shall issue a Firefighter Certificate of Compliance to an individual who does all of the following:
- (b) Passes the Minimum Standards Course certification examination within 12 months after completing the required courses.
- (6)(a) The division may issue a Special Certificate of Compliance to an individual who does all of the following:
- 1. Satisfactorily completes the course established by rule by the division and successfully passes any examination corresponding to such course in paragraph (1) (b) to obtain a Special Certificate of Compliance.
- 2. Passes the examination established in paragraph (1) (b) to obtain a Special Certificate of Compliance.
  - 3. Possesses the qualifications in s. 633.412.
- 2037 (c) In order to retain a Special Certificate of Compliance, 2038 every 4 years an individual must:
  - 1. Be active as a firefighter;
  - 2. Maintain a current and valid fire service instructor

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certificate, instruct at least 40 hours during the 4-year period, and provide proof of such instruction to the division, which proof must be registered in an electronic database designated by the division; or

3. Within 6 months before the 4-year period expires, successfully complete a Firefighter Retention Refresher Course consisting of a minimum of 40 hours of training as prescribed by rule.

Section 61. Subsections (1) and (4) of section 633.414, Florida Statutes, are amended to read:

633.414 Retention of firefighter and volunteer firefighter certifications.-

- (1) In order for a firefighter to retain her or his Firefighter Certificate of Compliance or Special Certificate of Compliance, every 4 years he or she must meet the requirements for renewal provided in this chapter and by rule, which must include at least one of the following:
- (a) Be active as a firefighter. As used in this section, the term "active" means being employed as a firefighter or providing service as a volunteer firefighter as evidenced by the individual's name appearing on a fire service provider's employment roster in the Florida State Fire College database or a letter by the fire service provider attesting to dates of employment.
- (b) Maintain a current and valid fire service instructor certificate, instruct at least 40 hours during the 4-year period, and provide proof of such instruction to the division, which proof must be registered in an electronic database designated by the division.

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- (c) Before the expiration of the certificate Within 6 months before the 4-year period expires, successfully complete a Firefighter Retention Refresher Course consisting of a minimum of 40 hours of training to be prescribed by rule.
- (d) Before the expiration of the certificate Within 6 months before the 4-year period expires, successfully retake and pass the Minimum Standards Course examination pursuant to s. 633.408.
- (4) For the purposes of this section, the term "active" means being employed as a firefighter or providing service as a volunteer firefighter for a cumulative period of 6 months within a 4-year period.

The 4-year period may, in the discretion of the department, be extended to 12 months after discharge from military service if the military service does not exceed 3 years, but in no event more than 6 years from the date of issue or renewal, if applicable, for an honorably discharged veteran of the United States Armed Forces or the spouse of such a veteran. A qualified individual must provide a copy of a military identification card, military dependent identification card, military service record, military personnel file, veteran record, discharge paper, or separation document that indicates such member is currently in good standing or such veteran is honorably discharged.

Section 62. Subsection (4) of section 648.34, Florida Statutes, is amended to read:

- 648.34 Bail bond agents; qualifications.-
- (4) The applicant shall furnish, with his or her

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application, a complete set of his or her fingerprints in accordance with s. 626.171(4) and a recent credential-sized, fullface photograph of the applicant. The applicant's fingerprints shall be certified by an authorized law enforcement officer. The department shall not authorize an applicant to take the required examination until the department has received a report from the Department of Law Enforcement and the Federal Bureau of Investigation relative to the existence or nonexistence of a criminal history report based on the applicant's fingerprints.

Section 63. Subsection (4) of section 648.355, Florida Statutes, is amended to read:

648.355 Temporary limited license as limited surety agent or professional bail bond agent; pending examination.-

(4) The applicant shall furnish, with the application for temporary license, a complete set of the applicant's fingerprints in accordance with s. 626.171(4) and a recent credential-sized, fullface photograph of the applicant. The applicant's fingerprints shall be certified by an authorized law enforcement officer. The department shall not issue a temporary license under this section until the department has received a report from the Department of Law Enforcement and the Federal Bureau of Investigation relative to the existence or nonexistence of a criminal history report based on the applicant's fingerprints.

Section 64. Subsection (4) is added to section 648.46, Florida Statutes, to read:

648.46 Procedure for disciplinary action against licensees.-

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(4) The expiration, nonrenewal, or surrender of licensure under this chapter does not eliminate the jurisdiction of the licensing authority to investigate and prosecute for a violation committed by a licensee while licensed under this chapter. The prosecution of any matter may be initiated or continued notwithstanding the withdrawal of a complaint.

Section 65. Paragraph (d) of subsection (2) and paragraphs (b), (c), and (e) of subsection (3) of section 766.105, Florida Statutes, are amended, and paragraph (i) is added to subsection (3) and subsection (4) is added to that section, to read:

766.105 Florida Patient's Compensation Fund.-

- (2) COVERAGE.-
- (d) 1. Any health care provider who participates in the fund and who does not meet the provisions of paragraph (b) shall not be covered by the fund.
- 2. Annually, the Agency for Health Care Administration shall require documentation by each hospital that such hospital is in compliance, and will remain in compliance, with the provisions of this section. The agency shall review the documentation and then deliver the documentation to the board of governors. At least 60 days before the time a license will be issued or renewed, the agency shall request from the board of governors a certification that each hospital is in compliance with the provisions of this section. The board of governors shall not be liable under the law for any erroneous certification. The agency may not issue or renew the license of any hospital which has not been certified by the board of governors. The license of any hospital that fails to remain in compliance or fails to provide such documentation shall be



revoked or suspended by the agency.

(3) THE FUND.—

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(b) Fund administration and operation. -

1. The fund shall operate subject to the supervision and approval of the Chief Financial Officer or his or her designee  $\frac{a}{a}$ board of governors consisting of a representative of the insurance industry appointed by the Chief Financial Officer, an attorney appointed by The Florida Bar, a representative of physicians appointed by the Florida Medical Association, a representative of physicians' insurance appointed by the Chief Financial Officer, a representative of physicians' selfinsurance appointed by the Chief Financial Officer, two representatives of hospitals appointed by the Florida Hospital Association, a representative of hospital insurance appointed by the Chief Financial Officer, a representative of hospital selfinsurance appointed by the Chief Financial Officer, a representative of the osteopathic physicians' or podiatric physicians' insurance or self-insurance appointed by the Chief Financial Officer, and a representative of the general public appointed by the Chief Financial Officer. The board of governors shall, during the first meeting after June 30 of each year, choose one of its members to serve as chair of the board and another member to serve as vice chair of the board. The members of the board shall be appointed to serve terms of 4 years, except that the initial appointments of a representative of the general public by the Chief Financial Officer, an attorney by The Florida Bar, a representative of physicians by the Florida Medical Association, and one of the two representatives of the Florida Hospital Association shall be for terms of 3 years;

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thereafter, such representatives shall be appointed for terms 4 years. Subsequent to initial appointments for 4-year terms, the representative of the osteopathic physicians' or podiatric physicians' insurance or self-insurance appointed by the Chief Financial Officer and the representative of hospital selfinsurance appointed by the Chief Financial Officer shall be appointed for 2-year terms; thereafter, such representatives shall be appointed for terms of 4 years. Each appointed member may designate in writing to the chair an alternate to act in the member's absence or incapacity. A member of the board, or the member's alternate, may be reimbursed from the assets of the fund for expenses incurred by him or her as a member, or alternate member, of the board and for committee work, but he or she may not otherwise be compensated by the fund for his or her service as a board member or alternate.

- 2. There shall be no liability on the part of, and no cause of action of any nature shall arise against, the fund or its agents or employees, professional advisers or consultants, the Chief Financial Officer or his or her designee members of the board of governors or their alternates, or the Department of Financial Services or the Office of Insurance Regulation of the Financial Services Commission or their representatives for any action taken by them in the performance of their powers and duties pursuant to this section.
  - (c) Powers of the fund.—The fund has the power to:
- 1. Sue and be sued, and appear and defend, in all actions and proceedings in its name to the same extent as a natural person.
  - 2. Adopt, change, amend, and repeal a plan of operation,

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not inconsistent with law, for the regulation and administration of the affairs of the fund. The plan and any changes thereto shall be filed with the Office of Insurance Regulation of the Financial Services Commission and are all subject to its approval before implementation by the fund. All fund members, board members, and employees shall comply with the plan of operation.

- 3. Have and exercise all powers necessary or convenient to effect any or all of the purposes for which the fund is created.
- 4. Enter into such contracts as are necessary or proper to carry out the provisions and purposes of this section.
- 5. Employ or retain such persons as are necessary to perform the administrative and financial transactions and responsibilities of the fund and to perform other necessary or proper functions unless prohibited by law.
- 6. Take such legal action as may be necessary to avoid payment of improper claims.
- 7. Indemnify any employee, agent, member of the board of governors or his or her alternate, or person acting on behalf of the fund in an official capacity, for expenses, including attorney's fees, judgments, fines, and amounts paid in settlement actually and reasonably incurred by him or her in connection with any action, suit, or proceeding, including any appeal thereof, arising out of his or her capacity in acting on behalf of the fund, if he or she acted in good faith and in a manner he or she reasonably believed to be in, or not opposed to, the best interests of the fund and, with respect to any criminal action or proceeding, he or she had reasonable cause to believe his or her conduct was lawful.



1. Money shall be withdrawn from the fund only upon a

voucher as authorized by the Chief Financial Officer or his or

for reasonable inspection to the general public, except that a

claim file in possession of the fund, fund members, and their

insurers is confidential and exempt from the provisions of s.

119.07(1) and s. 24(a), Art. I of the State Constitution until

termination of litigation or settlement of the claim, although

medical records and other portions of the claim file may remain

confidential and exempt as otherwise provided by law. Any book,

record, document, audit, or asset acquired by, prepared for, or

3. Persons authorized to receive deposits, issue vouchers,

4. Annually, the fund shall furnish, upon request, audited

paid for by the fund is subject to the authority of the Chief

or withdraw or otherwise disburse any fund moneys shall post a

protect fund assets. The cost of such bond shall be paid from

financial reports to any fund participant and to the Office of

accepted accounting procedures and shall include income and such

other information as may be required by the Office of Insurance

5. Any money held in the fund shall be invested in

Insurance Regulation and the Joint Legislative Auditing

Regulation or the Joint Legislative Auditing Committee.

Committee. The reports shall be prepared in accordance with

blanket fidelity bond in an amount reasonably sufficient to

Financial Officer or his or her designee board of governors,

2. All books, records, and audits of the fund shall be open

(e) Fund accounting and audit.-

her designee board of governors.

which shall be responsible therefor.

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interest-bearing investments by the board of governors of the fund as administrator. However, in no case may any such money be invested in the stock of any insurer participating in the Joint Underwriting Association authorized by s. 627.351(4) or in the parent company of, or company owning a controlling interest in, such insurer. All income derived from such investments shall be credited to the fund.

- 6. Any health care provider participating in the fund may withdraw from such participation only at the end of a fiscal year; however, such health care provider shall remain subject to any assessment or any refund pertaining to any year in which such member participated in the fund.
- (i) Dissolution of the fund.—The fund shall operate subject to the supervision of the Chief Financial Officer or his or her designee, pursuant to the policies and procedures and under the auspices of the Department of Financial Services, Division of Rehabilitation and Liquidation, until the department executes a legal dissolution of the fund on or before December 31, 2023. Before the legal dissolution of the fund, the Department of Financial Services must:
- 1. Obtain all existing records and retain necessary records of the fund pursuant to law.
- 2. Identify all remaining property held by the fund and attempt to return such property to its owners and, for property that cannot be returned to the owner, transfer such property to the Department of Financial Services, Division of Unclaimed Property.
  - 3. Make a final accounting of the finances of the fund.
  - 4. Ensure that the fund has met all its obligations



2302	pursuant to structured settlements, annuities, or other
2303	instruments established to pay covered claims, and, if the fund
2304	has not done so, attempt to meet such obligations before final
2305	and complete dissolution of the fund.
2306	5. Sell or otherwise dispose of all physical assets of the
2307	<u>fund.</u>
2308	6. Execute a legal dissolution of the fund.
2309	7. Transfer any remaining money or assets of the fund to
2310	the Chief Financial Officer for deposit in the General Revenue
2311	Fund.
2312	(4) REPEAL.—This section is repealed January 1, 2024.
2313	Section 66. Paragraph (b) of subsection (1) of section
2314	945.6041, Florida Statutes, is amended to read:
2315	945.6041 Inmate medical services.—
2316	(1) As used in this section, the term:
2317	(b) "Health care provider" means:
2318	1. A hospital licensed under chapter 395.
2319	2. A physician or physician assistant licensed under
2320	chapter 458.
2321	3. An osteopathic physician or physician assistant licensed
2322	under chapter 459.
2323	4. A podiatric physician licensed under chapter 461.
2324	5. A health maintenance organization certificated under
2325	part I of chapter 641.
2326	6. An ambulatory surgical center licensed under chapter
2327	<u>395.</u>
2328	7. A professional association, partnership, corporation,
2329	joint venture, or other association established by the

individuals set forth in subparagraphs 2., 3., and 4. for



2331	professional activity.
2332	8. Other medical facility.
2333	a. As used in this subparagraph, the term "other medical
2334	<pre>facility" means:</pre>
2335	(I) A facility the primary purpose of which is to provide
2336	human medical diagnostic services, or a facility providing
2337	nonsurgical human medical treatment which discharges patients on
2338	the same working day that the patients are admitted; and
2339	(II) A facility that is not part of a hospital.
2340	b. The term does not include a facility existing for the
2341	primary purpose of performing terminations of pregnancy, or an
2342	office maintained by a physician or dentist for the practice of
2343	medicine has the same meaning as provided in s. 766.105.
2344	Section 67. Paragraph (a) of subsection (1) of section
2345	985.6441, Florida Statutes, is amended to read:
2346	985.6441 Health care services.—
2347	(1) As used in this section, the term:
2348	(a) "Health care provider" means:
2349	1. A hospital licensed under chapter 395.
2350	2. A physician or physician assistant licensed under
2351	chapter 458.
2352	3. An osteopathic physician or physician assistant licensed
2353	under chapter 459.
2354	4. A podiatric physician licensed under chapter 461.
2355	5. A health maintenance organization certificated under
2356	part I of chapter 641.
2357	6. An ambulatory surgical center licensed under chapter
2358	<u>395.</u>
2359	7. A professional association, partnership, corporation,



2360 joint venture, or other association established by the 2361 individuals set forth in subparagraphs 2., 3., and 4. for 2362 professional activity. 2363 8. Other medical facility. 2364 a. As used in this subparagraph, the term "other medical 2365 facility" means: 2366 (I) A facility the primary purpose of which is to provide 2367 human medical diagnostic services, or a facility providing 2368 nonsurgical human medical treatment which discharges patients on 2369 the same working day that the patients are admitted; and 2370 (II) A facility that is not part of a hospital. 2371 b. The term does not include a facility existing for the 2372 primary purpose of performing terminations of pregnancy, or an 2373 office maintained by a physician or dentist for the practice of 2374 medicine has the same meaning as provided in s. 766.105. 2375 Section 68. All powers, duties, functions, records, 2376 offices, personnel, associated administrative support positions, 2.377 property, pending issues, existing contracts, administrative 2378 authority, and administrative rules relating to the Stop Inmate 2379 Fraud Program within the Department of Financial Services are 2380 transferred by a type two transfer as defined in s. 20.06(2), 2381 Florida Statutes, to the Department of Economic Opportunity. 2382 Section 69. Except as otherwise expressly provided in this act, this act shall take effect July 1, 2022. 2383 2384 ======= T I T L E A M E N D M E N T ========= 2385 2386 And the title is amended as follows: 2387 Delete everything before the enacting clause

and insert:



A bill to be entitled
An act relating to the Department of Financial
Services; repealing s. 17.0315, F.S., relating to the
financial and cash management system and task force;
amending s. 48.151, F.S.; providing an exception to
service of process on public entities under certain
circumstances; deleting the Chief Financial Officer's
assistant or deputy or another person in charge of the
office as agents for service of process on insurers;
requiring the Department of Financial Services to
create a secure online portal as the sole means to
accept certain service of process; amending s.
110.123, F.S.; revising definitions; authorizing
specified persons relating to the Division of
Rehabilitation and Liquidation to purchase coverage in
a state group health insurance plan at specified
premium costs; providing that the enrollment period
for the state group insurance program begins with a
specified plan year for certain persons relating to
the division; amending s. 110.131, F.S.; conforming a
cross-reference; amending s. 120.541, F.S.; revising
applicability of certain provisions relating to a
specified proposed rule; amending s. 215.34, F.S.;
deleting the requirement for specified entities
receiving certain charged-back items to prepare a
journal transfer; amending s. 215.93, F.S.; renaming a
subsystem of the Florida Financial Management
Information System; amending s. 215.94, F.S.;
conforming a provision to changes made by the act;

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amending s. 216.102, F.S.; making technical changes; amending s. 218.32, F.S.; revising legislative intent; providing functions of the Florida Open Financial Statement System; requiring local governments to use the system to file specified reports; providing requirements for the system; revising the list of entities with which the Chief Financial Officer may consult with regard to the system; authorizing, rather than requiring, certain local governmental financial statements to be filed in a specified format; deleting certain requirements for such statements; providing construction; providing an exception; creating s. 395.1061, F.S.; defining terms; requiring certain hospitals to demonstrate financial responsibility for maintaining professional liability coverage; specifying requirements for such financial responsibility; requiring hospitals to provide evidence of compliance and to remain in compliance; prohibiting the Agency for Health Care Administration from issuing or renewing licenses of hospitals under certain circumstances; providing exemptions from professional liability coverage requirements; authorizing hospital systems to meet such professional liability coverage requirements in a specified manner; amending s. 414.40, F.S.; transferring the Stop Inmate Fraud Program from the Department of Financial Services to the Department of Economic Opportunity; authorizing the program to provide reports of certain data to the Division of Public Assistance Fraud for a

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specified purpose; amending s. 440.02, F.S.; revising the definition of the term "employer"; amending s. 440.05, F.S.; revising information that must be submitted with the notice of election to be exempt from workers' compensation coverage; specifying the circumstances under which the Department of Financial Services is required to send certain notifications to workers' compensation carriers; requiring such notifications to be electronic; requiring certificates of election to be exempt to contain a specified notice; deleting a provision requiring certain corporation officers to maintain business records; revising applicability of certificates of election to be exempt; amending s. 440.107, F.S.; revising the timeframe for certain employers to produce specified records under certain circumstances; prohibiting employers who failed to secure payment of workers' compensation from entering a payment agreement schedule with the department unless a specified condition is met; revising circumstances that result in immediate reinstatement of stop-work orders; revising penalty assessments; amending s. 440.13, F.S.; revising statewide schedules of maximum reimbursement allowances for medically necessary treatment, care, and attendance; authorizing the department to adopt rules; amending s. 440.185, F.S.; revising the timeline and methods for workers' compensation carriers to send a certain informational brochure to injured workers; revising methods by which

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such informational brochure is sent to employers; amending s. 440.381, F.S.; specifying workers' compensation policies that require physical onsite audits for a specified class; amending s. 497.277, F.S.; deleting a cap on transferring burial rights fees; amending s. 497.369, F.S.; revising requirements for licenses by endorsement to practice embalming; amending s. 497.372, F.S.; revising the scope of funeral directing practice; amending s. 497.374, F.S.; revising requirements for licenses by endorsement to practice funeral directing; amending s. 554.108, F.S.; requiring boilers manufactured after a specified date, rather than boilers of certain heat input, to be stamped with a specified code symbol; revising the boilers' information that must be filed; requiring that specified spaces and rooms be equipped with carbon monoxide detector devices; amending s. 554.111, F.S.; deleting a requirement for a specified fee for a certificate of competency; requiring applications for boiler permits to include a specified report; revising the purpose for special trips that the department is required to make for boiler inspections; amending s. 554.114, F.S.; revising the schedules of penalties against boiler insurance companies, inspection agencies, and other persons for specified violations; amending s. 624.307, F.S.; providing that certain regulated persons or unauthorized insurers are required to appoint the Chief Financial Officer as their agents, rather than as their attorneys, to

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receive service of legal process; revising the method by which the Chief Financial Officer makes the process available; requiring the Chief Financial Officer to promptly send notice of receipt of service of process; revising requirements for the contents of such notice; amending s. 624.422, F.S.; requiring insurers to file with the department e-mail addresses, rather than addresses, of specified persons; providing that a specified method by which process is served upon the Chief Financial Officer is the sole method of service; conforming provisions to changes made by the act; amending s. 624.423, F.S.; revising procedures for service of process; requiring the Chief Financial Officer to promptly notify certain persons of the process and to make the process available to such persons through specified means; revising the method by which records are retained; amending s. 624.610, F.S.; conforming provisions to changes made by the act; amending s. 626.015, F.S.; defining the term "licensing authority"; revising the definition of the term "unaffiliated insurance agent"; amending s. 626.171, F.S.; requiring fingerprints for certain licenses to be processed in accordance with specified laws; amending s. 626.172, F.S.; revising the method by which fingerprints for applications for insurance agency licenses are submitted; deleting a fingerprint processing fee; creating s. 626.173, F.S.; providing duties for certain insurance agency persons within a specified timeframe after cessation of insurance

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transactions; authorizing the department to impose administrative fines against such persons for specified violations; prohibiting the initiation of certain proceedings and imposition of fines until specified prerequisites are completed; providing a cap on such fines; authorizing the department to suspend or revoke licenses under certain circumstances; providing requirements for determining penalties and remedies; amending s. 626.201, F.S.; conforming a provision to changes made by the act; providing continuation of jurisdiction of the licensing authority to investigate and prosecute specified violations under certain circumstances; amending s. 626.202, F.S.; conforming provisions to changes made by the act; amending s. 626.221, F.S.; adding a designation to the list of designations that allow applicants for an all-lines adjuster license to be exempt from an examination; amending s. 626.311, F.S.; providing an exception to the prohibition against unaffiliated insurance agents holding appointments from insurers; authorizing certain adjusters to obtain adjuster appointments while maintaining unaffiliated insurance agent appointments and to adjust claims and receive certain compensation; amending ss. 626.321 and 626.601, F.S.; conforming provisions to changes made by the act; amending s. 626.7845, F.S.; conforming a cross-reference; amending ss. 626.8411 and 626.8412, F.S.; conforming provisions to changes made by the act; amending s. 626.8417, F.S.; revising requirements

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to qualify for title insurance agent licenses; amending s. 626.8421, F.S.; requiring title agencies to have separate appointments under certain circumstances; amending s. 626.843, F.S.; providing requirements for appointments of title insurance agencies; amending s. 626.8433, F.S.; requiring title insurers that terminate appointments of title insurance agencies to file certain information with the department; amending s. 626.8447, F.S.; providing effects of suspension or revocation of title insurance agency licenses; amending s. 626.854, F.S.; providing restrictions on public adjuster compensation; providing exceptions to such restrictions; amending s. 626.8561, F.S.; revising the definition of the term "public adjuster apprentice"; amending s. 626.865, F.S.; revising requirements to qualify for public adjuster licenses; requiring that certain bonds remain in effect for a specified period after expiration of the license; amending s. 626.8651, F.S.; requiring that certain bonds remain in effect for a specified period after expiration of a public adjuster apprentice license; revising requirements for public adjuster apprentices to be, act as, or hold themselves out to be public adjuster apprentices; amending s. 626.8696, F.S.; revising requirements for adjusting firm license applications; amending s. 626.8732, F.S.; requiring applicants for nonresident public adjuster licenses to maintain certain bonds after the expiration or termination of licenses; amending ss.

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626.8734, 626.906, 626.912, 626.937, and 626.9953, F.S.; conforming provisions to changes made by the act; amending s. 633.135, F.S.; providing additional uses for firefighter funds; amending s. 633.216, F.S.; revising requirements for renewal of firesafety inspector certificates; amending s. 633.408, F.S.; revising requirements for the issuance of a Firefighter Certificate of Compliance and Special Certificate of Compliance; deleting provisions relating to requirements to retain a Special Certificate of Compliance; amending s. 633.414, F.S.; providing requirements to retain a Special Certificate of Compliance; revising requirements to retain a Firefighter Certificate of Compliance; redefining the term "active"; amending ss. 648.34 and 648.355, F.S.; conforming provisions to changes made by the act; amending s. 648.46, F.S.; providing continuation of jurisdiction of the licensing authority to investigate and prosecute specified violations under certain circumstances; amending s. 766.105, F.S.; deleting requirements and procedures for the certification of hospital compliance with the Florida Patient's Compensation Fund; providing that the fund is subject to the supervision and approval of the Chief Financial Officer or his or her designee, rather than the board of governors; conforming provisions to changes made by the act; providing for supervision of the fund until dissolution; specifying duties of the Department of Financial Services before dissolution of the fund;



providing for future repeal; amending ss. 945.6041 and			
985.6441, F.S.; revising the definition of the term			
"health care provider"; defining the term "other			
medical facility"; transferring the Stop Inmate Fraud			
Program within the Department of Financial Services to			
the Department of Economic Opportunity by a type two			
transfer; providing effective dates.			