



Journal of the Senate

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CALL TO ORDER

The Senate was called to order by President Haridopolos at 9:30 a.m.
A quorum present—39:

Mr. President	Flores	Norman
Altman	Gaetz	Oelrich
Benacquisto	Garcia	Rich
Bennett	Gardiner	Richter
Bogdanoff	Gibson	Ring
Braynon	Hays	Sachs
Bullard	Jones	Simmons
Dean	Joyner	Siplin
Detert	Latvala	Smith
Diaz de la Portilla	Lynn	Sobel
Dockery	Margolis	Storms
Evers	Montford	Thrasher
Fasano	Negron	Wise

Excused: Senator Alexander periodically for the purpose of working on the Budget Conference

PRAYER

The following prayer was offered by Senator Fasano:

Dear Heavenly Father, we come before you with humbled hearts to once again thank you for this opportunity to be your servants. We thank you for your willingness to entrust in us the ability to make decisions on behalf of all Floridians. We thank you for the men and women who serve at home and abroad to protect this great nation that you have allowed us to call home.

As we begin deliberations this day on issues of vital importance to our constituents, we ask for your guidance and direction. The things we discuss and the decisions we make will impact millions of people beyond the confines of this chamber and the streets of this capital city. Please allow us to vote for what is right and what is good and not just for the expedience of the moment. We pray that what we do will have a positive impact on the lives of those who are proud to call themselves Floridians.

Finally, we pray for wisdom that can only come from you. Heavenly Father, we ask all of this in thy precious name. Amen.

PLEDGE

Senate Pages, Imani Jennings of Miami, cousin of Senator Braynon; Matt Harle and Timothy Duncan of Live Oak, led the Senate in the pledge of allegiance to the flag of the United States of America.

DOCTOR OF THE DAY

The President recognized Dr. Candrice Heath of Tallahassee, sponsored by Senator Gaetz, as doctor of the day. Dr. Heath specializes in Pediatrics and Medical Dermatology.

ADOPTION OF RESOLUTIONS

At the request of Senator Braynon—

By Senator Braynon—

SR 2116—A resolution recognizing February 13-17, 2012, as “Kidney Awareness Week” in the State of Florida.

WHEREAS, 26 million American adults have Chronic Kidney Disease (CKD) and millions of others are at risk in the United States, and

WHEREAS, African Americans, Hispanics, Pacific Islanders, Native Americans, and seniors have an increased risk of developing CKD, and

WHEREAS, the two main causes of CKD are diabetes and high blood pressure, and there is a high correlation between CKD and hypertension, and

WHEREAS, the kidneys serve many important functions, including regulating the body’s water and chemicals within the blood, removing toxins introduced into the body, releasing hormones that regulate blood pressure, making red blood cells, and producing an active form of vitamin D that promotes strong bone density, and

WHEREAS, through the damage inflicted by CKD, the vital functions of the kidney are compromised, causing a wide array of health issues that can be very serious, and

WHEREAS, persons with CKD may develop other complications such as anemia, high blood pressure, weak bones, nerve damage, and other disorders, and

WHEREAS, as the disease progresses, it may lead to kidney failure, which requires dialysis or a kidney transplant for the patient to survive, and

WHEREAS, many other conditions also affect the kidneys, including Glomerulonephritis, which is the third most common type of kidney disease, polycystic kidney disease, malformations that occur as a baby develops in its mother’s womb, repeated urinary infections, kidney stones, enlarged prostate glands, Lupus, and other diseases that affect the body’s immune system, and

WHEREAS, early detection of CKD is crucial and often simple, and includes a blood pressure measurement, urine testing for excess proteins, and a blood test for creatinine, NOW, THEREFORE,

Be It Resolved by the Senate of the State of Florida:

That February 13-17, 2012, is recognized as “Kidney Awareness Week” in the State of Florida.

—**SR 2116** was introduced, read and adopted by publication.

At the request of Senator Braynon—

By Senator Braynon—

SR 2118—A resolution commending the National Black Nurses Association (NBNA) for its 40 years of advocacy for a culturally diverse health care workforce and recognizing February 2012 as “National Black Nurses Association Month” in Florida.

WHEREAS, the National Black Nurses Association (NBNA), with more than 150,000 members, represents registered nurses, students, and retired nurses in 34 states through its 80 chartered chapters, and

WHEREAS, the NBNA supports the development of a culturally diverse workforce in the health care field, and is a voice for access to affordable and high-quality health care for all Americans, and

WHEREAS, less than 5 percent of the nation’s registered nurses are African Americans, and, while African Americans make up a larger percentage of the population in Florida than in many other states, there is still wide racial disparity, and

WHEREAS, the NBNA’s efforts include educating and mentoring African Americans who are seeking nursing degrees, community awareness, and the promotion of career advancement opportunities for African Americans in the nursing field, and

WHEREAS, the NBNA is committed to ensuring quality of care in the nation’s health care system, NOW, THEREFORE,

Be It Resolved by the Senate of the State of Florida:

That the members of the Senate commend the National Black Nurses Association (NBNA) for its 40 years of advocacy for a culturally diverse health care workforce and recognize February 2012 as “National Black Nurses Association Month” in Florida.

—**SR 2118** was introduced, read and adopted by publication.

At the request of Senator Braynon—

By Senator Braynon—

SR 2140—A resolution recognizing the successes and humanitarian efforts of the Bascom Palmer Eye Institute of the University of Miami Miller School of Medicine, and expressing appreciation for the Bascom Palmer Eye Institute’s relief efforts in Japan in the aftermath of the devastating earthquake and tsunami that struck the region in March 2011.

WHEREAS, the Bascom Palmer Eye Institute of the University of the Miami Miller School of Medicine is the largest ophthalmic care, research, and educational center in the southeastern United States, where more than 250,000 patients with nearly every ophthalmic condition are treated each year and more than 12,000 surgeries are performed annually, and

WHEREAS, in its annual “best hospitals” edition, U.S. News & World Report has, for the past 8 years, consistently ranked the Bascom Palmer Eye Institute as the nation’s best in the field of ophthalmology and has ranked it the number one or number two eye hospital in the country each year since the rankings were first published in 1990, awarding it the number one spot 10 times, and

WHEREAS, the Bascom Palmer Eye Institute’s doctors and scientists are recognized international leaders in their fields of expertise in every subspecialty in ophthalmology, including macular, retinal, and optic nerve diseases, cataracts, eye infections, eye cancers, and eye diseases in children, and

WHEREAS, the Bascom Palmer Eye Institute has mobilized its resources and staff to offer eye care following catastrophic natural disasters in several parts of the world, and

WHEREAS, on April 14, 2011, the Bascom Palmer Eye Institute embarked on an international rescue mission, deploying its physicians and Vision Van in the Japanese city of Sendai, just a day after Sendai’s airport reopened following the catastrophic March 11 earthquake and tsunami, and

WHEREAS, the relief efforts of Bascom Palmer Eye Institute in Japan enabled Japanese ophthalmologists to provide emergency medical relief to their people by equipping them to offer emergency vision screenings and treatments for people suffering from eye injuries incurred during or after the earthquake, as well as infections and inflammations from contaminated water and other hazards, and to replace eyeglasses lost while fleeing the earthquake, and

WHEREAS, the Bascom Palmer Eye Institute has been instrumental in making a lasting difference by its provision of medical care to the people of Japan as well as by training and providing resources that allow Japanese ophthalmologists to better serve those in need, NOW, THEREFORE,

Be It Resolved by the Senate of the State of Florida:

That the members of the Senate recognize the humanitarian efforts of the Bascom Palmer Eye Institute of the University of Miami Miller School of Medicine and commend its steadfast dedication to excellence.

—**SR 2140** was introduced, read and adopted by publication.

At the request of Senator Jones—

By Senators Jones, Latvala, and Fasano—

SR 2144—A resolution recognizing Commissioner John Morroni for his outstanding service as a member of the Pinellas County Board of County Commissioners and for his commitment to public service.

WHEREAS, John Morroni was born on February 16, 1955, in Chicago, Illinois, went on to graduate from Loyola University with a bachelor of arts degree in history, and moved to Florida in 1980, and

WHEREAS, John Morroni was elected to the Florida House of Representatives in 1992, where he served for 8 years, and was elected to the Pinellas County Commission in 2000, where he currently serves as chairperson, and

WHEREAS, a Realtor by profession, John Morroni serves on or is a member of the Health and Human Services Coordinating Council, the Area Agency on Aging of Pasco-Pinellas, Inc., the Florida Association of Counties, the Historic Preservation Advisory Board, and the Pinellas County Planning Council, where he serves as treasurer, and

WHEREAS, John Morroni is the recipient of numerous honors and awards, including the F.A.S.T. Appreciation Award for supporting affordable housing for the people of Pinellas County, the Fraternal Order of Police, Pinellas Lodge 43 “Lawman of the Year” Award, the National Alliance for the Mentally Ill (NAMI) “Iris” Award, and the Disabled American Veterans Commanders Club “Bronze Leader” Award, and

WHEREAS, on January 27, 2012, John Morroni hosted his 17th annual appreciation dinner for law enforcement officers, firefighters, EMS providers, and members of the crisis intervention team, which, to date, has raised more than \$250,000 for charitable causes, NOW, THEREFORE,

Be It Resolved by the Senate of the State of Florida:

That Commissioner John Morroni is recognized for his outstanding service as a member of the Pinellas County Board of County Commissioners and for his commitment to public service.

—**SR 2144** was introduced, read and adopted by publication.

MOMENT OF SILENCE

At the direction of President Haridopolos, the Senate observed a moment of silence for Dale Regan, Head of Episcopal High School in Jacksonville, who was killed in her office March 6.

MOTIONS RELATING TO
COMMITTEE REFERENCE

On motions by Senator Thrasher, by two-thirds vote **CS for SJR 1056**, **CS for CS for SB 1058**, and **CS for CS for SB 1262** were withdrawn from the Committee on Budget; and **CS for CS for SB 1304** and **CS for CS for SB 1256** were withdrawn from the Committee on Rules.

BILLS ON THIRD READING

Consideration of **CS for SB 752** and **HB 4087** was deferred.

CS for CS for SB 1860—A bill to be entitled An act relating to motor vehicle personal injury protection insurance; amending s. 316.066, F.S.; revising the conditions for completing the long-form traffic crash report; revising the information contained in the short-form report; revising the requirements relating to the driver's responsibility for submitting a report for crashes not requiring a law enforcement report; amending s. 400.9905, F.S.; providing that certain entities exempt from licensure as a health care clinic must nonetheless be licensed in order to receive reimbursement for the provision of personal injury protection benefits; amending s. 400.991, F.S.; requiring that an application for licensure, or exemption from licensure, as a health care clinic include a statement regarding insurance fraud; amending s. 626.989, F.S.; providing that knowingly submitting false, misleading, or fraudulent documents relating to licensure as a health care clinic, or submitting a claim for personal injury protection relating to clinic licensure documents, is a fraudulent insurance act under certain conditions; amending s. 626.9581, F.S.; requiring the Department of Financial Services or the Office of Insurance Regulation to revoke the certificate of authority of an insurer that engages in unfair trade practices while providing motor vehicle personal injury protection insurance; amending s. 626.9894, F.S.; conforming provisions to changes made by act; creating s. 626.9895, F.S.; providing definitions; authorizing the Division of Insurance Fraud of the Department of Financial Services to establish a direct-support organization for the purpose of prosecuting, investigating, and preventing motor vehicle insurance fraud; providing requirements for, and duties of, the organization; requiring that the organization operate pursuant to a contract with the division; providing for the requirements of the contract; providing for a board of directors; authorizing the organization to use the division's property and facilities subject to certain requirements; requiring that the department adopt rules relating to procedures for the organization's governance and relating to conditions for the use of the division's property or facilities; authorizing contributions from insurers; authorizing any moneys received by the organization to be held in a separate depository account in the name of the organization; requiring that the division deposit certain proceeds into the Insurance Regulatory Trust Fund; amending s. 627.736, F.S.; revising the cap on benefits to provide that death benefits are in addition to medical and disability benefits; revising medical benefits; distinguishing between initial and followup services; excluding massage and acupuncture from medical benefits that may be reimbursed under the Florida Motor Vehicle No-Fault Law; adding physical therapists to the list of providers that may provide services; requiring that an insurer repay any benefits covered by the Medicaid program; requiring that an insurer provide a claimant an opportunity to revise claims that contain errors; authorizing an insurer to provide notice to the claimant and conduct an investigation if fraud is suspected; requiring that an insurer create and maintain a log of personal injury protection benefits paid and that the insurer provide to the insured or an assignee of the insured, upon request, a copy of the log if litigation is commenced; revising the Medicare fee schedules that an insurer may use as a basis for limiting reimbursement of personal injury protection benefits; providing that the Medicare fee schedule in effect on a specific date applies for purposes of limiting reimbursement; requiring that an insurer that limits payments based on the statutory fee schedule include a notice in insurance policies at the time of issuance or renewal; deleting obsolete provisions; providing that certain entities exempt from licensure as a clinic must nonetheless be licensed to receive reimburse-

ment for the provision of personal injury protection benefits; providing exceptions; requiring that an insurer notify parties in disputes over personal injury protection claims when policy limits are reached; providing criteria for the award of attorney fees; providing a presumption regarding the use of a contingency risk multiplier; consolidating provisions relating to unfair or deceptive practices under certain conditions; providing for demand notices to be submitted electronically; requiring that a person, entity, or licensee that makes a referral for medical benefits disclose referral fees in writing to the insured and insurer; eliminating a requirement that all parties mutually and expressly agree to the use of electronic transmission of data; amending s. 627.7405, F.S.; providing an exception from an insurer's right of reimbursement for certain owners or registrants; amending s. 817.234, F.S.; providing that it is insurance fraud to present a claim for personal injury protection benefits payable to a person or entity that knowingly submitted false, misleading, or fraudulent documents relating to licensure as a health care clinic; providing that a licensed health care practitioner guilty of certain insurance fraud loses his or her license and may not receive reimbursement for personal injury protection benefits for a specified period; defining the term "insurer"; amending s. 316.065, F.S.; conforming a cross-reference; requiring personal injury protection motor vehicle insurers to file rates with the Office of Insurance Regulation for review under certain circumstances; specifying a presumption with regard to rates for personal injury protection motor vehicle insurance; requiring that the Office of Insurance Regulation perform a data call relating to personal injury protection; prescribing required elements of the data call; providing for severability; providing effective dates.

—as amended March 6 was read the third time by title.

RECONSIDERATION OF AMENDMENTS

On motion by Senator Negron, the Senate reconsidered the vote by which unengrossed **Amendment 5 (435312)** as amended was adopted March 6.

On motion by Senator Bennett, the Senate reconsidered the vote by which **Amendment 5F (913172)** was adopted March 6. **Amendment 5F (913172)** was withdrawn.

Amendment 5 (435312) as amended was adopted by two-thirds vote.

Pending further consideration of **CS for CS for SB 1860** as amended, on motion by Senator Negron, by two-thirds vote **CS for CS for HB 119** was withdrawn from the Committees on Banking and Insurance; and Budget.

On motion by Senator Negron, the rules were waived and by two-thirds vote—

CS for CS for HB 119—A bill to be entitled An act relating to motor vehicle insurance; amending s. 316.066, F.S.; revising provisions relating to the contents of written reports of motor vehicle crashes; amending s. 400.991, F.S.; requiring that an application for licensure or exemption from licensure as a health care clinic include a specified statement regarding insurance fraud; amending s. 626.989, F.S.; providing that knowingly submitting false, misleading, or fraudulent documents relating to licensure as a health care clinic or submitting a claim relating to the Florida Motor Vehicle Medical Care Coverage Law is a fraudulent insurance act under certain conditions; amending s. 627.736, F.S.; providing limitations on attorney fees for certain actions under the Florida Motor Vehicle No-Fault Law; specifying that the limitations on attorney fee awards does not limit the attorney fees an insured may pay her or his attorney; creating s. 627.748, F.S.; designating specified provisions as the Florida Motor Vehicle No-Fault Medical Care Coverage Law; providing legislative findings; creating s. 627.7481, F.S.; providing purposes; creating s. 627.74811, F.S.; providing legislative intent that provisions, schedules, or procedures are to be given full force and effect regardless of their express inclusion in insurer forms; creating s. 627.7482, F.S.; providing definitions; creating s. 627.7483, F.S.; requiring every owner or registrant of a motor vehicle required to be registered and licensed in this state to maintain specified security; providing exceptions; requiring every nonresident owner or registrant of a motor vehicle that has been physically present within this state for a specified period to maintain security; specifying means by which such security is provided; providing an exemption; creating s. 627.7484, F.S.; providing requirements for filing and maintaining proof of security; providing penalties; creating s. 627.7485, F.S.; requiring that insurance policies

provide medical care coverage to specified persons; providing limits of coverage; specifying limits for medical, disability, and death benefits; providing restrictions on insurers with respect to provision of required benefits; authorizing insurers writing motor vehicle liability insurance to offer additional first-party motor vehicle coverages; prohibiting requiring purchase of other motor vehicle coverage as a condition for providing such benefits; prohibiting insurers from requiring the purchase of property damage liability insurance exceeding a specified amount in conjunction with medical care coverage insurance; providing that failure to comply with specified availability requirements constitutes an unfair method of competition or an unfair or deceptive act or practice; providing penalties; specifying benefits an insurer may exclude; providing procedure with respect to such exclusions; specifying when benefits are due from an insurer; prohibiting insurers from obtaining liens on recovery of special damages in tort claims for medical care coverage benefits; providing that benefits under the Florida Motor Vehicle No-Fault Medical Care Coverage Law are subject to the Medicaid program in specified circumstances; requiring that an insurer repay any benefits covered by the Medicaid program within a specified period; requiring that an insurer provide a claimant an opportunity to revise claims that contain errors; specifying when benefits are overdue; requiring insurers to hold a specified amount of benefits in reserve for a certain time for the payment of providers; providing for interest on overdue payments; providing for tolling the time period in which medical care coverage benefits are required to be paid when the insurer has reasonable belief that fraud has been committed; specifying injuries for which an insurer must pay medical care coverage benefits; disallowing benefits to an insured who has committed insurance fraud; providing that a person or entity lawfully rendering treatment to an injured person for a bodily injury covered by medical care coverage may charge only a reasonable amount for services and care; providing that the insurer may pay such charges directly to the person or entity lawfully rendering such treatment; providing limits on such charges; providing for determination of reasonableness of charges; providing that payments made by an insurer pursuant to the schedule of maximum charges, or for lesser amounts billed by providers, are considered reasonable; establishing a schedule of maximum charges; specifying that reimbursement under a schedule of maximum charges that is based on Medicare is to be calculated under the applicable Medicare schedule in effect on a specified date each year; authorizing insurers to use all Medicare coding policies and CMS payment methodologies in determining reimbursement under a schedule of maximum charges that is Medicare-based; establishing limits on specified services and care; providing conditions under which an insurer or insured is not required to pay a claim or charges; requiring the Department of Health to adopt, by rule, a list of diagnostic tests deemed not to be medically necessary and to periodically revise the list; providing procedures and requirements with respect to statements of and bills for charges for emergency services and care; directing the Financial Services Commission to adopt by rule a disclosure and acknowledgment form to be countersigned by claimants upon receipt of medical services; providing procedures and requirements with respect to investigation of claims of improper billing by a physician or other medical provider; prohibiting insurers from systematically downcoding with intent to deny reimbursement; requiring insureds to comply with all terms of the medical care coverage policy, including submission to examinations under oath; limiting the scope of questioning during such examinations under oath; providing that compliance with policy terms is a condition precedent to the receipt of medical care coverage benefits; providing that it is an unfair method of competition or an unfair or deceptive trade practice for an insurer, as a general business practice, to request examinations under oath without a reasonable basis; providing for insurers to inspect the physical premises of providers seeking payment of medical care coverage benefits; providing that when an insured fails to appear for two or more mental or physical examinations, the medical care coverage carrier is not liable for subsequent medical care coverage benefits; creating a rebuttable presumption that an insured's failure to appear for two examinations is an unreasonable refusal to appear; creating an attorney fee cap; prohibiting the use of contingency risk multipliers in calculating attorney fee awards; requiring that an insurer must be provided with written notice of an intent to initiate litigation as a condition precedent to filing any action for benefits; providing requirements with respect to a demand letter; providing procedures and requirements with respect to payment of an overdue claim; providing for the tolling of the time period for an action against an insurer; providing that failure to pay valid claims with specified frequency constitutes an unfair or deceptive trade practice; providing penalties; providing circumstances under which an insurer has a cause of action;

providing for fraud advisory notice; requiring that all claims related to the same health care provider for the same injured person be brought in one action unless good cause is shown; authorizing the electronic transmission of notices and communications under certain conditions; creating s. 627.7486, F.S.; providing an exemption from tort liability for certain damages in legal actions under the Florida Motor Vehicle No-Fault Medical Care Coverage Law in certain circumstances; providing for recovery of tort damages in certain circumstances; providing for motions to dismiss action on specified grounds; prohibiting the award of punitive damages; creating s. 627.7487, F.S.; providing for optional deductibles and limitations of coverage for medical care coverage policies; requiring a specified notice to policyholders; creating s. 627.7488, F.S.; requiring the commission to adopt by rule a form for the notification of insureds of their right to receive medical care coverage benefits; specifying contents of such notice; providing requirements for the mailing or delivery of such notice; creating s. 627.7489, F.S.; providing for mandatory joinder of specified claims; creating s. 627.749, F.S.; providing for an insurer's right of reimbursement for medical care benefits paid to a person injured by a commercial motor vehicle under specified circumstances; providing an exception; creating s. 627.7491, F.S.; providing for application of the Florida Motor Vehicle No-Fault Medical Care Coverage Law; providing for requirements for forms and rates for policies issued or renewed on or after a specified date; requiring a specified notice to existing policyholders; amending ss. 316.646, 318.18, 320.02, 320.0609, 320.27, 320.771, 322.251, 322.34, 324.021, 324.022, 324.032, 324.171, 400.9935, 409.901, 409.910, 456.057, 456.072, 626.9541, 627.06501, 627.0652, 627.0653, 627.4132, 627.6482, 627.7263, 627.727, 627.7275, 627.728, 627.7295, 627.8405, 627.915, 628.909, 705.184, and 713.78, F.S.; conforming provisions; amending s. 817.234, F.S.; providing that it is insurance fraud to present a claim for personal injury protection benefits payable to a person or entity that knowingly submitted false, misleading, or fraudulent applications or other documents relating to licensure as a health care clinic; conforming provisions; providing a directive to the Division of Statutory Revision; providing applicability; providing for severability; providing effective dates.

—a companion measure, was substituted for **CS for CS for SB 1860** as amended and read the second time by title.

On motion by Senator Negron, further consideration of **CS for CS for HB 119** was deferred.

HB 103—A bill to be entitled An act relating to the transfer of tax liability; amending s. 213.758, F.S.; providing definitions; revising provisions relating to tax liability when a person transfers or quits a business; providing that the transfer of the assets of a business or stock of goods of a business under certain circumstances is considered a transfer of the business; requiring the Department of Revenue to provide certain notification to a business before a circuit court shall temporarily enjoin business activity by that business; providing that transferees of the business are liable for certain taxes unless specified conditions are met; requiring the department to conduct certain audits relating to the tax liability of transferors and transferees of a business within a specified time period; requiring certain notification by the Department of Revenue to a transferee before a circuit court shall enjoin business activity in an action brought by the Department of Legal Affairs seeking an injunction; specifying a transferor and transferee of the assets of a business are jointly and severally liable for certain tax payments up to a specified maximum amount; specifying the maximum liability of a transferee; providing methods for calculating the fair market value or total purchase price of specified business transfers to determine maximum tax liability of transferees; excluding certain transferees from tax liability when the transfer consists only of specified assets; amending s. 213.053, F.S.; authorizing the Department of Revenue to provide certain tax information to a transferee against whom tax liability is being asserted pursuant to s. 213.758, F.S.; repealing s. 202.31, F.S., relating to the tax liability and criminal liability of dealers of communications services who make certain transfers related to a communications services business; repealing s. 212.10, F.S., relating to a dealer's tax liability and criminal liability for sales tax when certain transfers of a business occur; providing an effective date.

—was read the third time by title.

On motion by Senator Altman, **HB 103** was passed and certified to the House. The vote on passage was:

Yeas—36

Mr. President	Flores	Negron
Altman	Gaetz	Norman
Benacquisto	Garcia	Oelrich
Bennett	Gardiner	Richter
Bogdanoff	Gibson	Ring
Braynon	Hays	Sachs
Dean	Jones	Simmons
Detert	Joyner	Siplin
Diaz de la Portilla	Latvala	Smith
Dockery	Lynn	Sobel
Evers	Margolis	Thrasher
Fasano	Montford	Wise

Nays—1

Rich

Vote after roll call:

Yea—Bullard, Storms

 Consideration of **CS for CS for CS for HB 943** was deferred.

CS for HB 655—A bill to be entitled An act relating to biomedical research; amending s. 20.435, F.S.; extending the period during which certain expenditures may be made from the Biomedical Research Trust Fund; amending s. 215.5602, F.S., relating to James and Esther King Biomedical Research Program; revising the composition, terms, and duties of the Biomedical Research Advisory Council; providing that certain types of applications may, rather than shall, be considered for funding under the program; exempting grant programs under the purview of the council from ch. 120, F.S.; requiring the council to submit a progress report and specifying contents thereof; revising provisions relating to appointment, duties, and meetings of peer review panels; amending s. 381.922, F.S., relating to William G. “Bill” Bankhead, Jr., and David Coley Cancer Research Program; revising provisions relating to the awarding of grants; providing that certain types of applications may, rather than shall, be considered for funding under the program; revising provisions relating to appointment, duties, and meetings of peer review panels; removing a requirement for a report to the Governor and the Legislature; amending s. 381.855, F.S., relating to Florida Center for Universal Research to Eradicate Disease; revising composition of an advisory council; providing an effective date.

—was read the third time by title.

On motion by Senator Flores, **CS for HB 655** was passed and certified to the House. The vote on passage was:

Yeas—38

Mr. President	Flores	Norman
Altman	Gaetz	Oelrich
Benacquisto	Garcia	Rich
Bennett	Gardiner	Richter
Bogdanoff	Gibson	Ring
Braynon	Hays	Sachs
Bullard	Jones	Simmons
Dean	Joyner	Siplin
Detert	Latvala	Smith
Diaz de la Portilla	Lynn	Sobel
Dockery	Margolis	Thrasher
Evers	Montford	Wise
Fasano	Negron	

Nays—None

Vote after roll call:

Yea—Storms

CS for HB 701—A bill to be entitled An act relating to the Florida Evidence Code; amending s. 90.804, F.S.; providing that a statement offered against a party that wrongfully caused the declarant’s unavailability is not excluded as hearsay; providing an effective date.

—as amended March 6 was read the third time by title.

On motion by Senator Bennett, **CS for HB 701** as amended was passed and certified to the House. The vote on passage was:

Yeas—38

Mr. President	Flores	Norman
Altman	Gaetz	Oelrich
Benacquisto	Garcia	Rich
Bennett	Gardiner	Richter
Bogdanoff	Gibson	Ring
Braynon	Hays	Sachs
Bullard	Jones	Simmons
Dean	Joyner	Siplin
Detert	Latvala	Smith
Diaz de la Portilla	Lynn	Sobel
Dockery	Margolis	Thrasher
Evers	Montford	Wise
Fasano	Negron	

Nays—None

Vote after roll call:

Yea—Storms

CS for HB 7025—A bill to be entitled An act relating to the Fish and Wildlife Conservation Commission; amending s. 320.08058, F.S.; revising requirements for the distribution of the Florida panther license plate annual use fee; amending s. 379.208, F.S.; revising a funding source of the Marine Resources Conservation Trust Fund from excise taxes to vessel registration fees; eliminating a requirement that undistributed funds be carried over to the next fiscal year; amending s. 379.2342, F.S.; deleting requirements relating to the publication of the Florida Wildlife Magazine and the creation of the Florida Wildlife Magazine Advisory Council; amending s. 379.354, F.S.; providing conditions under which scuba divers engaging in taking or attempting to take saltwater products are exempt from certain license and permit requirements; amending s. 379.3581, F.S.; removing a limitation for the duration and frequency of issuance of a special authorization for supervised hunting; amending s. 379.366, F.S.; reducing the fee amount for a soft-shell blue crab endorsement; amending s. 380.511, F.S.; revising a cross-reference to conform to changes made by the act; amending s. 921.0022, F.S.; adding certain spiny lobster trap violations to the offense severity ranking chart of the Criminal Punishment Code; providing effective dates.

—was read the third time by title.

On motion by Senator Dean, **CS for HB 7025** was passed and certified to the House. The vote on passage was:

Yeas—38

Mr. President	Flores	Norman
Altman	Gaetz	Oelrich
Benacquisto	Garcia	Rich
Bennett	Gardiner	Richter
Bogdanoff	Gibson	Ring
Braynon	Hays	Sachs
Bullard	Jones	Simmons
Dean	Joyner	Siplin
Detert	Latvala	Smith
Diaz de la Portilla	Lynn	Sobel
Dockery	Margolis	Thrasher
Evers	Montford	Wise
Fasano	Negron	

Nays—None

Vote after roll call:

Yea—Storms

CS for CS for HB 509—A bill to be entitled An act relating to pharmacy; amending s. 465.189, F.S.; revising the types of vaccines that pharmacists may administer under certain circumstances; authorizing pharmacists to administer a vaccine or epinephrine autoinjection within the framework of an established protocol; amending s. 465.003, F.S.; conforming terminology; amending s. 465.009, F.S.; revising continuing professional pharmaceutical educational requirements with respect to administering such vaccines or autoinjection; providing effective dates.

—was read the third time by title.

On motion by Senator Oelrich, **CS for CS for HB 509** was passed and certified to the House. The vote on passage was:

Yeas—36

Mr. President	Flores	Norman
Altman	Gaetz	Oelrich
Benacquisto	Garcia	Rich
Bennett	Gardiner	Richter
Bogdanoff	Gibson	Ring
Braynon	Hays	Sachs
Dean	Jones	Simmons
Detert	Joyner	Siplin
Diaz de la Portilla	Lynn	Smith
Dockery	Margolis	Sobel
Evers	Montford	Thrasher
Fasano	Negron	Wise

Nays—1

Bullard

Vote after roll call:

Yea—Storms

CS for HB 1417—A bill to be entitled An act relating to state investments; amending s. 215.47, F.S.; increasing the amount of money that may be invested in alternative investments by the State Board of Administration; providing an effective date.

—was read the third time by title.

On motion by Senator Ring, **CS for HB 1417** was passed and certified to the House. The vote on passage was:

Yeas—37

Mr. President	Gaetz	Oelrich
Altman	Garcia	Rich
Benacquisto	Gardiner	Richter
Bennett	Gibson	Ring
Bogdanoff	Hays	Sachs
Braynon	Jones	Simmons
Bullard	Joyner	Siplin
Dean	Latvala	Smith
Detert	Lynn	Sobel
Diaz de la Portilla	Margolis	Thrasher
Dockery	Montford	Wise
Evers	Negron	
Flores	Norman	

Nays—1

Fasano

Vote after roll call:

Yea—Storms

Yea to Nay—Dockery

CS for CS for HB 1175—A bill to be entitled An act relating to controlled substances; amending s. 893.03, F.S.; adding to the list of Schedule I controlled substances certain specified materials, compounds, mixtures, or preparations that contain hallucinogenic substances or that contain any of these substances' salts, isomers, and salts of isomers, if the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation; amending s. 893.13, F.S.; providing reduced penalties for possession of 3 grams or less of certain such controlled substances; reenacting ss. 893.13(1)-(6) and 921.0022(3)(b)-(e), F.S., relating to prohibited acts involving controlled substances and the Criminal Punishment Code, respectively, to incorporate the amendments made to s. 893.03, F.S., in references thereto; providing an effective date.

—as amended March 6 was read the third time by title.

On motion by Senator Evers, further consideration of **CS for CS for HB 1175** as amended was deferred.

Consideration of **SB 1570** and **CS for SB 1880** was deferred.

CS for CS for CS for HB 943—A bill to be entitled An act relating to background screening; amending s. 394.4572, F.S.; providing that mental health personnel working in a facility licensed under ch. 395, F.S., who work on an intermittent basis for less than 15 hours per week of direct, face-to-face contact with patients are exempt from the fingerprinting and screening requirements under certain conditions; providing an exception; amending s. 408.809, F.S.; providing additional conditions for a person to satisfy screening requirements; eliminating a rule that requires the Agency for Health Care Administration to stagger re-screening schedules; providing a rescreening schedule; amending s. 409.1757, F.S.; adding law enforcement officers who have a good moral character to the list of professionals who are not required to be re-fingerprinted or rescreened; amending s. 409.221, F.S.; revising provisions relating to background screening for persons rendering care in the consumer-directed care program; amending s. 413.20, F.S., relating to general vocational rehabilitation programs; defining the term "service provider"; amending s. 413.208, F.S.; requiring registration of service providers; requiring background screening and rescreening of certain persons having contact with vulnerable persons; providing exemptions from background screening; providing disqualifying offenses; providing that the cost of screening shall be borne by the provider or the person being screened; providing conditions for the denial, suspension, termination, or revocation of registration or other agreements; providing for notice of denial, suspension, termination, or revocation; providing applicability; amending s. 430.0402, F.S.; including a person who has access to a client's personal identification information within the definition of the term "direct service provider"; exempting certain professionals licensed by the Department of Health, attorneys in good standing, relatives of clients, and volunteers who assist on an intermittent basis for less than 20 hours per month from level 2 background screening; exempting certain licensed professionals and persons screened as a licensure requirement from further screening under certain circumstances; requiring direct service providers working as of a certain date to be screened within a specified period; providing a phase-in for screening direct service providers; requiring that employers of direct service providers and certain other individuals be rescreened every 5 years unless fingerprints are retained electronically by the Department of Law Enforcement; removing an offense from the list of disqualifying offenses for purposes of background screening; amending s. 435.02, F.S.; revising and providing definitions relating to employment screening; amending s. 435.04, F.S.; requiring vendors who submit fingerprints on behalf of employers to meet specified criteria; amending s. 435.06, F.S.; authorizing an employer to hire an employee to a position that otherwise requires background screening before the completion of the screening process for the purpose of training the employee; prohibiting the employee from having direct contact with vulnerable persons until the screening process is complete; creating s. 435.12, F.S.; creating the Care Provider Background Screening Clearinghouse under the Agency for

Health Care Administration, in consultation with the Department of Law Enforcement; providing rulemaking authority; providing for the implementation and operation of the clearinghouse; providing for the results of certain criminal history checks to be shared among specified agencies; providing for retention of fingerprints; providing for the registration of employers; providing an exemption for certain employees who have undergone a criminal history check before the clearinghouse is operational; creating s. 456.0135, F.S.; requiring an application for initial licensure in a profession regulated by the Department of Health to include fingerprints submitted by an approved vendor after a specified date; providing procedures and conditions for retention of fingerprints; requiring the applicant to pay the costs of fingerprint processing; amending s. 464.203, F.S.; requiring the Board of Nursing to waive background screening requirements for certain certified nursing assistants; amending s. 943.05, F.S.; providing procedures for qualified entities participating in the Criminal Justice Information Program that elect to participate in the fingerprint retention and search process; providing for the imposition of fees for processing fingerprints; authorizing the Department of Law Enforcement to exclude certain entities from participation for failure to timely remit fingerprint processing fees; amending s. 943.053, F.S.; providing procedures for the submission of fingerprints by private vendors, private entities, and public agencies for certain criminal history checks; requiring the vendor, entity, or agency to enter into an agreement with the Department of Law Enforcement specifying standards for electronic submission of fingerprints; exempting specified criminal justice agencies from the requirement for an agreement; providing procedures for the vendor, entity, or agency to collect certain fees and to remit those fees to the Department of Law Enforcement; authorizing the Department of Law Enforcement to exclude certain entities from participation for failure to timely remit fingerprint processing fees; amending s. 943.0585, F.S.; revising provisions relating to the court-ordered expunction of criminal history records; amending s. 943.059, F.S.; revising provisions relating to the court-ordered sealing of criminal history records; providing an effective date.

—was read the third time by title.

On motion by Senator Storms, **CS for CS for CS for HB 943** was passed and certified to the House. The vote on passage was:

Yeas—39

Mr. President	Flores	Norman
Altman	Gaetz	Oelrich
Benacquisto	Garcia	Rich
Bennett	Gardiner	Richter
Bogdanoff	Gibson	Ring
Braynon	Hays	Sachs
Bullard	Jones	Simmons
Dean	Joyner	Siplin
Detert	Latvala	Smith
Diaz de la Portilla	Lynn	Sobel
Dockery	Margolis	Storms
Evers	Montford	Thrasher
Fasano	Negron	Wise

Nays—None

The Senate resumed consideration of—

CS for CS for HB 1175—A bill to be entitled An act relating to controlled substances; amending s. 893.03, F.S.; adding to the list of Schedule I controlled substances certain specified materials, compounds, mixtures, or preparations that contain hallucinogenic substances or that contain any of these substances' salts, isomers, and salts of isomers, if the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation; amending s. 893.13, F.S.; providing reduced penalties for possession of 3 grams or less of certain such controlled substances; reenacting ss. 893.13(1)-(6) and 921.0022(3)(b)-(e), F.S., relating to prohibited acts involving controlled substances and the Criminal Punishment Code, respectively, to incorporate the amendments made to s. 893.03, F.S., in references thereto; providing an effective date.

—which was previously considered this day and amended March 6.

RECONSIDERATION OF AMENDMENT

On motion by Senator Fasano, the Senate reconsidered the vote by which **Amendment 1 (848474)** was adopted March 6.

Senator Fasano moved the following amendments to **Amendment 1** which were adopted by two-thirds vote:

Amendment 1A (963560)—Delete lines 30-36 and insert:

(d) “Board eligible” means the successful completion of an anesthesia, physical medicine and rehabilitation, rheumatology, or neurology residency program that is approved by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association. The residency program must have been successfully completed within the previous 6 years in order for the individual to remain board eligible in the designated specialty.

(e)(d) “Chronic nonmalignant pain” means pain unrelated to cancer, or rheumatoid arthritis, or sickle cell anemia which persists beyond the usual course of disease or beyond the injury that is the cause of the pain or which persists more than 90 days after surgery.

(f)(e) “Mental health addiction facility” means a facility licensed under chapter 394 or chapter 397.

Amendment 1B (241692)—Delete line 39 and insert: 466 who prescribes more than a 30-day supply of any controlled substance listed in Schedule

Amendment 1C (478894)—Delete lines 169-172 and insert:

(h) When a pharmacy receives a prescription issued by a physician pursuant to this section, the dispensing of such prescription is deemed compliant with the standards of practice under this section and, therefore, valid for dispensing.

Amendment 1D (177608)—Delete line 240 and insert:

g. The clinic is wholly owned and operated by one or more

Amendment 1E (325520)—Delete line 244 and insert:

h. The clinic is wholly owned and operated by one or more

Amendment 1F (387726)—Delete lines 252-262 and insert: billed using surgical codes; or

i. The clinic is organized as a physician-owned group practice as defined in 42 C.F.R. s. 411.352.

Amendment 1 as amended was adopted by two-thirds vote.

On motion by Senator Evers, **CS for CS for HB 1175** as amended was passed and certified to the House. The vote on passage was:

Yeas—39

Mr. President	Flores	Norman
Altman	Gaetz	Oelrich
Benacquisto	Garcia	Rich
Bennett	Gardiner	Richter
Bogdanoff	Gibson	Ring
Braynon	Hays	Sachs
Bullard	Jones	Simmons
Dean	Joyner	Siplin
Detert	Latvala	Smith
Diaz de la Portilla	Lynn	Sobel
Dockery	Margolis	Storms
Evers	Montford	Thrasher
Fasano	Negron	Wise

Nays—None

SPECIAL ORDER CALENDAR

Consideration of **CS for CS for SB 1316**, **CS for SB 1596**, **SM 1840**, and **SM 1854** was deferred.

CS for SB 282—A bill to be entitled An act relating to health care transition programs and services for adolescents and young adults who have special health care needs; providing legislative intent; establishing a program within the Division of Children's Medical Services Network in the Department of Health to oversee transitional services in this state using existing state plans in order to implement health care transition programs for adolescents and young adults who have special health care needs; specifying responsibilities of the program with respect to the oversight, implementation, and coordination of the program; providing an effective date.

—was read the second time by title. On motion by Senator Wise, by two-thirds vote **CS for SB 282** was read the third time by title, passed and certified to the House. The vote on passage was:

Yeas—38

Mr. President	Flores	Oelrich
Altman	Gaetz	Rich
Benacquisto	Garcia	Richter
Bennett	Gardiner	Ring
Bogdanoff	Gibson	Sachs
Braynon	Hays	Simmons
Bullard	Jones	Siplin
Dean	Joyner	Smith
Detert	Latvala	Sobel
Diaz de la Portilla	Lynn	Storms
Dockery	Margolis	Thrasher
Evers	Negron	Wise
Fasano	Norman	

Nays—None

SB 296—A bill to be entitled An act relating to the offense of video voyeurism; amending s. 810.145, F.S.; increasing the penalty for conducting video voyeurism in a residential dwelling from a first-degree misdemeanor to a third-degree felony; defining the term “residential dwelling”; providing an effective date.

—was read the second time by title. On motion by Senator Joyner, by two-thirds vote **SB 296** was read the third time by title, passed and certified to the House. The vote on passage was:

Yeas—38

Mr. President	Gaetz	Oelrich
Altman	Garcia	Rich
Benacquisto	Gardiner	Richter
Bennett	Gibson	Ring
Bogdanoff	Hays	Sachs
Braynon	Jones	Simmons
Bullard	Joyner	Siplin
Detert	Latvala	Smith
Diaz de la Portilla	Lynn	Sobel
Dockery	Margolis	Storms
Evers	Montford	Thrasher
Fasano	Negron	Wise
Flores	Norman	

Nays—None

Vote after roll call:

Yea—Dean

SB 334—A bill to be entitled An act relating to bicycle safety; amending s. 316.2065, F.S.; revising safety standard requirements for

bicycle helmets that must be worn by certain riders and passengers; providing for enforcement of requirements for bicycle lighting equipment; providing penalties for violations; providing for dismissal of the charge following a first offense under certain circumstances; providing an effective date.

—was read the second time by title. On motion by Senator Bullard, by two-thirds vote **SB 334** was read the third time by title, passed and certified to the House. The vote on passage was:

Yeas—38

Mr. President	Flores	Norman
Altman	Gaetz	Rich
Benacquisto	Garcia	Richter
Bennett	Gardiner	Ring
Bogdanoff	Gibson	Sachs
Braynon	Hays	Simmons
Bullard	Jones	Siplin
Dean	Joyner	Smith
Detert	Latvala	Sobel
Diaz de la Portilla	Lynn	Storms
Dockery	Margolis	Thrasher
Evers	Montford	Wise
Fasano	Negron	

Nays—1

Oelrich

CS for CS for SB 432—A bill to be entitled An act relating to criminal restitution; amending s. 775.089, F.S.; providing that a crime victim entitled to restitution may include a trade association representing the owner or lawful producer of a recording who sustains a loss as a result of physical piracy; providing a limitation of the restitution obligation to specifically exclude acts of online piracy; defining the term “trade association”; providing an effective date.

—was read the second time by title.

An amendment was considered and adopted to conform **CS for CS for SB 432** to **CS for CS for HB 189**.

Pending further consideration of **CS for CS for SB 432** as amended, on motion by Senator Flores, by two-thirds vote **CS for CS for HB 189** was withdrawn from the Committees on Commerce and Tourism; Criminal Justice; Budget Subcommittee on Criminal and Civil Justice Appropriations; and Budget.

On motion by Senator Flores—

CS for CS for HB 189—A bill to be entitled An act relating to criminal restitution; amending s. 775.089, F.S.; providing that a crime victim entitled to restitution may include a trade association representing the owner or lawful producer of a recording who sustains a loss as a result of physical piracy; providing a limitation of the restitution obligation to specifically exclude acts of online piracy; defining the term “trade association”; providing an effective date.

—a companion measure, was substituted for **CS for CS for SB 432** as amended and read the second time by title.

On motion by Senator Flores, by two-thirds vote **CS for CS for HB 189** was read the third time by title, passed and certified to the House. The vote on passage was:

Yeas—39

Mr. President	Dean	Gaetz
Altman	Detert	Garcia
Benacquisto	Diaz de la Portilla	Gardiner
Bennett	Dockery	Gibson
Bogdanoff	Evers	Hays
Braynon	Fasano	Jones
Bullard	Flores	Joyner

Latvala	Oelrich	Siplin
Lynn	Rich	Smith
Margolis	Richter	Sobel
Montford	Ring	Storms
Negron	Sachs	Thrasher
Norman	Simmons	Wise

Nays—None

Consideration of **CS for SB 454** was deferred.

SB 486—A bill to be entitled An act relating to the jurisdiction of the courts; amending s. 48.193, F.S.; including as an additional basis for subjecting a person to the jurisdiction of the courts of this state provisions which state that a person submits to the jurisdiction of the courts of this state by entering into a contract that designates the law of this state as the law governing the contract and that contains a provision by which such person agrees to submit to the jurisdiction of the courts of this state; amending s. 55.502, F.S.; revising the definition of the term “foreign judgment” for purposes of the Florida Enforcement of Foreign Judgments Act; amending s. 684.0019, F.S.; clarifying that an arbitral tribunal receiving a request for an interim measure to preserve evidence in a dispute governed by the Florida International Commercial Arbitration Act need consider only to the extent appropriate the potential harm that may occur if the measure is not awarded or the possibility that the requesting party will succeed on the merits of the claim; amending s. 684.0026, F.S.; correcting a cross-reference in the Florida International Commercial Arbitration Act; amending s. 685.101, F.S.; deleting a restriction on the jurisdiction of the courts of this state to transactions bearing a substantial relation to this state; revising application dates of provisions relating to the jurisdiction of the courts; amending s. 685.102, F.S.; revising application dates of provisions relating to the jurisdiction of the courts; providing an effective date.

—was read the second time by title.

An amendment was considered and adopted to conform **SB 486** to **HB 917**.

Pending further consideration of **SB 486** as amended, on motion by Senator Diaz de la Portilla, by two-thirds vote **HB 917** was withdrawn from the Committees on Commerce and Tourism; Judiciary; Budget Subcommittee on Criminal and Civil Justice Appropriations; and Budget.

On motion by Senator Diaz de la Portilla—

HB 917—A bill to be entitled An act relating to the jurisdiction of the courts; amending s. 48.193, F.S.; including as an additional basis for subjecting a person to the jurisdiction of the courts of this state provisions which state that a person submits to the jurisdiction of the courts of this state by entering into a contract that designates the law of this state as the law governing the contract and that contains a provision by which such person agrees to submit to the jurisdiction of the courts of this state; amending s. 55.502, F.S.; revising the definition of the term “foreign judgment” for purposes of the Florida Enforcement of Foreign Judgments Act; amending s. 684.0002, F.S.; clarifying the meaning of a provision relating to international arbitration; amending s. 684.0003, F.S.; correcting a cross-reference in the Florida International Commercial Arbitration Act; amending s. 684.0019, F.S.; clarifying that an arbitral tribunal receiving a request for an interim measure to preserve evidence in a dispute governed by the Florida International Commercial Arbitration Act need consider only to the extent appropriate the potential harm that may occur if the measure is not awarded or the possibility that the requesting party will succeed on the merits of the claim; amending s. 684.0026, F.S.; correcting a cross-reference in the Florida International Commercial Arbitration Act; amending s. 685.101, F.S.; deleting a restriction on the jurisdiction of the courts of this state to transactions bearing a substantial relation to this state; revising application dates of provisions relating to the jurisdiction of the courts; amending s. 685.102, F.S.; revising application dates of provisions relating to the jurisdiction of the courts; providing an effective date.

—a companion measure, was substituted for **SB 486** as amended and read the second time by title.

On motion by Senator Diaz de la Portilla, by two-thirds vote **HB 917** was read the third time by title, passed and certified to the House. The vote on passage was:

Yeas—40

Mr. President	Flores	Oelrich
Alexander	Gaetz	Rich
Altman	Garcia	Richter
Benacquisto	Gardiner	Ring
Bennett	Gibson	Sachs
Bogdanoff	Hays	Simmons
Braynon	Jones	Siplin
Bullard	Joyner	Smith
Dean	Latvala	Sobel
Detert	Lynn	Storms
Diaz de la Portilla	Margolis	Thrasher
Dockery	Montford	Wise
Evers	Negron	
Fasano	Norman	

Nays—None

CS for SB 504—A bill to be entitled An act relating to the Department of Juvenile Justice; amending s. 984.03, F.S.; deleting obsolete references; amending s. 985.03, F.S.; creating and revising definitions; amending s. 985.14, F.S.; deleting obsolete references; amending s. 985.441, F.S.; deleting an obsolete provision; amending s. 985.601, F.S.; revising the types of diversified and innovative programs to provide rehabilitative treatment that may be developed or contracted for by the department, to include mother-infant programs and remove reference to an obsolete program; authorizing the department, at the secretary's discretion, to pay up to a specified amount toward the basic funeral expenses for a youth who dies while in the custody of the department and whose parents or guardians are indigent and for which no other funding is available; amending s. 985.0301, F.S.; deleting obsolete or unnecessary references and language; amending s. 985.045, F.S.; conforming a cross-reference; amending s. 985.688, F.S.; deleting obsolete references; amending s. 985.721, F.S.; conforming a cross-reference; providing an effective date.

—was read the second time by title.

Pending further consideration of **CS for SB 504**, on motion by Senator Evers, by two-thirds vote **CS for HB 173** was withdrawn from the Committees on Criminal Justice; Judiciary; Budget Subcommittee on Criminal and Civil Justice Appropriations; and Budget.

On motion by Senator Evers—

CS for HB 173—A bill to be entitled An act relating to the Department of Juvenile Justice; amending s. 984.03, F.S.; deleting obsolete references; amending s. 985.03, F.S.; creating and revising definitions; amending s. 984.14, F.S.; deleting obsolete references; amending s. 985.441, F.S.; deleting an obsolete provision; amending s. 985.601, F.S.; revising the types of diversified and innovative programs to provide rehabilitative treatment that may be developed or contracted for by the department, to include mother-infant programs and remove reference to an obsolete program; authorizing the department, at the secretary's discretion, to pay up to a specified amount toward the basic funeral expenses for a youth who dies while in the custody of the department and whose parents or guardians are indigent and for which no other funding is available; amending s. 985.0301, F.S.; deleting obsolete or unnecessary references and language; amending s. 985.045, F.S.; conforming a cross-reference; amending s. 985.688, F.S.; deleting obsolete references; amending s. 985.721, F.S.; conforming a cross-reference; providing an effective date.

—a companion measure, was substituted for **CS for SB 504** and read the second time by title.

On motion by Senator Evers, by two-thirds vote **CS for HB 173** was read the third time by title, passed and certified to the House. The vote on passage was:

Yeas—38

Mr. President	Fasano	Negron
Alexander	Flores	Norman
Altman	Gaetz	Oelrich
Benacquisto	Garcia	Rich
Bennett	Gardiner	Richter
Bogdanoff	Gibson	Ring
Braynon	Hays	Sachs
Bullard	Jones	Simmons
Dean	Joyner	Siplin
Detert	Latvala	Sobel
Diaz de la Portilla	Lynn	Thrasher
Dockery	Margolis	Wise
Evers	Montford	

Nays—None

Vote after roll call:

Yea—Storms

SB 522—A bill to be entitled An act relating to judicial census commissions; repealing s. 26.011, F.S., relating to judicial census commissions; providing an effective date.

—was read the second time by title.

Pending further consideration of **SB 522**, on motion by Senator Braynon, by two-thirds vote **HB 4047** was withdrawn from the Committees on Judiciary; and Budget.

On motion by Senator Braynon—

HB 4047—A bill to be entitled An act relating to judicial census commissions; repealing s. 26.011, F.S., relating to judicial census commissions; providing an effective date.

—a companion measure, was substituted for **SB 522** and read the second time by title.

On motion by Senator Braynon, by two-thirds vote **HB 4047** was read the third time by title, passed and certified to the House. The vote on passage was:

Yeas—40

Mr. President	Flores	Oelrich
Alexander	Gaetz	Rich
Altman	Garcia	Richter
Benacquisto	Gardiner	Ring
Bennett	Gibson	Sachs
Bogdanoff	Hays	Simmons
Braynon	Jones	Siplin
Bullard	Joyner	Smith
Dean	Latvala	Sobel
Detert	Lynn	Storms
Diaz de la Portilla	Margolis	Thrasher
Dockery	Montford	Wise
Evers	Negron	
Fasano	Norman	

Nays—None

CS for SB 654—A bill to be entitled An act relating to animal control; amending s. 381.0031, F.S.; requiring animal control officers, wildlife officers, and disease laboratories to report potential health risks to humans from animals; amending s. 828.055, F.S.; providing for use of additional prescription drugs for euthanasia and chemical immobilization of animals; providing for rulemaking to expand the list of additional prescription drugs; providing that the Board of Pharmacy or the Department of Health may revoke or suspend a permit upon a determination that the permittee or its employees or agents is using or has used

an authorized drug for other purposes or if a permittee has committed specified violations; amending s. 828.058, F.S.; restricting the use of intracardial injection for euthanizing animals; prohibiting the delivery of a lethal solution or powder by adding it to food; providing an effective date.

—was read the second time by title.

MOTION

On motion by Senator Bennett, by the required two-thirds vote, consideration of the following amendment was allowed:

Senator Bennett moved the following amendment:

Amendment 1 (467288) (with title amendment)—Between lines 183 and 184 insert:

Section 4. (1)(a) *An animal control agency or animal shelter as defined in chapter 828, Florida Statutes, shall make every reasonable effort before killing an animal to release the animal to a qualified nonprofit organization organized under s. 501(c)(3) of the Internal Revenue Code as an animal rescue or animal adoption agency or an agency for the prevention of cruelty to animals, if requested to do so by the organization before the scheduled killing of the animal in order to maximize the increase in the live outcomes for shelter pets.*

(b)1. *An animal control agency or animal shelter may refuse to transfer an animal to a rescue group if a current director, officer, staff member, or volunteer of the rescue group has been convicted in a court of competent jurisdiction of a crime of cruelty to animals or neglect of animals, or if such charges are pending against a current director, officer, staff member, or volunteer, or if the rescue group is constrained by a court order that prevents the rescue group from taking in or keeping animals.*

2. *An animal control agency or animal shelter may require the rescue group to disclose any convictions, charges, or legal impediments described in this subsection. An animal control agency or animal shelter may require additional information other than that described in this section as a prerequisite to releasing an animal to a rescue group. Such a request for information must be reasonable and with the intent of maximizing the live outcomes of shelter pets.*

(c) *This subsection does not apply to an irretrievably suffering animal under s. 828.05, Florida Statutes, or a dangerous dog under s. 767.13, Florida Statutes.*

(2) *An animal control agency or animal shelter shall provide for public inspection a monthly and annual summary that includes the number of animals, by species type, during the previous month and year which were taken in by the animal control agency or animal shelter and which were:*

(a) *Surrendered by the owner;*

(b) *Impounded as a stray;*

(c) *Confiscated by the animal control agency or animal shelter;*

(d) *Imported into the state;*

(e) *Returned to the animal's owners;*

(f) *Adopted;*

(g) *Transferred to other organizations or rescue groups;*

(h) *Euthanized by the animal control agency or animal shelter;*

(i) *Lost or that died or were stolen while in the direct or constructive care of the animal control agency or animal shelter; and*

(j) *Continuing in the custody of the animal control agency or animal shelter.*

And the title is amended as follows:

Delete line 19 and insert: to food; authorizing an animal control agency or animal shelter to make every reasonable effort before killing

an animal to release the animal to a qualified animal rescue or animal adoption agency or agency for the prevention of cruelty to animals, if requested to do so by the animal rescue or animal adoption organization in order to maximize the increase in the live outcomes for shelter pets; authorizing an animal control agency or animal shelter to refuse to transfer an animal to a rescue group if a current director, officer, staff member, or volunteer of the rescue group has been convicted of a crime of cruelty to animals or neglect of animals; authorizing the animal control agency or animal shelter to demand that the animal rescue organization provide certain information as a prerequisite to releasing an animal to the rescue group; providing an exception for an irremediably suffering animal or a dangerous dog; requiring an animal control agency or animal shelter to provide for public inspection a monthly and annual summary that includes specified information; providing an effective date.

POINT OF ORDER

Senator Rich raised a point of order that pursuant to Rule 7.1 **Amendment 1 (467288)** contained language of a bill not reported favorably by all Senate committees and was therefore out of order.

The President referred the point of order and the amendment to Senator Thrasher, Chair of the Committee on Rules.

On motion by Senator Hays, further consideration of **CS for SB 654** with pending point of order and pending **Amendment 1 (467288)** was deferred.

CS for CS for SB 802—A bill to be entitled An act relating to premises liability; amending s. 375.251, F.S.; providing that an owner or lessee who makes an area available to another person for hunting, fishing, or wildlife viewing is entitled to certain limitations on liability if notice is provided to a person upon entry to the area or is posted conspicuously on the area; providing that an owner of an area who enters into a written agreement with the state for the area to be used for outdoor recreational purposes is entitled to certain limitations on liability; deleting a requirement that the area be leased to the state in order for the limitations on liability to apply; defining the term “area”; making technical and grammatical changes; providing an effective date.

—was read the second time by title.

Pending further consideration of **CS for CS for SB 802**, on motion by Senator Dean, by two-thirds vote **CS for CS for HB 313** was withdrawn from the Committees on Environmental Preservation and Conservation; Judiciary; Budget Subcommittee on General Government Appropriations; and Budget.

On motion by Senator Dean—

CS for CS for HB 313—A bill to be entitled An act relating to premises liability; amending s. 375.251, F.S.; providing that an owner or lessee who makes an area available to another person for hunting, fishing, or wildlife viewing is entitled to certain limitations on liability if certain notice is provided; providing that an owner of an area who enters into a written agreement with the state for the area to be used for outdoor recreational purposes is entitled to certain limitations on liability; deleting a requirement that the area be leased to the state in order for the limitations on liability to apply; providing intent and construction for such agreements; providing applicability; defining the term “area”; making technical and grammatical changes; providing an effective date.

—a companion measure, was substituted for **CS for CS for SB 802** and read the second time by title.

On motion by Senator Dean, by two-thirds vote **CS for CS for HB 313** was read the third time by title, passed and certified to the House. The vote on passage was:

Yeas—38

Mr. President	Bogdanoff	Diaz de la Portilla
Alexander	Braynon	Dockery
Altman	Bullard	Evers
Benacquisto	Dean	Fasano
Bennett	Detert	Flores

Gaetz	Margolis	Sachs
Garcia	Montford	Siplin
Gardiner	Negron	Smith
Gibson	Norman	Sobel
Hays	Oelrich	Storms
Jones	Rich	Thrasher
Latvala	Richter	Wise
Lynn	Ring	

Nays—1

Joyner

Vote after roll call:

Yea—Simmons

SB 810—A bill to be entitled An act relating to a review under the Open Government Sunset Review Act; amending s. 267.076, F.S., relating to an exemption from public records requirements provided for information that identifies a donor or prospective donor to publicly owned house museums designated by the United States Department of Interior as National Historic Landmarks who desires to remain anonymous; saving the exemption from repeal under the Open Government Sunset Review Act; removing the scheduled repeal of the exemption; providing an effective date.

—was read the second time by title.

Pending further consideration of **SB 810**, on motion by Senator Dean, by two-thirds vote **HB 7015** was withdrawn from the Committees on Environmental Preservation and Conservation; and Governmental Oversight and Accountability.

On motion by Senator Dean—

HB 7015—A bill to be entitled An act relating to a review under the Open Government Sunset Review Act; amending s. 267.076, F.S., which provides an exemption from public records requirements for information that identifies a donor or prospective donor to publicly owned house museums designated by the United States Department of Interior as National Historic Landmarks who desires to remain anonymous; removing the scheduled repeal of the exemption; providing an effective date.

—a companion measure, was substituted for **SB 810** and read the second time by title.

On motion by Senator Dean, by two-thirds vote **HB 7015** was read the third time by title, passed and certified to the House. The vote on passage was:

Yeas—40

Mr. President	Flores	Oelrich
Alexander	Gaetz	Rich
Altman	Garcia	Richter
Benacquisto	Gardiner	Ring
Bennett	Gibson	Sachs
Bogdanoff	Hays	Simmons
Braynon	Jones	Siplin
Bullard	Joyner	Smith
Dean	Latvala	Sobel
Detert	Lynn	Storms
Diaz de la Portilla	Margolis	Thrasher
Dockery	Montford	Wise
Evers	Negron	
Fasano	Norman	

Nays—None

CS for CS for CS for SB 842—A bill to be entitled An act relating to growth management; amending s. 163.3167, F.S.; authorizing a local government to retain certain charter provisions that were in effect as of a

specified date and that relate to an initiative or referendum process; amending s. 163.3174, F.S.; requiring a local land planning agency to periodically evaluate and appraise a comprehensive plan; amending s. 163.3175, F.S.; revising provisions related to growth management; requiring comments by military installations to be considered by local governments in a manner consistent with s. 163.3184, F.S.; specifying comments to be considered by the local government; amending s. 163.3177, F.S.; requiring estimates and projections of comprehensive plans to be based upon publications by the Office of Economic and Demographic Research; providing criteria for population projections; revising the housing and intergovernmental coordination elements of comprehensive plans; amending s. 163.31777, F.S.; exempting certain municipalities from public schools interlocal-agreement requirements; providing requirements for municipalities meeting the exemption criteria; amending s. 163.3178, F.S.; replacing a reference to the Department of Community Affairs with the state land planning agency; deleting provisions relating to the Coastal Resources Interagency Management Committee; amending s. 163.3180, F.S., relating to concurrency; revising and providing requirements relating to public facilities and services, public education facilities, and local school concurrency system requirements; deleting provisions excluding a municipality that is not a signatory to a certain interlocal agreement from participating in a school concurrency system; amending s. 163.3184, F.S.; revising provisions relating to the expedited state review process for adoption of comprehensive plan amendments; clarifying the time in which a local government must transmit an amendment to a comprehensive plan and supporting data and analyses to the reviewing agencies; deleting the deadlines in administrative challenges to comprehensive plans and plan amendments for the entry of final orders and referrals of recommended orders; specifying a deadline for the state land planning agency to issue a notice of intent after receiving a complete comprehensive plan or plan amendment adopted pursuant to a compliance agreement; amending s. 163.3191, F.S.; conforming a cross-reference to changes made by the act; amending s. 163.3245, F.S.; deleting an obsolete cross-reference; deleting a reporting requirement relating to optional sector plans; amending s. 186.002, F.S.; deleting a requirement for the Governor to consider certain evaluation and appraisal reports in preparing certain plans and amendments; amending s. 186.007, F.S.; deleting a requirement for the Governor to consider certain evaluation and appraisal reports when reviewing the state comprehensive plan; amending s. 186.505, F.S.; authorizing a regional planning council to provide consulting services to a private developer or landowner under certain circumstances; amending s. 186.508, F.S.; requiring that regional planning councils coordinate implementation of the strategic regional policy plans with the evaluation and appraisal process; amending s. 189.415, F.S.; requiring an independent special district to update its public facilities report every 7 years and at least 12 months before the submission date of the evaluation and appraisal notification letter; requiring the Department of Economic Opportunity to post a schedule of the due dates for public facilities reports and updates that independent special districts must provide to local governments; amending s. 288.975, F.S.; deleting a provision exempting local government plan amendments necessary to initially adopt the military base reuse plan from a limitation on the frequency of plan amendments; amending s. 380.06, F.S.; correcting cross-references; amending s. 380.115, F.S.; adding a cross-reference for exempt developments; amending s. 1013.33, F.S.; deleting redundant requirements for interlocal agreements relating to public education facilities; amending s. 1013.35, F.S.; deleting a cross-reference to conform to changes made by the act; amending s. 1013.351, F.S.; deleting redundant requirements for the submission of certain interlocal agreements to the Office of Educational Facilities and the state land planning agency and for review of the interlocal agreement by the office and the agency; amending s. 1013.36, F.S.; deleting an obsolete cross-reference; providing an effective date.

—was read the second time by title.

Pending further consideration of **CS for CS for CS for SB 842**, on motion by Senator Bennett, by two-thirds vote **CS for HB 7081** was withdrawn from the Committees on Community Affairs; Commerce and Tourism; Budget Subcommittee on Transportation, Tourism, and Economic Development Appropriations; and Budget.

On motion by Senator Bennett—

CS for HB 7081—A bill to be entitled An act relating to growth management; amending s. 163.3167, F.S.; authorizing a local government to retain certain charter provisions that were in effect as of a

specified date and that relate to an initiative or referendum process; amending s. 163.3174, F.S.; requiring a local land planning agency to periodically evaluate and appraise a comprehensive plan; amending s. 163.3175, F.S.; clarifying and revising procedures related to the exchange of information between military installations and local governments under the act; amending s. 163.3177, F.S.; requiring estimates and projections of comprehensive plans to be based upon publications by the Office of Economic and Demographic Research; providing criteria for population projections; revising the housing and intergovernmental coordination elements of comprehensive plans; amending s. 163.31777, F.S.; exempting certain municipalities from public schools interlocal-agreement requirements; providing requirements for municipalities meeting the exemption criteria; amending s. 163.3178, F.S.; replacing a reference to the Department of Community Affairs with the state land planning agency; deleting provisions relating to the Coastal Resources Interagency Management Committee; amending s. 163.3180, F.S., relating to concurrency; revising and providing requirements relating to public facilities and services, public education facilities, and local school concurrency system requirements; deleting provisions excluding a municipality that is not a signatory to a certain interlocal agreement from participating in a school concurrency system; amending s. 163.3184, F.S.; revising provisions relating to the expedited state review process for adoption of comprehensive plan amendments; clarifying the time in which a local government must transmit an amendment to a comprehensive plan and supporting data and analyses to the reviewing agencies; revising the deadlines in administrative challenges to comprehensive plans and plan amendments for the entry of final orders and referrals of recommended orders; specifying a deadline for the state land planning agency to issue a notice of intent after receiving a complete comprehensive plan or plan amendment adopted pursuant to a compliance agreement; amending s. 163.3191, F.S.; conforming a cross-reference to changes made by the act; amending s. 163.3245, F.S.; deleting an obsolete cross-reference; deleting a reporting requirement relating to optional sector plans; amending s. 186.002, F.S.; deleting a requirement for the Governor to consider certain evaluation and appraisal reports in preparing certain plans and amendments; amending s. 186.007, F.S.; deleting a requirement for the Governor to consider certain evaluation and appraisal reports when reviewing the state comprehensive plan; amending s. 186.505, F.S.; authorizing a regional planning council to provide consulting services to a private developer or landowner under certain circumstances; amending s. 186.508, F.S.; requiring regional planning councils to coordinate implementation of the strategic regional policy plans with the evaluation and appraisal process; amending s. 189.415, F.S.; requiring an independent special district to update its public facilities report every 7 years and at least 12 months before the submission date of the evaluation and appraisal notification letter; requiring the Department of Economic Opportunity to post a schedule of the due dates for public facilities reports and updates that independent special districts must provide to local governments; amending s. 288.975, F.S.; deleting a provision exempting local government plan amendments necessary to initially adopt the military base reuse plan from a limitation on the frequency of plan amendments; amending s. 380.06, F.S.; correcting cross-references; amending s. 380.115, F.S.; subjecting certain developments exempt from or no longer required to undergo development-of-regional-impact review to certain procedures; amending s. 1013.33, F.S.; deleting redundant requirements for interlocal agreements relating to public education facilities; revising cross-references to conform to changes made by the act; amending s. 1013.35, F.S.; revising a cross-reference to conform to changes made by the act; amending s. 1013.351, F.S.; deleting redundant requirements for the submission of certain interlocal agreements with the Office of Educational Facilities and the state land planning agency and for review of the interlocal agreement by the office and the agency; amending s. 1013.36, F.S.; deleting an obsolete cross-reference; providing an effective date.

—a companion measure, was substituted for **CS for CS for CS for SB 842** and read the second time by title.

On motion by Senator Bennett, by two-thirds vote **CS for HB 7081** was read the third time by title, passed and certified to the House. The vote on passage was:

Yeas—38

Mr. President	Benacquisto	Braynon
Alexander	Bennett	Bullard
Altman	Bogdanoff	Dean

Detert	Jones	Ring	Latvala	Oelrich	Siplin
Diaz de la Portilla	Latvala	Sachs	Lynn	Rich	Smith
Evers	Lynn	Simmons	Margolis	Richter	Sobel
Fasano	Margolis	Siplin	Montford	Ring	Storms
Flores	Montford	Smith	Negron	Sachs	Thrasher
Gaetz	Negron	Sobel	Norman	Simmons	Wise
Garcia	Norman	Storms			
Gardiner	Oelrich	Thrasher			
Gibson	Rich	Wise			
Hays	Richter				

Nays—2

Dockery Joyner

CS for SB 916—A bill to be entitled An act relating to public records; amending s. 119.071, F.S.; including dates of birth within the types of personal identifying information of specified agency personnel and the spouses and children of such personnel which are exempt from public records requirements under s. 119.071(4)(d), F.S.; clarifying an exemption for personal identifying information of active or former law enforcement personnel and the spouses and children thereof; revising the exemption for personal identifying and location information of justices of the Supreme Court, district court of appeal judges, circuit court judges, and county court judges, and the spouses and children of such justices and judges, to include former justices of the Supreme Court, district court of appeal judges, circuit court judges, and county court judges, and the spouses and children thereof; providing for retroactive application of the exemptions; providing for future legislative review and repeal of the exemptions; defining the term “telephone numbers”; providing a statement of public necessity; providing an effective date.

—was read the second time by title.

Pending further consideration of **CS for SB 916**, on motion by Senator Oelrich, by two-thirds vote **CS for HB 629** was withdrawn from the Committees on Criminal Justice; and Governmental Oversight and Accountability.

On motion by Senator Oelrich—

CS for HB 629—A bill to be entitled An act relating to public records; amending s. 119.071, F.S.; including dates of birth within the types of personal identifying information of specified agency personnel and the spouses and children of such personnel that are exempt from public records requirements under s. 119.071(4)(d), F.S.; clarifying an exemption for personal identifying information of active or former law enforcement personnel and the spouses and children thereof; revising the exemption for personal identifying and location information of justices of the Supreme Court, district court of appeal judges, circuit court judges, and county court judges, and the spouses and children of such justices and judges, to include former justices of the Supreme Court, district court of appeal judges, circuit court judges, and county court judges, and the spouses and children thereof; providing for retroactive application of the exemptions; providing for future legislative review and repeal of the exemptions; defining the term “telephone numbers”; providing a statement of public necessity; providing an effective date.

—a companion measure, was substituted for **CS for SB 916** and read the second time by title.

On motion by Senator Oelrich, by two-thirds vote **CS for HB 629** was read the third time by title, passed by the required constitutional two-thirds vote of the members present and certified to the House. The vote on passage was:

Yeas—39

Mr. President	Bullard	Flores
Alexander	Dean	Gaetz
Altman	Detert	Garcia
Benacquisto	Diaz de la Portilla	Gardiner
Bennett	Dockery	Gibson
Bogdanoff	Evers	Hays
Braynon	Fasano	Jones

Nays—1

Joyner

CS for SB 938—A bill to be entitled An act relating to insurance agents and adjusters; amending s. 624.501, F.S.; deleting a title insurer administrative surcharge for a licensed title insurance agency; amending s. 624.505, F.S.; deleting a requirement that an insurer pay an agent tax for each county in which an agent represents the insurer and has a place of business; amending s. 626.015, F.S.; revising the definitions of “adjuster” and “home state”; amending s. 626.0428, F.S.; revising provisions relating to who may bind insurance coverage; amending s. 626.171, F.S.; providing that an applicant is responsible for the information in an application even if completed by a third party; requiring an application to include a statement about the method used to meet certain requirements; amending s. 626.191, F.S.; revising provisions relating to when an applicant may apply for a license after an initial application is denied by the Department of Financial Services; amending s. 626.221, F.S.; revising provisions relating to license examinations; conforming provisions relating to all-lines adjusters; deleting an exemption from examination for certain adjusters; amending s. 626.231, F.S.; providing for submitting an application for examination on a designee’s website; requiring the applicant’s e-mail address; amending s. 626.241, F.S.; revising the scope of the examination for an all-lines adjuster; amending s. 626.251, F.S.; providing for e-mailing notices of examinations; amending s. 626.281, F.S.; specifying how many times an applicant may take an examination during a year; amending s. 626.2815, F.S.; revising provisions relating to continuing education requirements; providing that persons on active military duty may seek a waiver; providing for an update course and the contents of such course; deleting requirements relating specifically to certain types of insurance; providing education requirements for bail bond agents and public adjusters; eliminating the continuing education advisory board; amending s. 626.292, F.S.; conforming provisions to changes made by the act relating to all-lines adjusters; amending s. 626.311, F.S.; conforming provisions to changes made by the act relating to limited licenses; amending s. 626.321, F.S.; revising provisions relating to limited licenses; prohibiting the future issuance of new limited licenses for motor vehicle physical damage and mechanical breakdown insurance; combining limited licenses relating to credit insurance; specifying events covered by crop hail and multiple-peril crop insurance; revising in-transit and storage personal property insurance to create a limited license for portable electronics insurance; amending s. 626.342, F.S.; clarifying that the prohibition relating to the furnishing of supplies to unlicensed agents applies to all unlicensed agents; amending s. 626.381, F.S.; revising provisions relating to the reporting of administrative actions; amending s. 626.536, F.S.; clarifying requirements for reporting administrative actions taken against a licensee; amending s. 626.551, F.S.; shortening the time within which a licensee must report to the department a change in certain information; authorizing the Department of Financial Services to adopt rules relating to notification of a change of address; amending s. 626.621, F.S.; adding failure to comply with child support requirements as grounds for action against a license; amending s. 626.641, F.S.; clarifying provisions relating to the suspension or revocation of a license or appointment; amending s. 626.651, F.S.; revising provisions relating to the suspension or revocation of licenses; amending ss. 626.730 and 626.732, F.S.; revising provisions relating to the purpose of the general lines and personal lines license and certain requirements related to general lines and personal lines agents; conforming provisions to changes made by the act relating to limited licenses; amending s. 626.8411, F.S.; revising requirements and exemptions relating to title insurance agents or agencies; amending s. 626.8418, F.S.; deleting the requirement that a title insurance agency deposit certain securities with the department; creating s. 626.8548, F.S.; defining the term “all-lines adjuster”; amending s. 626.855, F.S.; revising the definition of “independent adjuster”; amending s. 626.856, F.S.; revising the definition of “company employee adjuster”; repealing s. 626.858, F.S., relating to defining “nonresident company employee adjuster”; amending s. 626.8584, F.S.;

revising the definition of “nonresident all-lines adjuster”; amending s. 626.863, F.S.; conforming provisions to changes made by the act relating to all-lines adjusters; amending s. 626.864, F.S.; revising provisions relating to adjuster license types; amending s. 626.865, F.S.; requiring an applicant for public adjuster to be licensed as a public adjuster apprentice; amending s. 626.866, F.S.; conforming provisions to changes made by the act relating to all-lines adjusters; repealing s. 626.867, F.S., relating to qualifications for company employee adjusters; amending s. 626.869, F.S.; revising provisions relating to an all-lines adjuster license; ceasing the issuance of certain adjuster licenses; revising continuing education requirements; amending s. 626.8697, F.S.; revising provisions relating to the violation of rules resulting in the suspension or revocation of an adjuster’s license; amending s. 626.872, F.S.; conforming provisions to changes made by the act relating to all-lines adjusters; repealing s. 626.873, F.S., relating to licensure for nonresident company employee adjusters; amending s. 626.8734, F.S.; amending provisions relating to nonresident all-lines adjusters; providing for verifying an applicant’s status through the National Association of Insurance Commissioners’ Producer Database; amending ss. 626.8736, 626.874, 626.875, and 626.876, F.S.; conforming provisions to changes made by the act relating to all-lines adjusters; amending s. 626.927, F.S.; deleting a requirement that a licensed surplus lines agent maintain a bond; repealing s. 626.928, F.S., relating to a surplus lines agent’s bond; amending ss. 626.933, 626.935, and 627.952, F.S.; conforming cross-references; amending s. 635.051, F.S.; requiring persons transacting mortgage guaranty insurance to be licensed and appointed as a credit insurance agent; amending s. 648.34, F.S.; revising the licensure application for bail bond agents to include certain information; amending s. 648.38, F.S.; revising the notice of examination requirements for bail bond agents; amending s. 648.385, F.S.; revising continuing education courses for bail bond agents, to conform to changes made by the act; amending s. 648.421, F.S.; revising the notice of change of address or telephone number for bail bond agents to include the agent’s e-mail address; amending s. 903.27, F.S.; revising provisions relating to the provision of forfeiture documents and notification of certain actions; providing effective dates.

—was read the second time by title.

An amendment was considered and adopted to conform **CS for SB 938** to **CS for CS for CS for HB 725**.

Pending further consideration of **CS for SB 938** as amended, on motion by Senator Richter, by two-thirds vote **CS for CS for CS for HB 725** was withdrawn from the Committees on Banking and Insurance; Budget Subcommittee on General Government Appropriations; and Budget.

On motion by Senator Richter, the rules were waived and—

CS for CS for CS for HB 725—A bill to be entitled An act relating to insurance agents and adjusters; amending s. 626.015, F.S.; revising the definitions of “adjuster” and “home state”; amending s. 626.0428, F.S.; revising provisions relating to who may bind insurance coverage; amending s. 626.171, F.S.; providing that an applicant is responsible for the information in an application even if completed by a third party; requiring an application to include a statement about the method used to meet certain requirements; amending s. 626.191, F.S.; revising provisions relating to when an applicant may apply for a license after an initial application is denied by the Department of Financial Services; amending s. 626.221, F.S.; revising provisions relating to license examinations; conforming provisions relating to all-lines adjusters; deleting an exemption from examination for certain adjusters; amending s. 626.231, F.S.; providing for submitting an application for examination on a designee’s website; amending s. 626.241, F.S.; revising the scope of the examination for an all-lines adjuster; amending s. 626.251, F.S.; providing for e-mailing notices of examinations; amending s. 626.281, F.S.; specifying how many times an applicant may take an examination during a year; amending s. 626.2815, F.S.; revising provisions relating to continuing education requirements; providing that persons on active military duty may seek a waiver; providing for an update course and the contents of such course; deleting requirements relating specifically to certain types of insurance; providing education requirements for bail bond agents and public adjusters; eliminating the continuing education advisory board; amending s. 626.292, F.S.; conforming provisions to changes made by the act relating to all-lines adjusters; amending s. 626.311, F.S.; conforming provisions to changes made by the act relating to limited licenses; amending s. 626.321, F.S.; revising provisions relating to limited licenses; prohibiting the future issuance of new limited

licenses for motor vehicle physical damage and mechanical breakdown insurance; combining limited licenses relating to credit insurance; specifying events covered by crop hail and multiple-peril crop insurance; revising in-transit and storage personal property insurance to create a limited license for portable electronics insurance; amending s. 626.342, F.S.; clarifying that the prohibition relating to the furnishing of supplies to unlicensed agents applies to all unlicensed agents; amending s. 626.381, F.S.; revising provisions relating to the reporting of administrative actions; amending s. 626.536, F.S.; clarifying requirements for reporting administrative actions taken against a licensee; amending s. 626.551, F.S.; shortening the time within which a licensee must report to the department a change in certain information; authorizing the Department of Financial Services to adopt rules relating to notification of a change of address; amending s. 626.621, F.S.; adding failure to comply with child support requirements as grounds for action against a licensee; amending s. 626.641, F.S.; clarifying provisions relating to the suspension or revocation of a license or appointment; amending s. 626.651, F.S.; revising provisions relating to the suspension or revocation of licenses; amending ss. 626.730 and 626.732, F.S.; revising provisions relating to the purpose of the general lines and personal lines license and certain requirements related to general lines and personal lines agents; conforming provisions to changes made by the act relating to limited licenses; amending s. 626.8411, F.S.; revising requirements and exemptions relating to title insurance agents or agencies; amending s. 626.8419, F.S.; requiring title insurance agencies to obtain surety bonds payable to appointing title insurers under certain circumstances; providing that such surety bonds must require notification of title insurers under certain circumstances; requiring title insurance agencies to periodically provide certain evidence relating to surety bonds; restricting title insurers from providing surety bonds under certain circumstances; creating s. 626.8548, F.S.; defining the term “all-lines adjuster”; amending s. 626.855, F.S.; revising the definition of “independent adjuster”; amending s. 626.856, F.S.; revising the definition of “company employee adjuster”; repealing s. 626.858, F.S., relating to defining “nonresident company employee adjuster”; amending s. 626.8584, F.S.; revising the definition of “nonresident all-lines adjuster”; amending s. 626.863, F.S.; conforming provisions to changes made by the act relating to all-lines adjusters; amending s. 626.864, F.S.; revising provisions relating to adjuster license types; amending s. 626.865, F.S.; deleting the requirement that an applicant for public adjuster be a resident of the state; requiring an applicant for public adjuster to be licensed as a public adjuster apprentice; amending s. 626.8651, F.S.; deleting the requirement that an applicant for public adjuster apprentice be a resident of the state; providing that a limitation on the number of public adjuster apprentices does not apply to a public adjusting firm that adjusts claims exclusively for institutions that service or guarantee mortgages; amending s. 626.866, F.S.; conforming provisions to changes made by the act relating to all-lines adjusters; repealing s. 626.867, F.S., relating to qualifications for company employee adjusters; amending s. 626.869, F.S.; revising provisions relating to an all-lines adjuster license; ceasing the issuance of certain adjuster licenses; revising continuing education requirements; amending s. 626.8697, F.S.; revising provisions relating to the violation of rules resulting in the suspension or revocation of an adjuster’s license; amending s. 626.872, F.S.; conforming provisions to changes made by the act relating to all-lines adjusters; repealing s. 626.873, F.S., relating to licensure for nonresident company employee adjusters; amending s. 626.8732, F.S.; revising the requirements for nonresident public adjuster licensure; amending s. 626.8734, F.S.; amending provisions relating to nonresident all-lines adjusters; providing for verifying an applicant’s status through the National Association of Insurance Commissioners’ Producer Database; amending ss. 626.8736, 626.874, 626.875, and 626.876, F.S.; conforming provisions to changes made by the act relating to all-lines adjusters; amending s. 626.8796, F.S.; requiring a public adjusting firm that adjusts claims exclusively for institutions that guarantee or service mortgages to provide an affidavit to an insurer with certain information; amending s. 626.927, F.S.; deleting a requirement that a licensed surplus lines agent maintain a bond; repealing s. 626.928, F.S., relating to a surplus lines agent’s bond; amending ss. 626.933, 626.935, and 627.952, F.S.; conforming cross-references; amending s. 635.051, F.S.; requiring persons transacting mortgage guaranty insurance to be licensed and appointed as a credit insurance agent; amending s. 648.34, F.S.; requiring application information for bail bond agents; amending s. 648.38, F.S.; revising the notice of examination requirements for bail bond agents; amending s. 648.385, F.S.; revising continuing education courses for bail bond agents, to conform to changes made by the act; amending s.

648.421, F.S.; requiring a bail bond agent to provide notification of a change in his or her e-mail address; providing effective dates.

—a companion measure, was substituted for **CS for SB 938** as amended and read the second time by title.

On motion by Senator Richter, by two-thirds vote **CS for CS for CS for HB 725** was read the third time by title, passed and certified to the House. The vote on passage was:

Yeas—40

Mr. President	Flores	Oelrich
Alexander	Gaetz	Rich
Altman	Garcia	Richter
Benacquisto	Gardiner	Ring
Bennett	Gibson	Sachs
Bogdanoff	Hays	Simmons
Braynon	Jones	Siplin
Bullard	Joyner	Smith
Dean	Latvala	Sobel
Detert	Lynn	Storms
Diaz de la Portilla	Margolis	Thrasher
Dockery	Montford	Wise
Evers	Negron	
Fasano	Norman	

Nays—None

SB 1092—A bill to be entitled An act relating to the Civil Air Patrol, Florida Wing; amending s. 252.55, F.S.; providing definitions; requiring certain employers to provide specified unpaid leave to an employee performing a Civil Air Patrol mission or engaged in Civil Air Patrol training; prohibiting specified public and private employers from discharging, reprimanding, or penalizing a member of the Florida Wing of the Civil Air Patrol because of his or her absence by reason of Civil Air Patrol service or training; providing procedures for and requirements of employees and employers with respect to taking Civil Air Patrol leave and employment following such leave; specifying rights and entitlements of a member of the Florida Wing of the Civil Air Patrol who returns to work after completion of a Civil Air Patrol mission or training; providing for civil action for violation of the act; specifying damages; providing for attorney fees and costs; providing an effective date.

—was read the second time by title. On motion by Senator Hays, by two-thirds vote **SB 1092** was read the third time by title, passed and certified to the House. The vote on passage was:

Yeas—39

Mr. President	Fasano	Negron
Alexander	Flores	Norman
Altman	Gaetz	Rich
Benacquisto	Garcia	Richter
Bennett	Gardiner	Ring
Bogdanoff	Gibson	Sachs
Braynon	Hays	Simmons
Bullard	Jones	Siplin
Dean	Joyner	Smith
Detert	Latvala	Sobel
Diaz de la Portilla	Lynn	Storms
Dockery	Margolis	Thrasher
Evers	Montford	Wise

Nays—1

Oelrich

CS for CS for SB 1366—A bill to be entitled An act relating to education; creating s. 445.07, F.S.; requiring that the Department of Economic Opportunity prepare, or contract with an entity to prepare, an economic security report of employment and earning outcomes for degrees or certificates earned at a public postsecondary educational in-

stitution; requiring that the report be made available online; providing requirements for the report; amending s. 1001.02, F.S.; providing duties of the State Board of Education relating to the 5-year plan for post-secondary enrollment and the strategic plan that specifies goals and objectives for public schools and Florida College System institutions; requiring that Florida College System institutions provide students with electronic access to the economic security report of employment and earning outcomes prepared by the Department of Economic Opportunity; providing powers and duties of the State Board of Education relating to institutional service delivery areas and credit hour requirements; amending s. 1001.03, F.S.; requiring that the State Board of Education identify performance metrics for the Florida College System and develop a plan specifying goals and objectives for each Florida College System institution; providing requirements for the plan; requiring that the State Board of Education adopt a unified state plan for science, technology, engineering, and mathematics in K-20 education; amending s. 1001.10, F.S.; authorizing the Commissioner of Education to review or investigate the practices, procedures, or actions of any Florida College System institution under certain circumstances; amending s. 1001.42, F.S.; requiring that district school boards require school principals or classroom teachers to annually provide secondary school students and their parents with electronic access to the Department of Economic Opportunity's economic security report; amending s. 1001.64, F.S.; revising provisions relating to the powers and duties of Florida College System institution boards of trustees to conform to changes made by the act; amending s. 1001.706, F.S.; revising the powers and duties of the Board of Governors; requiring that the strategic plan developed by the Board of Governors include performance metrics and standards for institutions; requiring that the accountability plan for the State University System address institutional and system achievement goals and objectives specified in the strategic plan and be submitted by the Board of Governors as part of its legislative budget request; requiring that the Board of Governors require state universities to provide each enrolled student with electronic access to the Department of Economic Opportunity's economic security report during registration or earlier and information concerning employment and earnings data for graduates of degree programs; authorizing the Board of Governors to waive or modify requirements for use of the tuition differential fee under s. 1009.24, F.S.; requiring that the Board of Governors confirm the reappointment of a university president; authorizing the Board of Governors to revoke or modify certain powers or duties that it has delegated; amending s. 1002.20, F.S.; requiring that each middle school and high school student and his or her parent receive a two-page summary and electronic access to the Department of Economic Opportunity's economic security report each year; amending s. 1004.015, F.S.; requiring that the Higher Education Coordinating Council submit an annual report by a specified date to the Governor and the Legislature; revising the content requirements for the report; amending s. 1005.22, F.S.; requiring that the Commission for Independent Education collect, and that institutions licensed by the commission report, certain student data; amending s. 1007.23, F.S.; revising provisions relating to statewide articulation agreements; requiring that the articulation agreement require each student enrolled in a Florida College System institution who is seeking an associate in arts degree to indicate a baccalaureate degree program offered by an institution of interest before the student earns a specified number of semester hours; amending s. 1007.25, F.S.; revising provisions relating to general education courses and associate and baccalaureate degree requirements; revising the minimum number of semester hours required in general education courses; amending s. 1007.33, F.S.; revising the requirements for proposals by a Florida College System institution to offer a baccalaureate degree program; requiring that a Florida College System institution offering a baccalaureate degree program report its status using specified performance and compliance standards; deleting provisions relating to an exemption from State Board of Education approval of certain baccalaureate degree programs; amending s. 1008.31, F.S.; requiring that colleges and universities eligible to participate in the William L. Boyd, IV, Florida Resident Access Grant Program report information regarding the recipients of funds to the Department of Education; amending s. 1008.46, F.S.; conforming provisions to changes made by the act; creating s. 1011.905, F.S.; requiring that the Board of Governors review and rank each state university that applies for performance funding based on certain criteria; requiring that the Board of Governors award up to a specified amount to the highest-ranked state universities; requiring that the Board of Governors report to the Governor and the Legislature by a specified date each year; providing an effective date.

—was read the second time by title.

Amendments were considered and adopted to conform **CS for CS for SB 1366** to **HB 7135**.

Pending further consideration of **CS for CS for SB 1366** as amended, on motion by Senator Gaetz, by two-thirds vote **HB 7135** was withdrawn from the Committees on Education Pre-K - 12; Higher Education; Budget Subcommittee on Higher Education Appropriations; and Budget.

On motion by Senator Gaetz—

HB 7135—A bill to be entitled An act relating to postsecondary education; amending s. 1001.02, F.S.; providing additional requirements for the State Board of Education's coordinated 5-year plan for postsecondary enrollment and its strategic plan specifying goals and objectives; providing a state board duty to require Florida College System institutions to provide students with electronic access to the economic security report of employment and earning outcomes prepared by the Department of Economic Opportunity; requiring state board rules to revise credit hour requirements in general education courses; amending s. 1001.03, F.S.; requiring the state board to identify performance metrics for the Florida College System and develop a plan that specifies goals and objectives for each Florida College System institution; requiring the state board to adopt a unified state plan for science, technology, engineering, and mathematics in K-20 education; amending s. 1001.10, F.S.; authorizing the Commissioner of Education to conduct a review of certain practices or actions at a Florida College System institution; amending s. 1001.64, F.S.; conforming provisions; amending s. 1001.706, F.S.; providing additional requirements for the Board of Governors' strategic plan specifying goals and objectives for the State University System and each university and its accountability plan; providing a duty of the Board of Governors to require state universities to provide students with electronic access to the economic security report of employment and earning outcomes; authorizing the Board of Governors to waive or modify its regulations, statutory requirements, or certain fee requirements; authorizing the Board of Governors to revoke or modify certain powers or duties; amending s. 1002.20, F.S.; requiring certain public school students to be provided electronic access to the economic security report of employment and earning outcomes; amending s. 1004.015, F.S.; requiring the Higher Education Coordinating Council to annually report recommendations for postsecondary education; amending s. 1005.22, F.S.; requiring the Commission for Independent Education to collect and report certain student data; amending s. 1007.23, F.S.; providing that the statewide articulation agreement must require certain Florida College System students to provide information relating to continued education; amending s. 1007.25, F.S.; revising provisions relating to general education course requirements and associate and baccalaureate degree requirements; providing requirements for general education core course options; amending s. 1007.33, F.S.; providing additional requirements for notice of intent to propose a baccalaureate degree program at a Florida College System institution; requiring an institution offering a baccalaureate degree program to report its status using specified performance and compliance standards; deleting provisions relating to exemption from state board approval of certain baccalaureate degree programs; amending s. 1008.31, F.S.; requiring certain independent colleges and universities to report data for students who receive state funds; amending s. 1008.46, F.S.; conforming provisions; creating s. 1011.905, F.S.; requiring the Board of Governors to review and rank each state university that applies for performance funding based on an established formula; requiring the Board of Governors to award up to a specified amount to the highest-ranked state universities; requiring a report to the Governor and Legislature; creating s. 445.07, F.S.; requiring the Department of Economic Opportunity to annually prepare, or contract with an entity to prepare, an economic security report of employment and earning outcomes for degrees or certificates earned at public postsecondary educational institutions; providing an effective date.

—a companion measure, was substituted for **CS for CS for SB 1366** as amended and read the second time by title.

On motion by Senator Gaetz, by two-thirds vote **HB 7135** was read the third time by title, passed and certified to the House. The vote on passage was:

Yeas—40

Mr. President	Flores	Oelrich
Alexander	Gaetz	Rich
Altman	Garcia	Richter
Benacquisto	Gardiner	Ring
Bennett	Gibson	Sachs
Bogdanoff	Hays	Simmons
Braynon	Jones	Siplin
Bullard	Joyner	Smith
Dean	Latvala	Sobel
Detert	Lynn	Storms
Diaz de la Portilla	Margolis	Thrasher
Dockery	Montford	Wise
Evers	Negron	
Fasano	Norman	

Nays—None

CS for CS for SB 1368—A bill to be entitled An act relating to education; creating s. 1002.3105, F.S.; establishing Academically Challenging Curriculum to Enhance Learning (ACCEL) options to provide eligible public school students educational options that provide academically challenging curriculum or accelerated instruction; requiring that each school offer minimum ACCEL options; providing for additional ACCEL options; requiring that each school principal and school district determine student eligibility and procedural requirements; requiring that each school principal and school district base such determination on certain considerations; requiring that each school principal inform parents and students of the ACCEL options and the eligibility requirements; requiring that each school principal and school district establish a process by which a parent may request student participation in whole-grade promotion, midyear promotion, and subject-matter acceleration under certain circumstances; requiring that a performance contract be executed by the student, the parent, and the school principal under certain circumstances; requiring that a student's parent be notified if a school principal initiates a student's participation in an ACCEL option; amending s. 1003.02, F.S.; requiring that school districts notify parents of options for early or accelerated high school graduation at the beginning of each school year and during registration for the next term; amending s. 1003.4156, F.S.; revising the general requirements for middle grades promotion to include one career-themed course to be completed in 6th, 7th, or 8th grade; providing requirements for the career-themed course; requiring that each school district develop or adopt the career-themed course, subject to approval by the Department of Education; creating s. 1003.4281, F.S.; providing a short title; providing a purpose; providing a definition for the term "early graduation"; requiring that each school district adopt a policy that provides a high school student with the option of graduating early; requiring that each school district notify the parent of a student who is eligible for early graduation; prohibiting a school district from preventing a student from graduating early if the student meets the requirements; providing that a student who graduates early is eligible to continue participating in activities, awards, class rankings, social events, and graduation events; authorizing a school principal or superintendent to prevent such participation under certain circumstances; providing that a student who graduates early may be denied access to the school facilities and grounds during normal operating hours; providing that a credit is equal to one-sixth full-time equivalent student; amending s. 1003.491, F.S.; revising provisions relating to the Florida Career and Professional Education Act; requiring that each district school board, in collaboration with regional workforce boards, economic development agencies, and postsecondary institutions, develop a strategic 3-year plan addressing and meeting local and regional workforce demands; authorizing school districts to offer career-themed courses; revising the requirements of the strategic 3-year plan to include career-themed courses and specified strategies; revising the period within which newly proposed core courses are to be approved or denied by the curriculum review committee; amending s. 1003.492, F.S.; revising provisions relating to industry-certification career education programs to conform to changes made by the act; amending s. 1003.493, F.S.; providing a definition for the term "career-themed course"; requiring that a student who enrolls in and completes a career-themed course or a sequence of career-themed courses receive opportunities to earn postsecondary credit if the career-themed course credits can be articulated to a postsecondary institution;

providing goals of career-themed courses; providing for career-themed courses to be offered in a school-within-a-school career academy or a school providing multiple career-themed courses structured around an occupational cluster; providing requirements for career-themed courses; requiring that strategies to improve the passage rate on an industry certification examination be included in the strategic 3-year plan under certain circumstances; requiring that Workforce Florida, Inc., serve in an advisory role in the development and deployment of newly established career-themed courses; amending s. 1003.4935, F.S.; revising provisions relating to middle school career and professional academy courses to conform to changes made by the act; requiring that the Department of Education collect and report student achievement data for students who are enrolled in career-themed courses and who attain a specified industry certification; requiring that the State Board of Education adopt rules to identify industry certifications in science, technology, engineering, and mathematics offered in middle school to be included on the Industry Certified Funding List; amending s. 1008.22, F.S.; requiring that the end-of-course assessment in Algebra I be administered four times annually beginning with a specified school year; amending s. 1008.34, F.S.; revising provisions relating to school grades; requiring that the Department of Education award bonus points to a high school based on the percentage of students who earn credits in mathematics and science in excess of the general requirements for high school graduation and the percentage of students who graduate in less than 8 semesters or the equivalent; amending ss. 1009.53 and 1009.531, F.S.; authorizing the Department of Education to evaluate students who graduate at the midpoint of the academic year for a Florida Bright Futures Scholarship award; requiring that such students be evaluated for scholarship renewal after completion of a full academic year at an eligible postsecondary education institution; requiring that students submit a completed Florida Financial Aid Application by a specified date; amending s. 1011.61, F.S.; providing reporting requirements for school districts for full-time equivalent students in courses requiring statewide end-of-course assessments; providing that a student who passes a statewide end-of-course assessment without having taken the corresponding course is one-sixth of a full-time equivalent student for funding purposes; providing for school districts to receive additional funding for students who graduate early; amending s. 1011.62, F.S.; revising provisions relating to the computation of the annual allocation of funds for school district operations to conform to changes made by the act; providing a calculation of full-time equivalent student membership for each student who completes a career-themed course or a series of career-themed courses or a career and professional academy program; providing a calculation of additional full-time equivalent membership based on accelerated high school graduation; authorizing a school district to report unpaid high school credits for students who graduate at least one semester or 1 year or more in advance of their scheduled graduation for funding purposes; providing an effective date.

—was read the second time by title.

An amendment was considered and adopted to conform **CS for CS for SB 1368** to **CS for CS for HB 7059**.

Pending further consideration of **CS for CS for SB 1368** as amended, on motion by Senator Gaetz, by two-thirds vote **CS for CS for HB 7059** was withdrawn from the Committees on Education Pre-K - 12; Budget Subcommittee on Education Pre-K - 12 Appropriations; and Budget.

SENATOR BENNETT PRESIDING

On motion by Senator Gaetz, the rules were waived and—

CS for CS for HB 7059—A bill to be entitled An act relating to acceleration options in public education; creating s. 1002.3105, F.S., relating to Academically Challenging Curriculum to Enhance Learning (ACCEL) options, to provide eligible public school students educational options that provide academically challenging curriculum or accelerated instruction; providing school principal and school district determined student eligibility and procedural requirements; requiring a process by which a parent may request student participation, including the execution of a performance contract in certain instances; amending ss. 1001.64 and 1001.65, F.S.; conforming provisions relating to dual enrollment articulation agreements between Florida College System institutions and school districts; amending ss. 1002.20 and 1002.41, F.S.; conforming cross-references; amending s. 1003.02, F.S.; requiring school districts to notify parents of options for early or accelerated high school

graduation; amending s. 1003.4156, F.S.; revising requirements for the course in career and education planning required for middle grades promotion; deleting a required parent meeting; amending s. 1003.428, F.S.; conforming provisions; creating s. 1003.4281, F.S., relating to early high school graduation; defining the term “early graduation”; requiring that each school district adopt a policy that provides a high school student with the option of graduating early; requiring parental notification of student eligibility; providing for receipt of an initial Florida Bright Futures Scholarship Program award; providing requirements for funding high school credits; amending s. 1003.4295, F.S.; requiring that students be advised of acceleration options; authorizing all students to participate in the Credit Acceleration Program; amending s. 1003.436, F.S.; conforming provisions; amending s. 1003.437, F.S.; specifying that the middle and high school grading system applies to the course level; amending s. 1003.491, F.S.; revising provisions relating to the Florida Career and Professional Education Act; revising the basis for the strategic plan to address workforce demands; providing for coordination to promote and support career-themed courses that lead to industry certification; amending s. 1003.492, F.S.; requiring secondary schools offering career-themed courses to coordinate with the appropriate industry; amending s. 1003.493, F.S.; revising provisions relating to career and professional academies; defining the term “career-themed” course; amending s. 1003.4935, F.S.; requiring district school boards to include plans to implement career-themed courses; requiring the State Board of Education to adopt rules; repealing s. 1007.235, F.S., relating to district interinstitutional articulation agreements; amending s. 1007.263, F.S.; eliminating an exemption from Florida College System admission requirements for certain secondary students; amending s. 1007.27, F.S., relating to articulated acceleration mechanisms; deleting duplicative language relating to early admission; amending s. 1007.271, F.S., relating to dual enrollment programs; providing student eligibility requirements and restrictions for enrollment and continued enrollment in dual enrollment courses; authorizing a participation limit based upon capacity; providing requirements for faculty members providing instruction in college credit dual enrollment courses; providing curriculum standards for college credit dual enrollment; clarifying district school board duties; establishing a minimum and maximum number of college credit hours for participation in an early admission program; providing home education student eligibility requirements for enrollment in dual enrollment courses; requiring a home education articulation agreement; providing requirements for the development and contents of a school district and Florida College System institution dual enrollment articulation agreement; requiring the Department of Education to develop an electronic submission system for dual enrollment articulation agreements and to review agreements for compliance; authorizing dual enrollment articulation agreements with state universities, eligible independent colleges and universities, and private secondary schools; repealing s. 1007.272, F.S., relating to joint dual enrollment and advanced placement instruction; amending s. 1008.22, F.S.; requiring that the end-of-course assessment in Algebra I be administered four times annually; amending s. 1008.25, F.S.; revising legislative intent relating to public school student progression; requiring the comprehensive student progression plan to include information for students and parents on accelerated educational options; deleting a technical assistance responsibility of the department; amending s. 1009.25, F.S.; conforming a cross-reference; amending ss. 1009.531 and 1009.532, F.S.; providing requirements for the evaluation of certain students for initial and renewal awards under the Florida Bright Futures Scholarship Program; amending s. 1011.61, F.S.; providing reporting requirements for school districts for a full-time equivalent student in courses requiring certain statewide, standardized end-of-course assessments and for a student who passes a statewide, standardized end-of-course assessment without being enrolled in the corresponding course; amending s. 1011.62, F.S.; providing for calculation of additional full-time equivalent membership based on completion of career-themed courses; providing a calculation of additional full-time equivalent membership based on early high school graduation; providing an effective date.

—a companion measure, was substituted for **CS for CS for SB 1368** as amended and read the second time by title.

THE PRESIDENT PRESIDING

On motion by Senator Gaetz, by two-thirds vote **CS for CS for HB 7059** was read the third time by title, passed and certified to the House. The vote on passage was:

Yeas—40

Mr. President	Flores	Oelrich
Alexander	Gaetz	Rich
Altman	Garcia	Richter
Benacquisto	Gardiner	Ring
Bennett	Gibson	Sachs
Bogdanoff	Hays	Simmons
Braynon	Jones	Siplin
Bullard	Joyner	Smith
Dean	Latvala	Sobel
Detert	Lynn	Storms
Diaz de la Portilla	Margolis	Thrasher
Dockery	Montford	Wise
Evers	Negron	
Fasano	Norman	

Nays—None

MOTIONS

On motions by Senator Thrasher, the rules were waived and by two-thirds vote **CS for CS for SB 1196** and **CS for CS for SB 2054** were placed on the Special Order Calendar for Thursday, March 8.

MOTIONS RELATING TO COMMITTEE REFERENCE

On motion by Senator Thrasher, by two-thirds vote **CS for CS for SB 208**, **CS for SB 876**, **CS for SB 1242**, **SB 1456**, **CS for SB 1738**, and **SB 1768** were withdrawn from the Committee on Budget.

By direction of the President, the rules were waived and the Senate reverted to—

BILLS ON THIRD READING

The Senate resumed consideration of—

CS for CS for HB 119—A bill to be entitled An act relating to motor vehicle insurance; amending s. 316.066, F.S.; revising provisions relating to the contents of written reports of motor vehicle crashes; amending s. 400.991, F.S.; requiring that an application for licensure or exemption from licensure as a health care clinic include a specified statement regarding insurance fraud; amending s. 626.989, F.S.; providing that knowingly submitting false, misleading, or fraudulent documents relating to licensure as a health care clinic or submitting a claim relating to the Florida Motor Vehicle Medical Care Coverage Law is a fraudulent insurance act under certain conditions; amending s. 627.736, F.S.; providing limitations on attorney fees for certain actions under the Florida Motor Vehicle No-Fault Law; specifying that the limitations on attorney fee awards does not limit the attorney fees an insured may pay her or his attorney; creating s. 627.748, F.S.; designating specified provisions as the Florida Motor Vehicle No-Fault Medical Care Coverage Law; providing legislative findings; creating s. 627.7481, F.S.; providing purposes; creating s. 627.74811, F.S.; providing legislative intent that provisions, schedules, or procedures are to be given full force and effect regardless of their express inclusion in insurer forms; creating s. 627.7482, F.S.; providing definitions; creating s. 627.7483, F.S.; requiring every owner or registrant of a motor vehicle required to be registered and licensed in this state to maintain specified security; providing exceptions; requiring every nonresident owner or registrant of a motor vehicle that has been physically present within this state for a specified period to maintain security; specifying means by which such security is provided; providing an exemption; creating s. 627.7484, F.S.; providing requirements for filing and maintaining proof of security; providing penalties; creating s. 627.7485, F.S.; requiring that insurance policies provide medical care coverage to specified persons; providing limits of coverage; specifying limits for medical, disability, and death benefits; providing restrictions on insurers with respect to provision of required benefits; authorizing insurers writing motor vehicle liability insurance to offer additional first-party motor vehicle coverages; prohibiting requiring purchase of other motor vehicle coverage as a condition for

providing such benefits; prohibiting insurers from requiring the purchase of property damage liability insurance exceeding a specified amount in conjunction with medical care coverage insurance; providing that failure to comply with specified availability requirements constitutes an unfair method of competition or an unfair or deceptive act or practice; providing penalties; specifying benefits an insurer may exclude; providing procedure with respect to such exclusions; specifying when benefits are due from an insurer; prohibiting insurers from obtaining liens on recovery of special damages in tort claims for medical care coverage benefits; providing that benefits under the Florida Motor Vehicle No-Fault Medical Care Coverage Law are subject to the Medicaid program in specified circumstances; requiring that an insurer repay any benefits covered by the Medicaid program within a specified period; requiring that an insurer provide a claimant an opportunity to revise claims that contain errors; specifying when benefits are overdue; requiring insurers to hold a specified amount of benefits in reserve for a certain time for the payment of providers; providing for interest on overdue payments; providing for tolling the time period in which medical care coverage benefits are required to be paid when the insurer has reasonable belief that fraud has been committed; specifying injuries for which an insurer must pay medical care coverage benefits; disallowing benefits to an insured who has committed insurance fraud; providing that a person or entity lawfully rendering treatment to an injured person for a bodily injury covered by medical care coverage may charge only a reasonable amount for services and care; providing that the insurer may pay such charges directly to the person or entity lawfully rendering such treatment; providing limits on such charges; providing for determination of reasonableness of charges; providing that payments made by an insurer pursuant to the schedule of maximum charges, or for lesser amounts billed by providers, are considered reasonable; establishing a schedule of maximum charges; specifying that reimbursement under a schedule of maximum charges that is based on Medicare is to be calculated under the applicable Medicare schedule in effect on a specified date each year; authorizing insurers to use all Medicare coding policies and CMS payment methodologies in determining reimbursement under a schedule of maximum charges that is Medicare-based; establishing limits on specified services and care; providing conditions under which an insurer or insured is not required to pay a claim or charges; requiring the Department of Health to adopt, by rule, a list of diagnostic tests deemed not to be medically necessary and to periodically revise the list; providing procedures and requirements with respect to statements of and bills for charges for emergency services and care; directing the Financial Services Commission to adopt by rule a disclosure and acknowledgment form to be countersigned by claimants upon receipt of medical services; providing procedures and requirements with respect to investigation of claims of improper billing by a physician or other medical provider; prohibiting insurers from systematically downcoding with intent to deny reimbursement; requiring insureds to comply with all terms of the medical care coverage policy, including submission to examinations under oath; limiting the scope of questioning during such examinations under oath; providing that compliance with policy terms is a condition precedent to the receipt of medical care coverage benefits; providing that it is an unfair method of competition or an unfair or deceptive trade practice for an insurer, as a general business practice, to request examinations under oath without a reasonable basis; providing for insurers to inspect the physical premises of providers seeking payment of medical care coverage benefits; providing that when an insured fails to appear for two or more mental or physical examinations, the medical care coverage carrier is not liable for subsequent medical care coverage benefits; creating a rebuttable presumption that an insured's failure to appear for two examinations is an unreasonable refusal to appear; creating an attorney fee cap; prohibiting the use of contingency risk multipliers in calculating attorney fee awards; requiring that an insurer must be provided with written notice of an intent to initiate litigation as a condition precedent to filing any action for benefits; providing requirements with respect to a demand letter; providing procedures and requirements with respect to payment of an overdue claim; providing for the tolling of the time period for an action against an insurer; providing that failure to pay valid claims with specified frequency constitutes an unfair or deceptive trade practice; providing penalties; providing circumstances under which an insurer has a cause of action; providing for fraud advisory notice; requiring that all claims related to the same health care provider for the same injured person be brought in one action unless good cause is shown; authorizing the electronic transmission of notices and communications under certain conditions; creating s. 627.7486, F.S.; providing an exemption from tort liability for certain damages in legal actions under the Florida Motor Vehicle No-

Fault Medical Care Coverage Law in certain circumstances; providing for recovery of tort damages in certain circumstances; providing for motions to dismiss action on specified grounds; prohibiting the award of punitive damages; creating s. 627.7487, F.S.; providing for optional deductibles and limitations of coverage for medical care coverage policies; requiring a specified notice to policyholders; creating s. 627.7488, F.S.; requiring the commission to adopt by rule a form for the notification of insureds of their right to receive medical care coverage benefits; specifying contents of such notice; providing requirements for the mailing or delivery of such notice; creating s. 627.7489, F.S.; providing for mandatory joinder of specified claims; creating s. 627.749, F.S.; providing for an insurer's right of reimbursement for medical care benefits paid to a person injured by a commercial motor vehicle under specified circumstances; providing an exception; creating s. 627.7491, F.S.; providing for application of the Florida Motor Vehicle No-Fault Medical Care Coverage Law; providing for requirements for forms and rates for policies issued or renewed on or after a specified date; requiring a specified notice to existing policyholders; amending ss. 316.646, 318.18, 320.02, 320.0609, 320.27, 320.771, 322.251, 322.34, 324.021, 324.0221, 324.032, 324.171, 400.9935, 409.901, 409.910, 456.057, 456.072, 626.9541, 627.06501, 627.0652, 627.0653, 627.4132, 627.6482, 627.7263, 627.727, 627.7275, 627.728, 627.7295, 627.8405, 627.915, 628.909, 705.184, and 713.78, F.S.; conforming provisions; amending s. 817.234, F.S.; providing that it is insurance fraud to present a claim for personal injury protection benefits payable to a person or entity that knowingly submitted false, misleading, or fraudulent applications or other documents relating to licensure as a health care clinic; conforming provisions; providing a directive to the Division of Statutory Revision; providing applicability; providing for severability; providing effective dates.

—which was previously considered this day.

MOTION

On motion by Senator Negrón, by the required two-thirds vote, consideration of the following amendment was allowed:

Senator Negrón moved the following amendment which was adopted:

Amendment 1 (918912) (with title amendment)—Delete everything after the enacting clause and insert:

Section 1. Subsection (1) of section 316.066, Florida Statutes, is amended to read:

316.066 Written reports of crashes.—

(1)(a) A Florida Traffic Crash Report, Long Form ~~must be completed and submitted to the department within 10 days after completing an investigation is completed by the every~~ law enforcement officer who in the regular course of duty investigates a motor vehicle crash that:

1. Resulted in death or personal injury;:-
2. Involved a violation of s. 316.061(1) or s. 316.193;:-
3. *Rendered a vehicle inoperable to a degree that required a wrecker to remove it from the scene of the crash; or*
4. *Involved a commercial motor vehicle.*

(b) In ~~any every~~ crash for which a Florida Traffic Crash Report, Long Form is not required by this section and *which occurs on the public roadways of this state*, the law enforcement officer ~~shall~~ *may* complete a short-form crash report or provide a driver exchange-of-information form, to be completed by *all drivers and passengers each party* involved in the crash, *which requires the identification of each vehicle that the drivers and passengers were in.* The short-form report must include:

1. The date, time, and location of the crash.
2. A description of the vehicles involved.
3. The names and addresses of the parties involved, including all drivers and passengers, *and the identification of the vehicle in which each was a passenger.*
4. The names and addresses of witnesses.

5. The name, badge number, and law enforcement agency of the officer investigating the crash.

6. The names of the insurance companies for the respective parties involved in the crash.

(c) Each party to the crash must provide the law enforcement officer with proof of insurance, which must be documented in the crash report. If a law enforcement officer submits a report on the crash, proof of insurance must be provided to the officer by each party involved in the crash. Any party who fails to provide the required information commits a noncriminal traffic infraction, punishable as a nonmoving violation as provided in chapter 318, unless the officer determines that due to injuries or other special circumstances such insurance information cannot be provided immediately. If the person provides the law enforcement agency, within 24 hours after the crash, proof of insurance that was valid at the time of the crash, the law enforcement agency may void the citation.

(d) The driver of a vehicle that was in any manner involved in a crash resulting in damage to a ~~any~~ vehicle or other property *which does not require a law enforcement report in an amount of \$500 or more which was not investigated by a law enforcement agency*, shall, within 10 days after the crash, submit a written report of the crash to the department. *The report shall be submitted on a form approved by the department. The entity receiving the report may require witnesses of the crash to render reports and may require any driver of a vehicle involved in a crash of which a written report must be made to file supplemental written reports if the original report is deemed insufficient by the receiving entity.*

(e) *Long-form and short-form crash reports prepared by law enforcement must be submitted to the department and may* ~~shall~~ be maintained by the law enforcement officer's agency.

Section 2. Subsection (4) of section 400.9905, Florida Statutes, is amended to read:

400.9905 Definitions.—

(4) “Clinic” means an entity ~~where at which~~ health care services are provided to individuals and which tenders charges for reimbursement for such services, including a mobile clinic and a portable equipment provider. ~~As used in For purposes of~~ this part, the term does not include and the licensure requirements of this part do not apply to:

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

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

(c) Entities that are owned, directly or indirectly, by an entity licensed or registered by the state pursuant to chapter 395; ~~or~~ entities that are owned, directly or indirectly, by an entity licensed or registered by the state and providing only health care services within the scope of services authorized pursuant to their respective licenses ~~granted~~ under ss. 383.30-383.335, chapter 390, chapter 394, chapter 397, this chapter

except part X, chapter 429, chapter 463, chapter 465, chapter 466, chapter 478, part I of chapter 483, chapter 484, or chapter 651; end-stage renal disease providers authorized under 42 C.F.R. part 405, subpart U; ~~or~~ providers certified under 42 C.F.R. part 485, subpart B or subpart H; or any entity that provides neonatal or pediatric hospital-based health care services by licensed practitioners solely within a hospital under chapter 395.

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

(e) An entity that is exempt from federal taxation under 26 U.S.C. s. 501(c)(3) or (4), an employee stock ownership plan under 26 U.S.C. s. 409 that has a board of trustees ~~at least not less than~~ two-thirds of which are Florida-licensed health care practitioners and provides only physical therapy services under physician orders, any community college or university clinic, and any entity owned or operated by the federal or state government, including agencies, subdivisions, or municipalities thereof.

(f) A sole proprietorship, group practice, partnership, or corporation that provides health care services by physicians covered by s. 627.419, that is directly supervised by one or more of such physicians, and that is wholly owned by one or more of those physicians or by a physician and the spouse, parent, child, or sibling of that physician.

(g) A sole proprietorship, group practice, partnership, or corporation that provides health care services by licensed health care practitioners under chapter 457, chapter 458, chapter 459, chapter 460, chapter 461, chapter 462, chapter 463, chapter 466, chapter 467, chapter 480, chapter 484, chapter 486, chapter 490, chapter 491, or part I, part III, part X, part XIII, or part XIV of chapter 468, or s. 464.012, ~~and that is which are~~ wholly owned by one or more licensed health care practitioners, or the licensed health care practitioners set forth in this paragraph and the spouse, parent, child, or sibling of a licensed health care practitioner ~~if, so long as~~ one of the owners who is a licensed health care practitioner is supervising the business activities and is legally responsible for the entity's compliance with all federal and state laws. However, a health care practitioner may not supervise services beyond the scope of the practitioner's license, except that, for the purposes of this part, a clinic owned by a licensee in s. 456.053(3)(b) ~~which that~~ provides only services authorized pursuant to s. 456.053(3)(b) may be supervised by a licensee specified in s. 456.053(3)(b).

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

(i) Entities that provide only oncology or radiation therapy services by physicians licensed under chapter 458 or chapter 459 or entities that provide oncology or radiation therapy services by physicians licensed under chapter 458 or chapter 459 which are owned by a corporation whose shares are publicly traded on a recognized stock exchange.

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

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

(l) Orthotic or prosthetic clinical facilities that are a publicly traded corporation or that are wholly owned, directly or indirectly, by a publicly traded corporation. As used in this paragraph, a publicly traded cor-

poration is a corporation that issues securities traded on an exchange registered with the United States Securities and Exchange Commission as a national securities exchange.

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

Section 3. Subsection (6) is added to section 400.991, Florida Statutes, to read:

400.991 License requirements; background screenings; prohibitions.—

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

INSURANCE FRAUD NOTICE.—*A person who knowingly submits a false, misleading, or fraudulent application or other document when applying for licensure as a health care clinic, seeking an exemption from licensure as a health care clinic, or demonstrating compliance with part X of chapter 400, Florida Statutes, with the intent to use the license, exemption from licensure, or demonstration of compliance to provide services or seek reimbursement under the Florida Motor Vehicle No-Fault Law, commits a fraudulent insurance act, as defined in s. 626.989, Florida Statutes. A person who presents a claim for personal injury protection benefits knowing that the payee knowingly submitted such health care clinic application or document, commits insurance fraud, as defined in s. 817.234, Florida Statutes.*

Section 4. Subsection (1) of section 626.989, Florida Statutes, is amended to read:

626.989 Investigation by department or Division of Insurance Fraud; compliance; immunity; confidential information; reports to division; division investigator's power of arrest.—

(1) For the purposes of this section;

(a) A person commits a "fraudulent insurance act" if the person:

1. Knowingly and with intent to defraud presents, causes to be presented, or prepares with knowledge or belief that it will be presented, to or by an insurer, self-insurer, self-insurance fund, servicing corporation, purported insurer, broker, or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of, any insurance policy, or a claim for payment or other benefit pursuant to any insurance policy, which the person knows to contain materially false information concerning any fact material thereto or if the person conceals, for the purpose of misleading another, information concerning any fact material thereto.

2. *Knowingly submits:*

a. *A false, misleading, or fraudulent application or other document when applying for licensure as a health care clinic, seeking an exemption from licensure as a health care clinic, or demonstrating compliance with part X of chapter 400 with an intent to use the license, exemption from licensure, or demonstration of compliance to provide services or seek reimbursement under the Florida Motor Vehicle No-Fault Law.*

b. *A claim for payment or other benefit pursuant to a personal injury protection insurance policy under the Florida Motor Vehicle No-Fault Law if the person knows that the payee knowingly submitted a false, misleading, or fraudulent application or other document when applying for licensure as a health care clinic, seeking an exemption from licensure as a health care clinic, or demonstrating compliance with part X of chapter 400. For the purposes of this section,*

(b) The term "insurer" also includes a ~~any~~ health maintenance organization, and the term "insurance policy" also includes a health maintenance organization subscriber contract.

Section 5. Section 626.9581, Florida Statutes, is amended to read:

626.9581 Cease and desist and penalty orders.—After the hearing provided in s. 626.9571, the department or office shall enter a final order in accordance with s. 120.569. If it is determined that the person charged has engaged in an unfair or deceptive act or practice or the unlawful transaction of insurance, the department or office shall also issue an order requiring the violator to cease and desist from engaging in such method of competition, act, or practice or the unlawful transaction of insurance. Further, if the act or practice is a violation of s. 626.9541, ~~or s. 626.9551, or s. 627.736(11)~~, the department or office may, ~~at its discretion~~, order any one or more of the following:

(1) Suspension or revocation of the person's certificate of authority, license, or eligibility for any certificate of authority or license, if he or she knew, or reasonably should have known, he or she was in violation of this act. *However, the office must revoke the certificate of authority of an insurer that violates s. 627.736(11) for at least 5 years, and all board members of such insurer are prohibited from serving on the board of another insurer for 5 years.*

(2) Such other relief as may be provided ~~in~~ the insurance code.

Section 6. Subsection (5) of section 626.9894, Florida Statutes, is amended to read:

626.9894 Gifts and grants.—

(5) Notwithstanding the provisions of s. 216.301 and pursuant to s. 216.351, any balance of moneys deposited into the Insurance Regulatory Trust Fund pursuant to this section ~~or s. 626.9895~~ remaining at the end of any fiscal year ~~is shall be~~ available for carrying out the duties and responsibilities of the division. The department may request annual appropriations from the grants and donations received pursuant to this section ~~or s. 626.9895~~ and cash balances in the Insurance Regulatory Trust Fund for the purpose of carrying out its duties and responsibilities related to the division's anti-fraud efforts, including the funding of dedicated prosecutors and related personnel.

Section 7. Section 626.9895, Florida Statutes, is created to read:

626.9895 Motor vehicle insurance fraud direct-support organization.—

(1) **DEFINITIONS.**—As used in this section, the term:

(a) “Division” means the Division of Insurance Fraud of the Department of Financial Services.

(b) “Motor vehicle insurance fraud” means any act defined as a “fraudulent insurance act” under s. 626.989, which relates to the coverage of motor vehicle insurance as described in part XI of chapter 627.

(c) “Organization” means the direct-support organization established under this section.

(2) **ORGANIZATION ESTABLISHED.**—The division may establish a direct-support organization, to be known as the “Automobile Insurance Fraud Strike Force,” whose sole purpose is to support the prosecution, investigation, and prevention of motor vehicle insurance fraud. The organization shall:

(a) Be a not-for-profit corporation incorporated under chapter 617 and approved by the Department of State.

(b) Be organized and operated to conduct programs and activities; raise funds; request and receive grants, gifts, and bequests of money; acquire, receive, hold, invest, and administer, in its own name, securities, funds, objects of value, or other property, real or personal; and make grants and expenditures to or for the direct or indirect benefit of the division, state attorneys' offices, the statewide prosecutor, the Agency for Health Care Administration, and the Department of Health to the extent that such grants and expenditures are used exclusively to advance the prosecution, investigation, or prevention of motor vehicle insurance fraud. Grants and expenditures may include the cost of salaries or benefits of motor vehicle insurance fraud investigators, prosecutors, or support personnel if such grants and expenditures do not interfere with prosecutorial independence or otherwise create conflicts of interest which threaten the success of prosecutions.

(c) Be determined by the division to operate in a manner that promotes the goals of laws relating to motor vehicle insurance fraud, that is in the best interest of the state, and that is in accordance with the adopted goals and mission of the division.

(d) Use all of its grants and expenditures solely for the purpose of preventing and decreasing motor vehicle insurance fraud, and not for the purpose of lobbying as defined in s. 11.045.

(e) Be subject to an annual financial audit in accordance with s. 215.981.

(3) **CONTRACT.**—The organization shall operate under written contract with the division. The contract must provide for:

(a) Approval of the articles of incorporation and bylaws of the organization by the division.

(b) Submission of an annual budget for approval of the division. The budget must require the organization to minimize costs to the division and its members at all times by using existing personnel and property and allowing for telephonic meetings if appropriate.

(c) Certification by the division that the organization is complying with the terms of the contract and in a manner consistent with the goals and purposes of the department and in the best interest of the state. Such certification must be made annually and reported in the official minutes of a meeting of the organization.

(d) Allocation of funds to address motor vehicle insurance fraud.

(e) Reversion of moneys and property held in trust by the organization for motor vehicle insurance fraud prosecution, investigation, and prevention to the division if the organization is no longer approved to operate for the department or if the organization ceases to exist, or to the state if the division ceases to exist.

(f) Specific criteria to be used by the organization's board of directors to evaluate the effectiveness of funding used to combat motor vehicle insurance fraud.

(g) The fiscal year of the organization, which begins July 1 of each year and ends June 30 of the following year.

(h) Disclosure of the material provisions of the contract, and distinguishing between the department and the organization to donors of gifts, contributions, or bequests, including providing such disclosure on all promotional and fundraising publications.

(4) **BOARD OF DIRECTORS.**—

(a) The board of directors of the organization shall consist of the following eleven members:

1. The Chief Financial Officer, or designee, who shall serve as chair.

2. Two state attorneys, one of whom shall be appointed by the Chief Financial Officer and one of whom shall be appointed by the Attorney General.

3. Two representatives of motor vehicle insurers appointed by the Chief Financial Officer.

4. Two representatives of local law enforcement agencies, one of whom shall be appointed by the Chief Financial Officer and one of whom shall be appointed by the Attorney General.

5. Two representatives of the types of health care providers who regularly make claims for benefits under ss. 627.730-627.7405, one of whom shall be appointed by the President of the Senate and one of whom shall be appointed by the Speaker of the House of Representatives. The appointees may not represent the same type of health care provider.

6. A private attorney that has experience in representing claimants in actions for benefits under ss. 627.730-627.7405, who shall be appointed by the President of the Senate.

7. A private attorney who has experience in representing insurers in actions for benefits under ss. 627.730-627.7405, who shall be appointed by the Speaker of the House of Representatives.

(b) The officer who appointed a member of the board may remove that member for cause. The term of office of an appointed member expires at the same time as the term of the officer who appointed him or her or at such earlier time as the person ceases to be qualified.

(5) **USE OF PROPERTY.**—The department may authorize, without charge, appropriate use of fixed property and facilities of the division by the organization, subject to this subsection.

(a) The department may prescribe any condition with which the organization must comply in order to use the division's property or facilities.

(b) The department may not authorize the use of the division's property or facilities if the organization does not provide equal membership and employment opportunities to all persons regardless of race, religion, sex, age, or national origin.

(c) The department shall adopt rules prescribing the procedures by which the organization is governed and any conditions with which the organization must comply to use the division's property or facilities.

(6) **CONTRIBUTIONS FROM INSURERS.**—Contributions from an insurer to the organization shall be allowed as an appropriate business expense of the insurer for all regulatory purposes.

(7) **DEPOSITORY ACCOUNT.**—Any moneys received by the organization may be held in a separate depository account in the name of the organization and subject to the contract with the division.

(8) **DIVISION'S RECEIPT OF PROCEEDS.**—Proceeds received by the division from the organization shall be deposited into the Insurance Regulatory Trust Fund.

Section 8. Effective January 1, 2013, subsections (1), (4), (5), (6), (8), (9), (10), and (11) of section 627.736, Florida Statutes, are amended, and subsection (17) is added to that section, to read:

627.736 Required personal injury protection benefits; exclusions; priority; claims.—

(1) **REQUIRED BENEFITS.**—An ~~Every~~ insurance policy complying with the security requirements of s. 627.733 ~~must shall~~ provide personal injury protection to the named insured, relatives residing in the same household, persons operating the insured motor vehicle, passengers in the ~~such~~ motor vehicle, and other persons struck by the ~~such~~ motor vehicle and suffering bodily injury while not an occupant of a self-propelled vehicle, subject to the provisions of subsection (2) and paragraph (4)(e), to a limit of \$10,000 in medical and disability benefits and \$5,000 in death benefits resulting from ~~for loss sustained by any such person as a result of~~ bodily injury, sickness, disease, or death arising out of the ownership, maintenance, or use of a motor vehicle as follows:

(a) **Medical benefits.**—Eighty percent of all reasonable expenses for medically necessary medical, surgical, X-ray, dental, and rehabilitative services, including prosthetic devices; and medically necessary ambulance, hospital, and nursing services if the individual receives initial services and care pursuant to subparagraph 1. within 14 days after the motor vehicle accident. ~~However,~~ The medical benefits ~~shall~~ provide reimbursement only for: ~~such~~

1. Initial services and care that are lawfully provided, supervised, ordered, or prescribed by a physician licensed under chapter 458 or chapter 459, a dentist licensed under chapter 466, or a chiropractic physician licensed under chapter 460 or that are provided in a hospital or in a facility that owns, or is wholly owned by, a hospital. Initial services and care may also be provided by a person or entity licensed under part III of chapter 401 which provides emergency transportation and treatment.

2. Followup services and care consistent with the underlying medical diagnosis rendered pursuant to subparagraph 1. which may be provided, supervised, ordered, or prescribed only by a physician licensed under chapter 458 or chapter 459, a chiropractic physician licensed under chapter 460, a dentist licensed under chapter 466, or, to the extent permitted by applicable law and under the supervision of such physician,

osteopathic physician, chiropractic physician, or dentist, by a physician assistant licensed under chapter 458 or chapter 459 or an advanced registered nurse practitioner licensed under chapter 464. Followup services and care may also be provided by any of the following persons or entities:

a. ~~1.~~ A hospital or ambulatory surgical center licensed under chapter 395.

~~2. A person or entity licensed under ss. 401.2101-401.45 that provides emergency transportation and treatment.~~

~~b. 3.~~ An entity wholly owned by one or more physicians licensed under chapter 458 or chapter 459, chiropractic physicians licensed under chapter 460, or dentists licensed under chapter 466 or by such ~~practitioner or practitioners~~ and the spouse, parent, child, or sibling of such ~~that practitioner or those practitioners.~~

c. ~~4.~~ An entity that owns or is wholly owned, directly or indirectly, by a hospital or hospitals.

d. A physical therapist licensed under chapter 486.

e. ~~5.~~ A health care clinic licensed under part X of chapter 400 which ~~ss. 400.990-400.995 that is:~~

~~a.~~ accredited by the Joint Commission on Accreditation of Health-care Organizations, the American Osteopathic Association, the Commission on Accreditation of Rehabilitation Facilities, or the Accreditation Association for Ambulatory Health Care, Inc.; or

~~b. A health care clinic that:~~

(I) Has a medical director licensed under chapter 458, chapter 459, or chapter 460;

(II) Has been continuously licensed for more than 3 years or is a publicly traded corporation that issues securities traded on an exchange registered with the United States Securities and Exchange Commission as a national securities exchange; and

(III) Provides at least four of the following medical specialties:

(A) General medicine.

(B) Radiography.

(C) Orthopedic medicine.

(D) Physical medicine.

(E) Physical therapy.

(F) Physical rehabilitation.

(G) Prescribing or dispensing outpatient prescription medication.

(H) Laboratory services.

3. Reimbursement for services and care provided by each type of licensed medical provider authorized to render such services and care is limited to the lesser of 24 visits or to services or care rendered within 12 weeks after the date of the initial treatment, whichever comes first, unless the insurer authorizes additional services or care.

4. Medical benefits do not include massage as defined in s. 480.033 or acupuncture as defined in s. 457.102, regardless of the person, entity, or licensee providing massage or acupuncture, and a licensed massage therapist or licensed acupuncturist may not be reimbursed for medical benefits under this section.

5. The Financial Services Commission shall adopt by rule the form that must be used by an insurer and a health care provider specified in sub-subparagraph 2.b., sub-subparagraph 2.c., or sub-subparagraph 2.e. ~~subparagraph 3., subparagraph 4., or subparagraph 5.~~ to document that the health care provider meets the criteria of this paragraph, which rule must include a requirement for a sworn statement or affidavit.

(b) **Disability benefits.**—Sixty percent of any loss of gross income and loss of earning capacity per individual from inability to work proximately caused by the injury sustained by the injured person, plus all expenses

reasonably incurred in obtaining from others ordinary and necessary services in lieu of those that, but for the injury, the injured person would have performed without income for the benefit of his or her household. All disability benefits payable under this provision ~~shall~~ be paid at least ~~not less than~~ every 2 weeks.

(c) *Death benefits.*—Death benefits ~~equal to the lesser of \$5,000 or the remainder of unused personal injury protection benefits~~ per individual. Death benefits are in addition to the medical and disability benefits provided under the insurance policy. The insurer may pay death ~~such~~ benefits to the executor or administrator of the deceased, to any of the deceased's relatives by blood, ~~or~~ legal adoption, or ~~connection by~~ marriage, or to any person appearing to the insurer to be equitably entitled to such benefits ~~thereto~~.

Only insurers writing motor vehicle liability insurance in this state may provide the required benefits of this section, and ~~no~~ such insurer may not ~~shall~~ require the purchase of any other motor vehicle coverage other than the purchase of property damage liability coverage as required by s. 627.7275 as a condition for providing such ~~required~~ benefits. Insurers may not require that property damage liability insurance in an amount greater than \$10,000 be purchased in conjunction with personal injury protection. Such insurers shall make benefits and required property damage liability insurance coverage available through normal marketing channels. ~~An~~ Any insurer writing motor vehicle liability insurance in this state who fails to comply with such availability requirement as a general business practice ~~violates~~ ~~shall be deemed to have violated~~ part IX of chapter 626, and such violation ~~constitutes~~ ~~shall constitute~~ an unfair method of competition or an unfair or deceptive act or practice involving the business of insurance. ~~Any~~ and any such insurer committing such violation is ~~shall be~~ subject to the penalties *provided under that afforded in such part*, as well as those *provided which may be afforded* elsewhere in the insurance code.

(4) *PAYMENT OF BENEFITS; WHEN DUE.*—Benefits due from an insurer under ss. 627.730-627.7405 ~~are~~ ~~shall be~~ primary, except that benefits received under any workers' compensation law ~~must~~ ~~shall be~~ credited against the benefits provided by subsection (1) and ~~are~~ ~~shall be~~ due and payable as loss accrues; upon receipt of reasonable proof of such loss and the amount of expenses and loss incurred which are covered by the policy issued under ss. 627.730-627.7405. ~~If~~ When the Agency for Health Care Administration provides, pays, or becomes liable for medical assistance under the Medicaid program related to injury, sickness, disease, or death arising out of the ownership, maintenance, or use of a motor vehicle, the benefits under ss. 627.730-627.7405 ~~are~~ ~~shall be~~ subject to the provisions of the Medicaid program. ~~However, within 30 days after receiving notice that the Medicaid program paid such benefits, the insurer shall repay the full amount of the benefits to the Medicaid program.~~

(a) An insurer may require written notice to be given as soon as practicable after an accident involving a motor vehicle with respect to which the policy affords the security required by ss. 627.730-627.7405.

(b) Personal injury protection insurance benefits paid pursuant to this section ~~are~~ ~~shall be~~ overdue if not paid within 30 days after the insurer is furnished written notice of the fact of a covered loss and of the amount of same. *However:*

1. If ~~such~~ written notice of the entire claim is not furnished to the insurer ~~as to the entire claim~~, any partial amount supported by written notice is overdue if not paid within 30 days after ~~such~~ written notice is furnished to the insurer. Any part or all of the remainder of the claim that is subsequently supported by written notice is overdue if not paid within 30 days after ~~such~~ written notice is furnished to the insurer.

2. ~~If~~ When an insurer pays only a portion of a claim or rejects a claim, the insurer shall provide at the time of the partial payment or rejection an itemized specification of each item that the insurer had reduced, omitted, or declined to pay and any information that the insurer desires the claimant to consider related to the medical necessity of the denied treatment or to explain the reasonableness of the reduced charge ~~if provided that this does~~ ~~shall~~ not limit the introduction of evidence at trial; ~~and~~ The insurer ~~must also~~ ~~shall~~ include the name and address of the person to whom the claimant should respond and a claim number to be referenced in future correspondence.

3. *If an insurer pays only a portion of a claim or rejects a claim due to an alleged error in the claim, the insurer, at the time of the partial payment or rejection, shall provide an itemized specification or explanation of benefits due to the specified error. Upon receiving the specification or explanation, the person making the claim, at the person's option and without waiving any other legal remedy for payment, has 15 days to submit a revised claim, which shall be considered a timely submission of written notice of a claim.*

4. ~~However,~~ Notwithstanding the fact that written notice has been furnished to the insurer, ~~any~~ payment is ~~shall not be deemed~~ overdue if ~~when~~ the insurer has reasonable proof ~~to establish~~ that the insurer is not responsible for the payment.

5. For the purpose of calculating the extent to which ~~any~~ benefits are overdue, payment shall be treated as being made on the date a draft or other valid instrument ~~that~~ ~~which~~ is equivalent to payment was placed in the United States mail in a properly addressed, postpaid envelope or, if not so posted, on the date of delivery.

6. This paragraph does not preclude or limit the ability of the insurer to assert that the claim was unrelated, was not medically necessary, or was unreasonable or that the amount of the charge was in excess of that permitted under, or in violation of, subsection (5). Such assertion ~~by the insurer~~ may be made at any time, including after payment of the claim or after the 30-day ~~time~~ period for payment set forth in this paragraph.

(c) Upon receiving notice of an accident that is potentially covered by personal injury protection benefits, the insurer must reserve \$5,000 of personal injury protection benefits for payment to physicians licensed under chapter 458 or chapter 459 or dentists licensed under chapter 466 who provide emergency services and care, as defined in s. 395.002(4), or who provide hospital inpatient care. The amount required to be held in reserve may be used only to pay claims from such physicians or dentists until 30 days after the date the insurer receives notice of the accident. After the 30-day period, any amount of the reserve for which the insurer has not received notice of ~~such claims~~ ~~a claim from a physician or dentist who provided emergency services and care or who provided hospital inpatient care~~ may then be used by the insurer to pay other claims. The time periods specified in paragraph (b) for ~~required~~ payment of personal injury protection benefits ~~are~~ ~~shall be~~ tolled for the period of time that an insurer is required ~~by this paragraph~~ to hold payment of a claim that is not from ~~such a physician or dentist who provided emergency services and care or who provided hospital inpatient care~~ to the extent that the personal injury protection benefits not held in reserve are insufficient to pay the claim. This paragraph does not require an insurer to establish a claim reserve for insurance accounting purposes.

(d) All overdue payments ~~shall~~ bear simple interest at the rate established under s. 55.03 or the rate established in the insurance contract, whichever is greater, for the year in which the payment became overdue, calculated from the date the insurer was furnished with written notice of the amount of covered loss. Interest is ~~shall be~~ due at the time payment of the overdue claim is made.

(e) The insurer of the owner of a motor vehicle shall pay personal injury protection benefits for:

1. Accidental bodily injury sustained in this state by the owner while occupying a motor vehicle, or while not an occupant of a self-propelled vehicle if the injury is caused by physical contact with a motor vehicle.

2. Accidental bodily injury sustained outside this state, but within the United States of America or its territories or possessions or Canada, by the owner while occupying the owner's motor vehicle.

3. Accidental bodily injury sustained by a relative of the owner residing in the same household, under the circumstances described in subparagraph 1. or subparagraph 2., ~~if provided~~ the relative at the time of the accident is domiciled in the owner's household and is not ~~himself or herself~~ the owner of a motor vehicle with respect to which security is required under ss. 627.730-627.7405.

4. Accidental bodily injury sustained in this state by any other person while occupying the owner's motor vehicle or, if a resident of this state, while not an occupant of a self-propelled vehicle; if the injury is caused by physical contact with such motor vehicle, ~~if provided~~ the injured person is not ~~himself or herself~~.

a. The owner of a motor vehicle with respect to which security is required under ss. 627.730-627.7405; or

b. Entitled to personal injury benefits from the insurer of the owner ~~or owners~~ of such a motor vehicle.

(f) If two or more insurers are liable ~~for paying to pay~~ personal injury protection benefits for the same injury to any one person, the maximum payable ~~is shall be~~ as specified in subsection (1), and ~~the any~~ insurer paying the benefits ~~is shall be~~ entitled to recover from each of the other insurers an equitable pro rata share of the benefits paid and expenses incurred in processing the claim.

(g) It is a violation of the insurance code for an insurer to fail to timely provide benefits as required by this section with such frequency as to constitute a general business practice.

(h) Benefits ~~are shall not be~~ due or payable to or on the behalf of an insured person if that person has committed, by a material act or omission, ~~any~~ insurance fraud relating to personal injury protection coverage under his or her policy, if the fraud is admitted to in a sworn statement by the insured or ~~if it is~~ established in a court of competent jurisdiction. Any insurance fraud ~~voids shall void~~ all coverage arising from the claim related to such fraud under the personal injury protection coverage of the insured person who committed the fraud, irrespective of whether a portion of the insured person's claim may be legitimate, and any benefits paid ~~before prior to~~ the discovery of the ~~insured person's~~ insurance fraud ~~is shall be~~ recoverable by the insurer ~~in its entirety~~ from the person who committed insurance fraud ~~in their entirety~~. The prevailing party is entitled to its costs and ~~attorney attorney's~~ fees in any action in which it prevails in an insurer's action to enforce its right of recovery under this paragraph.

(i) *If an insurer has a reasonable belief that a fraudulent insurance act, as defined in s. 626.989 or s. 817.234, has been committed, the insurer shall notify the claimant in writing within 30 days after submission of the claim that the claim is being investigated for suspected fraud and execute and provide to the insured and the office an affidavit under oath stating that there is a factual basis that there is a probability of fraud. The insurer has an additional 60 days, beginning at the end of the initial 30-day period, to conduct its fraud investigation. Notwithstanding subsection (10), no later than the 90th day after the submission of the claim, the insurer must deny the claim or pay the claim along with simple interest as provided in paragraph (d). All claims denied for suspected fraudulent insurance acts shall be reported to the Division of Insurance Fraud.*

(j) *An insurer shall create and maintain for each insured a log of personal injury protection benefits paid by the insurer on behalf of the insured. If litigation is commenced, the insurer shall provide to the insured, or an assignee of the insured, a copy of the log within 30 days after receiving a request for the log from the insured or the assignee.*

(5) CHARGES FOR TREATMENT OF INJURED PERSONS.—

~~(a) 1. A Any~~ physician, hospital, clinic, or other person or institution lawfully rendering treatment to an injured person for a bodily injury covered by personal injury protection insurance may charge the insurer and injured party only a reasonable amount pursuant to this section for the services and supplies rendered, and the insurer providing such coverage may pay for such charges directly to such person or institution lawfully rendering such treatment; if the insured receiving such treatment or his or her guardian has countersigned the properly completed invoice, bill, or claim form approved by the office upon which such charges are to be paid for as having actually been rendered, to the best knowledge of the insured or his or her guardian. ~~In no event, However, may such a charge may not exceed be in excess of~~ the amount the person or institution customarily charges for like services or supplies. ~~In determining With respect to a determination of~~ whether a charge for a particular service, treatment, or otherwise is reasonable, consideration may be given to evidence of usual and customary charges and payments accepted by the provider involved in the dispute, ~~and~~ reimbursement levels in the community and various federal and state medical fee schedules applicable to ~~motor vehicle automobile~~ and other insurance coverages, and other information relevant to the reasonableness of the reimbursement for the service, treatment, or supply.

~~1.2.~~ The insurer may limit reimbursement to 80 percent of the following schedule of maximum charges:

a. For emergency transport and treatment by providers licensed under chapter 401, 200 percent of Medicare.

b. For emergency services and care provided by a hospital licensed under chapter 395, 75 percent of the hospital's usual and customary charges.

c. For emergency services and care as defined by s. 395.002(9) provided in a facility licensed under chapter 395 rendered by a physician or dentist, and related hospital inpatient services rendered by a physician or dentist, the usual and customary charges in the community.

d. For hospital inpatient services, other than emergency services and care, 200 percent of the Medicare Part A prospective payment applicable to the specific hospital providing the inpatient services.

e. For hospital outpatient services, other than emergency services and care, 200 percent of the Medicare Part A Ambulatory Payment Classification for the specific hospital providing the outpatient services.

f. For all other medical services, supplies, and care, 200 percent of the allowable amount under:

(I) The participating physicians fee schedule of Medicare Part B, except as provided in sub-sub-subparagraphs (II) and (III).

(II) Medicare Part B, in the case of services, supplies, and care provided by ambulatory surgical centers and clinical laboratories.

(III) The Durable Medical Equipment Prosthetics/Orthotics and Supplies fee schedule of Medicare Part B, in the case of durable medical equipment.

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

~~2.3.~~ For purposes of subparagraph 1. ~~2.~~, the applicable fee schedule or payment limitation under Medicare is the fee schedule or payment limitation in effect on January 1 of the year in which ~~at the time the~~ services, supplies, or care ~~is was~~ rendered and for the area in which such services, supplies, or care ~~is were~~ rendered, and the applicable fee schedule or payment limitation applies throughout the remainder of that year, notwithstanding any subsequent change made to the fee schedule or payment limitation, except that it may not be less than the allowable amount under the applicable ~~participating physicians~~ schedule of Medicare Part B for 2007 for medical services, supplies, and care subject to Medicare Part B.

~~3.4.~~ Subparagraph 1. ~~2.~~ does not allow the insurer to apply any limitation on the number of treatments or other utilization limits that apply under Medicare or workers' compensation. An insurer that applies the allowable payment limitations of subparagraph 1. ~~2.~~ must reimburse a provider who lawfully provided care or treatment under the scope of his or her license, regardless of whether such provider ~~is would be~~ entitled to reimbursement under Medicare due to restrictions or limitations on the types or discipline of health care providers who may be reimbursed for particular procedures or procedure codes.

~~4.5.~~ If an insurer limits payment as authorized by subparagraph 1. ~~2.~~, the person providing such services, supplies, or care may not bill or attempt to collect from the insured any amount in excess of such limits, except for amounts that are not covered by the insured's personal injury protection coverage due to the coinsurance amount or maximum policy limits.

5. *Effective July 1, 2012, an insurer may limit payment as authorized by this paragraph only if the insurance policy includes a notice at the time of issuance or renewal that the insurer may limit payment pursuant to the schedule of charges specified in this paragraph. A policy form approved by the office satisfies this requirement. If a provider submits a charge for an amount less than the amount allowed under subparagraph 1., the insurer may pay the amount of the charge submitted.*

(b)1. An insurer or insured is not required to pay a claim or charges:

a. Made by a broker or by a person making a claim on behalf of a broker;

b. For any service or treatment that was not lawful at the time rendered;

c. To any person who knowingly submits a false or misleading statement relating to the claim or charges;

d. With respect to a bill or statement that does not substantially meet the applicable requirements of paragraph (d);

e. For any treatment or service that is upcoded, or that is unbundled when such treatment or services should be bundled, in accordance with paragraph (d). To facilitate prompt payment of lawful services, an insurer may change codes that it determines to have been improperly or incorrectly upcoded or unbundled, and may make payment based on the changed codes, without affecting the right of the provider to dispute the change by the insurer, ~~if, provided that~~ before doing so, the insurer ~~contacts must contact~~ the health care provider and ~~discusses discuss~~ the reasons for the insurer's change and the health care provider's reason for the coding, or ~~makes make~~ a reasonable good faith effort to do so, as documented in the insurer's file; and

f. For medical services or treatment billed by a physician and not provided in a hospital unless such services are rendered by the physician or are incident to his or her professional services and are included on the physician's bill, including documentation verifying that the physician is responsible for the medical services that were rendered and billed.

2. The Department of Health, in consultation with the appropriate professional licensing boards, shall adopt, by rule, a list of diagnostic tests deemed not to be medically necessary for use in the treatment of persons sustaining bodily injury covered by personal injury protection benefits under this section. The ~~initial list shall be adopted by January 1, 2004, and~~ shall be revised from time to time as determined by the Department of Health, in consultation with the respective professional licensing boards. Inclusion of a test on the list of ~~invalid diagnostic tests~~ shall be based on lack of demonstrated medical value and a level of general acceptance by the relevant provider community and ~~may shall~~ not be dependent for results entirely upon subjective patient response. Notwithstanding its inclusion on a fee schedule in this subsection, an insurer or insured is not required to pay any charges or reimburse claims for ~~an any~~ invalid diagnostic test as determined by the Department of Health.

~~(c)1.~~ With respect to any treatment or service, other than medical services billed by a hospital or other provider for emergency services ~~and care as defined in s. 395.002~~ or inpatient services rendered at a hospital-owned facility, the statement of charges must be furnished to the insurer by the provider and may not include, and the insurer is not required to pay, charges for treatment or services rendered more than 35 days before the postmark date or electronic transmission date of the statement, except for past due amounts previously billed on a timely basis under this paragraph, and except that, if the provider submits to the insurer a notice of initiation of treatment within 21 days after its first examination or treatment of the claimant, the statement may include charges for treatment or services rendered up to, but not more than, 75 days before the postmark date of the statement. The injured party is not liable for, and the provider ~~may shall~~ not bill the injured party for, charges that are unpaid because of the provider's failure to comply with this paragraph. Any agreement requiring the injured person or insured to pay for such charges is unenforceable.

~~1.2.~~ If, ~~however,~~ the insured fails to furnish the provider with the correct name and address of the insured's personal injury protection insurer, the provider has 35 days from the date the provider obtains the correct information to furnish the insurer with a statement of the charges. The insurer is not required to pay for such charges unless the provider includes with the statement documentary evidence that was provided by the insured during the 35-day period demonstrating that the provider reasonably relied on erroneous information from the insured and either:

a. A denial letter from the incorrect insurer; or

b. Proof of mailing, which may include an affidavit under penalty of perjury, reflecting timely mailing to the incorrect address or insurer.

~~2.3.~~ For emergency services and care ~~as defined in s. 395.002~~ rendered in a hospital emergency department or for transport and treatment rendered by an ambulance provider licensed pursuant to part III of chapter 401, the provider is not required to furnish the statement of charges within the time periods established by this paragraph; and the insurer ~~is shall~~ not be considered to have been furnished with notice of the amount of covered loss for purposes of paragraph (4)(b) until it receives a statement complying with paragraph (d), or copy thereof, which specifically identifies the place of service to be a hospital emergency department or an ambulance in accordance with billing standards recognized by the *federal Centers for Medicare and Medicaid Services Health Care Finance Administration*.

~~3.4.~~ Each notice of the insured's rights under s. 627.7401 must include the following statement ~~in at least 12-point type in type no smaller than 12 points:~~

BILLING REQUIREMENTS.—Florida law provides ~~Statutes provide~~ that with respect to any treatment or services, other than certain hospital and emergency services, the statement of charges furnished to the insurer by the provider may not include, and the insurer and the injured party are not required to pay, charges for treatment or services rendered more than 35 days before the postmark date of the statement, except for past due amounts previously billed on a timely basis, and except that, if the provider submits to the insurer a notice of initiation of treatment within 21 days after its first examination or treatment of the claimant, the statement may include charges for treatment or services rendered up to, but not more than, 75 days before the postmark date of the statement.

(d) All statements and bills for medical services rendered by ~~a any~~ physician, hospital, clinic, or other person or institution shall be submitted to the insurer on a properly completed Centers for Medicare and Medicaid Services (CMS) 1500 form, UB 92 forms, or any other standard form approved by the office or adopted by the commission for purposes of this paragraph. All billings for such services rendered by providers ~~must shall~~, to the extent applicable, follow the Physicians' Current Procedural Terminology (CPT) or Healthcare Correct Procedural Coding System (HCPCS), or ICD-9 in effect for the year in which services are rendered and comply with the ~~Centers for Medicare and Medicaid Services (CMS) 1500 form instructions, and the American Medical Association Current Procedural Terminology (CPT) Editorial Panel, and the Healthcare Correct Procedural Coding System (HCPCS).~~ All providers, other than hospitals, ~~must shall~~ include on the applicable claim form the professional license number of the provider in the line or space provided for "Signature of Physician or Supplier, Including Degrees or Credentials." In determining compliance with applicable CPT and HCPCS coding, guidance shall be provided by the Physicians' Current Procedural Terminology (CPT) or the Healthcare Correct Procedural Coding System (HCPCS) in effect for the year in which services were rendered, the Office of the Inspector General (~~OIG~~), Physicians Compliance Guidelines, and other authoritative treatises designated by rule by the Agency for Health Care Administration. ~~A No~~ statement of medical services may not include charges for medical services of a person or entity that performed such services without possessing the valid licenses required to perform such services. For purposes of paragraph (4)(b), an insurer ~~is shall~~ not be considered to have been furnished with notice of the amount of covered loss or medical bills due unless the statements or bills comply with this paragraph; and ~~unless the statements or bills~~ are properly completed in their entirety as to all material provisions, with all relevant information being provided therein.

(e)1. At the initial treatment or service provided, each physician, other licensed professional, clinic, or other medical institution providing medical services upon which a claim for personal injury protection benefits is based shall require an insured person, or his or her guardian, to execute a disclosure and acknowledgment form, which reflects at a minimum that:

a. The insured, or his or her guardian, must countersign the form attesting to the fact that the services set forth therein were actually rendered;

b. The insured, or his or her guardian, has both the right and affirmative duty to confirm that the services were actually rendered;

c. The insured, or his or her guardian, was not solicited by any person to seek any services from the medical provider;

d. The physician, other licensed professional, clinic, or other medical institution rendering services for which payment is being claimed explained the services to the insured or his or her guardian; and

e. If the insured notifies the insurer in writing of a billing error, the insured may be entitled to a certain percentage of a reduction in the amounts paid by the insured's motor vehicle insurer.

2. The physician, other licensed professional, clinic, or other medical institution rendering services for which payment is being claimed has the affirmative duty to explain the services rendered to the insured, or his or her guardian, so that the insured, or his or her guardian, countersigns the form with informed consent.

3. Countersignature by the insured, or his or her guardian, is not required for the reading of diagnostic tests or other services that are of such a nature that they are not required to be performed in the presence of the insured.

4. The licensed medical professional rendering treatment for which payment is being claimed must sign, by his or her own hand, the form complying with this paragraph.

5. The original completed disclosure and acknowledgment form shall be furnished to the insurer pursuant to paragraph (4)(b) and may not be electronically furnished.

6. ~~This disclosure and acknowledgment form is not required for services billed by a provider for emergency services as defined in s. 395.002, for emergency services and care as defined in s. 395.002 rendered in a hospital emergency department, or for transport and treatment rendered by an ambulance provider licensed pursuant to part III of chapter 401.~~

7. The Financial Services Commission shall adopt, by rule, a standard disclosure and acknowledgment form ~~to that shall be used to fulfill the requirements of this paragraph, effective 90 days after such form is adopted and becomes final. The commission shall adopt a proposed rule by October 1, 2003. Until the rule is final, the provider may use a form of its own which otherwise complies with the requirements of this paragraph.~~

8. As used in this paragraph, the term "countersign" or "countersignature" ~~"countersigned"~~ means a second or verifying signature, as on a previously signed document, and is not satisfied by the statement "signature on file" or any similar statement.

9. The requirements of this paragraph apply only with respect to the initial treatment or service of the insured by a provider. For subsequent treatments or service, the provider must maintain a patient log signed by the patient, in chronological order by date of service, ~~which that is consistent with the services being rendered to the patient as claimed. The requirement to maintain requirements of this subparagraph for maintaining~~ a patient log signed by the patient may be met by a hospital that maintains medical records as required by s. 395.3025 and applicable rules and makes such records available to the insurer upon request.

(f) Upon written notification by any person, an insurer shall investigate any claim of improper billing by a physician or other medical provider. The insurer shall determine if the insured was properly billed for only those services and treatments that the insured actually received. If the insurer determines that the insured has been improperly billed, the insurer shall notify the insured, the person making the written notification, and the provider of its findings and ~~shall~~ reduce the amount of payment to the provider by the amount determined to be improperly billed. If a reduction is made due to a ~~such~~ written notification by any person, the insurer shall pay to the person 20 percent of the amount of the reduction, up to \$500. If the provider is arrested due to the improper billing, ~~then~~ the insurer shall pay to the person 40 percent of the amount of the reduction, up to \$500.

(g) An insurer may not systematically downcode with the intent to deny reimbursement otherwise due. Such action constitutes a material misrepresentation under s. 626.9541(1)(i)2.

(h) *As provided in s. 400.9905, an entity excluded from the definition of a clinic shall be deemed a clinic and must be licensed under part X of chapter 400 in order to receive reimbursement under ss. 627.730-627.7405. However, this licensing requirement does not apply to:*

1. *An entity wholly owned by a physician licensed under chapter 458 or chapter 459, or by the physician and the spouse, parent, child, or sibling of the physician;*

2. *An entity wholly owned by a dentist licensed under chapter 466, or by the dentist and the spouse, parent, child, or sibling of the dentist;*

3. *An entity wholly owned by a chiropractic physician licensed under chapter 460, or by the chiropractic physician and the spouse, parent, child, or sibling of the chiropractic physician;*

4. *A hospital or ambulatory surgical center licensed under chapter 395;*

5. *An entity that wholly owns or is wholly owned, directly or indirectly, by a hospital or hospitals licensed under chapter 395; or*

6. *An entity that is a clinical facility affiliated with an accredited medical school at which training is provided for medical students, residents, or fellows.*

(6) DISCOVERY OF FACTS ABOUT AN INJURED PERSON; DISPUTES.—

(a) ~~Every employer shall.~~ If a request is made by an insurer providing personal injury protection benefits under ss. 627.730-627.7405 against whom a claim has been made, ~~an employer must furnish forthwith,~~ in a form approved by the office, a sworn statement of the earnings, since the time of the bodily injury and for a reasonable period before the injury, of the person upon whose injury the claim is based.

(b) Every physician, hospital, clinic, or other medical institution providing, before or after bodily injury upon which a claim for personal injury protection insurance benefits is based, any products, services, or accommodations in relation to that or any other injury, or in relation to a condition claimed to be connected with that or any other injury, shall, if requested to do so by the insurer against whom the claim has been made, furnish ~~forthwith~~ a written report of the history, condition, treatment, dates, and costs of such treatment of the injured person and why the items identified by the insurer were reasonable in amount and medically necessary, together with a sworn statement that the treatment or services rendered were reasonable and necessary with respect to the bodily injury sustained and identifying which portion of the expenses for such treatment or services was incurred as a result of such bodily injury, and produce ~~forthwith,~~ and ~~allow permit~~ the inspection and copying of, his or her or its records regarding such history, condition, treatment, dates, and costs of treatment ~~if, provided that this does shall~~ not limit the introduction of evidence at trial. Such sworn statement ~~must shall~~ read as follows: "Under penalty of perjury, I declare that I have read the foregoing, and the facts alleged are true, to the best of my knowledge and belief." A ~~no~~ cause of action for violation of the physician-patient privilege or invasion of the right of privacy ~~may not be brought shall be permitted~~ against any physician, hospital, clinic, or other medical institution complying with the provisions of this section. The person requesting such records and such sworn statement shall pay all reasonable costs connected therewith. If an insurer makes a written request for documentation or information under this paragraph within 30 days after having received notice of the amount of a covered loss under paragraph (4)(a), the amount or the partial amount ~~that which~~ is the subject of the insurer's inquiry ~~is shall become~~ overdue if the insurer does not pay in accordance with paragraph (4)(b) or within 10 days after the insurer's receipt of the requested documentation or information, whichever occurs later. ~~As used in For purposes of this paragraph, the term "receipt" includes, but is not limited to, inspection and copying pursuant to this paragraph. An Any insurer that requests documentation or information pertaining to reasonableness of charges or medical necessity under this paragraph without a reasonable basis for such requests as a general business practice is engaging in an unfair trade practice under the insurance code.~~

(c) In the event of ~~a any~~ dispute regarding an insurer's right to discovery of facts under this section, the insurer may petition a court of competent jurisdiction to enter an order permitting such discovery. The

order may be made only on motion for good cause shown and upon notice to all persons having an interest, and ~~must it shall~~ specify the time, place, manner, conditions, and scope of the discovery. ~~Such court may,~~ In order to protect against annoyance, embarrassment, or oppression, as justice requires, ~~the court may~~ enter an order refusing discovery or specifying conditions of discovery and may order payments of costs and expenses of the proceeding, including reasonable fees for the appearance of attorneys at the proceedings, as justice requires.

(d) The injured person shall be furnished, upon request, a copy of all information obtained by the insurer under ~~the provisions of this section,~~ and ~~shall~~ pay a reasonable charge, if required by the insurer.

(e) Notice to an insurer of the existence of a claim ~~may shall~~ not be unreasonably withheld by an insured.

(f) *In a dispute between the insured and the insurer, or between an assignee of the insured's rights and the insurer, the insurer must notify the insured or the assignee that the policy limits under this section have been reached within 15 days after the limits have been reached.*

(8) APPLICABILITY OF PROVISION REGULATING ATTORNEY ATTORNEYS FEES.—

(a) With respect to any dispute under the provisions of ss. 627.730-627.7405 between the insured and the insurer, or between an assignee of an insured's rights and the insurer, the provisions of ss. ~~6~~ 627.428 and 768.79 ~~shall~~ apply, except as provided in subsections (10) and (15), *and except that any attorney fees recovered must:*

1. *Comply with prevailing professional standards;*
2. *Ensure that the attorney fees for work performed by an attorney does not duplicate work performed by a paralegal or legal assistant; and*
3. *Not overstate or inflate the number of hours reasonably necessary for a case of comparable skill or complexity.*

(b) *Notwithstanding s. 627.428 and this subsection, it shall be presumed that any attorney fees awarded under ss. 627.730-627.7405 are calculated without regard to a contingency risk multiplier. This presumption may be overcome only if the court makes findings of fact based upon competent evidence in the record which establishes that:*

1. *The party requesting the multiplier would have faced substantial difficulties finding competent counsel to pursue the case in the relevant market but for the consideration of a fee multiplier;*
2. *Consideration of a fee multiplier was a necessary incentive to obtain competent counsel to pursue the case;*
3. *The claim would not be economically feasible to hire an attorney on a noncontingent, fixed-fee basis;*
4. *The attorney was unable to mitigate the risk of nonpayment of attorney fees in any other way; and*
5. *The use of a multiplier is justified based on factors such as the amount of risk undertaken by the attorney at the outset of the case, the results obtained, and the type of fee arrangement between the attorney and client.*

(c) *Paragraph (b) does not apply to a case where class action status has been sought or granted, and a contingency risk multiplier may be applied in such cases notwithstanding paragraph (b).*

(d) *Upon the request of either party, a judge must make written findings, substantiated by evidence presented at trial or any hearings associated with the trial, that an award of attorney fees complies with this subsection.*

(9) **PREFERRED PROVIDERS.**—An insurer may negotiate and contract ~~enter into contracts~~ with preferred ~~licensed health care~~ providers for the benefits described in this section, ~~referred to in this section~~ as “preferred providers,” which ~~shall~~ include health care providers licensed under ~~chapter chapters~~ 458, chapter 459, chapter 460, chapter 461, or chapter ~~and~~ 463. The insurer may provide an option to an insured to use a preferred provider at the time of ~~purchasing purchase of~~ the policy for personal injury protection benefits, if the requirements of this

subsection are met. If the insured elects to use a provider who is not a preferred provider, whether the insured purchased a preferred provider policy or a nonpreferred provider policy, the medical benefits provided by the insurer shall be as required by this section. If the insured elects to use a provider who is a preferred provider, the insurer may pay medical benefits in excess of the benefits required by this section and may waive or lower the amount of any deductible that applies to such medical benefits. If the insurer offers a preferred provider policy to a policyholder or applicant, it must also offer a nonpreferred provider policy. The insurer shall provide each ~~insured policyholder~~ with a current roster of preferred providers in the county in which the insured resides at the time of purchase of such policy, and shall make such list available for public inspection during regular business hours at the ~~insurer's~~ principal office of the insurer within the state.

(10) DEMAND LETTER.—

(a) As a condition precedent to filing any action for benefits under this section, ~~the insurer must be provided with~~ written notice of an intent to initiate litigation *must be provided to the insurer*. Such notice may not be sent until the claim is overdue, including any additional time the insurer has to pay the claim pursuant to paragraph (4)(b).

(b) The notice ~~must required shall~~ state that it is a “demand letter under s. 627.736(4)” and ~~shall~~ state with specificity:

1. The name of the insured upon which such benefits are being sought, including a copy of the assignment giving rights to the claimant if the claimant is not the insured.
2. The claim number or policy number upon which such claim was originally submitted to the insurer.

3. To the extent applicable, the name of any medical provider who rendered to an insured the treatment, services, accommodations, or supplies that form the basis of such claim; and an itemized statement specifying each exact amount, the date of treatment, service, or accommodation, and the type of benefit claimed to be due. A completed form satisfying the requirements of paragraph (5)(d) or the lost-wage statement previously submitted may be used as the itemized statement. To the extent that the demand involves an insurer's withdrawal of payment under paragraph (7)(a) for future treatment not yet rendered, the claimant shall attach a copy of the insurer's notice withdrawing such payment and an itemized statement of the type, frequency, and duration of future treatment claimed to be reasonable and medically necessary.

(c) Each notice required by this subsection must be delivered to the insurer by United States certified or registered mail, return receipt requested, ~~or by electronic mail~~. Such postal costs shall be reimbursed by the insurer if ~~so~~ requested by the claimant in the notice, when the insurer pays the claim. Such notice must be sent to the person and address specified by the insurer for the purposes of receiving notices under this subsection. Each licensed insurer, whether domestic, foreign, or alien, shall file with the office ~~designation of~~ the name and physical and e-mail address of the ~~designated~~ person to whom notices ~~must pursuant to this subsection shall~~ be sent which the office shall make available on its Internet website. The name and address on file with the office pursuant to s. 624.422 ~~are shall be~~ deemed the authorized representative to accept notice pursuant to this subsection ~~if in the event~~ no other designation has been made.

(d) If, within 30 days after receipt of notice by the insurer, the overdue claim specified in the notice is paid by the insurer together with applicable interest and a penalty of 10 percent of the overdue amount paid by the insurer, subject to a maximum penalty of \$250, no action may be brought against the insurer. If the demand involves an insurer's withdrawal of payment under paragraph (7)(a) for future treatment not yet rendered, no action may be brought against the insurer if, within 30 days after its receipt of the notice, the insurer mails to the person filing the notice a written statement of the insurer's agreement to pay for such treatment in accordance with the notice and to pay a penalty of 10 percent, subject to a maximum penalty of \$250, when it pays for such future treatment in accordance with the requirements of this section. To the extent the insurer determines not to pay any amount demanded, the penalty ~~is shall~~ not be payable in any subsequent action. For purposes of this subsection, payment or the insurer's agreement shall be treated as being made on the date a draft or other valid instrument that is equivalent to payment, or the insurer's written statement of agreement,

is placed in the United States mail in a properly addressed, postpaid envelope, or if not so posted, on the date of delivery. The insurer is not obligated to pay any attorney's fees if the insurer pays the claim or mails its agreement to pay for future treatment within the time prescribed by this subsection.

(e) The applicable statute of limitation for an action under this section shall be tolled for a period of 30 business days by the mailing of the notice required by this subsection.

~~(f) Any insurer making a general business practice of not paying valid claims until receipt of the notice required by this subsection is engaging in an unfair trade practice under the insurance code.~~

(11) FAILURE TO PAY VALID CLAIMS; UNFAIR OR DECEPTIVE PRACTICE.—

~~(a) If An insurer fails to pay valid claims for personal injury protection with such frequency so as to indicate a general business practice, the insurer is engaging in a prohibited unfair or deceptive practice that is subject to the penalties provided in s. 626.9521 and the office has the powers and duties specified in ss. 626.9561-626.9601 if the insurer, with such frequency so as to indicate a general business practice: with respect thereto~~

1. Fails to pay valid claims for personal injury protection; or
2. Fails to pay valid claims until receipt of the notice required by subsection (10).

(b) Notwithstanding s. 501.212, the Department of Legal Affairs may investigate and initiate actions for a violation of this subsection, including, but not limited to, the powers and duties specified in part II of chapter 501.

(17) **REFERRAL FEES.**—A person, entity, or licensee may not accept a fee for the referral of the insured to a person, entity, or licensee for medical benefits under paragraph (1)(a) unless the person, entity, or licensee making the referral discloses in writing to the insured and the insurer that he or she has received a referral fee, the amount of the referral fee, and the name and business address of the person or entity that provided the referral fee. Reimbursement under the Florida Motor Vehicle No-Fault Law to a person, entity, or licensee who receives and fails to disclose a referral fee to the insured and insurer as required by this subsection must be reduced by the amount of the undisclosed referral fee.

Section 9. Effective December 1, 2012, subsection (16) of section 627.736, Florida Statutes, is amended to read:

627.736 Required personal injury protection benefits; exclusions; priority; claims.—

(16) **SECURE ELECTRONIC DATA TRANSFER.**—~~If all parties mutually and expressly agree,~~ A notice, documentation, transmission, or communication of any kind required or authorized under ss. 627.730-627.7405 may be transmitted electronically if it is transmitted by secure electronic data transfer that is consistent with state and federal privacy and security laws.

Section 10. Section 627.7405, Florida Statutes, is amended to read:

627.7405 Insurers' right of reimbursement.—

~~(1) Notwithstanding any other provisions of ss. 627.730-627.7405, an~~ any insurer providing personal injury protection benefits on a private passenger motor vehicle shall have, to the extent of any personal injury protection benefits paid to any person as a benefit arising out of such private passenger motor vehicle insurance, a right of reimbursement against the owner or the insurer of the owner of a commercial motor vehicle, if the benefits paid result from such person having been an occupant of the commercial motor vehicle or having been struck by the commercial motor vehicle while not an occupant of any self-propelled vehicle.

(2) *The insurer's right of reimbursement under this section does not apply to an owner or registrant as identified in s. 627.733(1)(b).*

Section 11. Subsections (1), (10), and (13) of section 817.234, Florida Statutes, are amended to read:

817.234 False and fraudulent insurance claims.—

(1)(a) A person commits insurance fraud punishable as provided in subsection (11) if that person, with the intent to injure, defraud, or deceive any insurer:

1. Presents or causes to be presented any written or oral statement as part of, or in support of, a claim for payment or other benefit pursuant to an insurance policy or a health maintenance organization subscriber or provider contract, knowing that such statement contains any false, incomplete, or misleading information concerning any fact or thing material to such claim;

2. Prepares or makes any written or oral statement that is intended to be presented to any insurer in connection with, or in support of, any claim for payment or other benefit pursuant to an insurance policy or a health maintenance organization subscriber or provider contract, knowing that such statement contains any false, incomplete, or misleading information concerning any fact or thing material to such claim; ~~or~~

3.a. Knowingly presents, causes to be presented, or prepares or makes with knowledge or belief that it will be presented to any insurer, purported insurer, servicing corporation, insurance broker, or insurance agent, or any employee or agent thereof, any false, incomplete, or misleading information or written or oral statement as part of, or in support of, an application for the issuance of, or the rating of, any insurance policy, or a health maintenance organization subscriber or provider contract; or

b. ~~Who~~ Knowingly conceals information concerning any fact material to such application; or-

4. Knowingly presents, causes to be presented, or prepares or makes with knowledge or belief that it will be presented to any insurer a claim for payment or other benefit under a personal injury protection insurance policy if the person knows that the payee knowingly submitted a false, misleading, or fraudulent application or other document when applying for licensure as a health care clinic, seeking an exemption from licensure as a health care clinic, or demonstrating compliance with part X of chapter 400.

(b) All claims and application forms ~~must~~ **shall** contain a statement that is approved by the Office of Insurance Regulation of the Financial Services Commission which clearly states in substance the following: "Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree." This paragraph ~~does~~ **shall** not apply to reinsurance contracts, reinsurance agreements, or reinsurance claims transactions.

(10) *A licensed health care practitioner who is found guilty of insurance fraud under this section for an act relating to a personal injury protection insurance policy loses his or her license to practice for 5 years and may not receive reimbursement for personal injury protection benefits for 10 years. As used in this section, the term "insurer" means any insurer, health maintenance organization, self-insurer, self-insurance fund, or other similar entity or person regulated under chapter 440 or chapter 641 or by the Office of Insurance Regulation under the Florida Insurance Code.*

(13) As used in this section, *the term:*

(a) "Insurer" means any insurer, health maintenance organization, self-insurer, self-insurance fund, or similar entity or person regulated under chapter 440 or chapter 641 or by the Office of Insurance Regulation under the Florida Insurance Code.

(b)~~(a)~~ "Property" means property as defined in s. 812.012.

(c)~~(b)~~ "Value" means value as defined in s. 812.012.

Section 12. Subsection (4) of section 316.065, Florida Statutes, is amended to read:

316.065 Crashes; reports; penalties.—

(4) Any person who knowingly repairs a motor vehicle without having made a report as required by subsection (3) is guilty of a mis-

demeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083. The owner and driver of a vehicle involved in a crash who makes a report thereof in accordance with subsection (1) ~~or s. 316.066(1)~~ is not liable under this section.

Section 13. Motor vehicle insurance rate rollback.—

(1) *The Office of Insurance Regulation shall order insurers writing personal injury protection insurance in this state to make a rate filing before October 1, 2012, and effective January 1, 2013, which reduces rates for such insurance by a factor that reflects the expected effect of the changes contained in this act. In the absence of clear and convincing evidence to the contrary, it shall be presumed that the expected impact of the act will result in at least a 25 percent reduction in the rates in effect for such insurance on December 31, 2012. In lieu of making the rate filing required in this subsection, an insurer may, upon notification to the office, implement a 25 percent reduction of its rates, effective January 1, 2013.*

(2) *An insurer or rating organization that contends in the January 1, 2013, rate filing or any subsequent rate filing made on or before December 31, 2018, that the presumed reduced rate provided for in subsection (1) is excessive, inadequate, or unfairly discriminatory shall separately state in its filing the rate it contends is appropriate and shall state with specificity the factors or data that it contends should be considered in order to produce such appropriate rate. The insurer or rating organization shall be permitted to use all of the generally accepted actuarial techniques, as provided in s. 627.062, Florida Statutes, in making any filing pursuant to this subsection. The Office of Insurance Regulation shall review each exception and approve or disapprove it prior to use. It shall be the insurer's burden to actuarially justify by clear and convincing evidence any deviation that results in a rate that is higher than the presumed reduced rate as provided in subsection (1).*

(3) *If any provision of this act is held invalid by a court of competent jurisdiction, the Office of Insurance Regulation shall permit an adjustment of all rates filed under this section to reflect the impact of such holding on such rates so as to ensure that the rates are not excessive, inadequate, or unfairly discriminatory.*

Section 14. The Office of Insurance Regulation shall perform a comprehensive personal injury protection data call and publish the results by January 1, 2015. It is the intent of the Legislature that the office design the data call with the expectation that the Legislature will use the data to help evaluate market conditions relating to the Florida Motor Vehicle No-Fault Law and the impact on the market of reforms to the law made by this act. The elements of the data call must address, but need not be limited to, the following components of the Florida Motor Vehicle No-Fault Law:

- (1) *Quantity of personal injury protection claims.*
- (2) *Type or nature of claimants.*
- (3) *Amount and type of personal injury protection benefits paid and expenses incurred.*
- (4) *Type and quantity of, and charges for, medical benefits.*
- (5) *Attorney fees related to bringing and defending actions for benefits.*
- (6) *Direct earned premiums for personal injury protection coverage, pure loss ratios, pure premiums, and other information related to premiums and losses.*
- (7) *Licensed drivers and accidents.*
- (8) *Fraud and enforcement.*

Section 15. If any provision of this act or its application to any person or circumstance is held invalid, the invalidity does not affect other provisions or applications of the act which can be given effect without the invalid provision or application, and to this end the provisions of this act are severable.

Section 16. Except as otherwise expressly provided in this act, this act shall take effect July 1, 2012.

And the title is amended as follows:

Delete everything before the enacting clause and insert: A bill to be entitled An act relating to motor vehicle personal injury protection insurance; amending s. 316.066, F.S.; revising the conditions for completing the long-form traffic crash report; revising the information contained in the short-form report; revising the requirements relating to the driver's responsibility for submitting a report for crashes not requiring a law enforcement report; amending s. 400.9905, F.S.; providing that certain entities exempt from licensure as a health care clinic must nonetheless be licensed in order to receive reimbursement for the provision of personal injury protection benefits; amending s. 400.991, F.S.; requiring that an application for licensure, or exemption from licensure, as a health care clinic include a statement regarding insurance fraud; amending s. 626.989, F.S.; providing that knowingly submitting false, misleading, or fraudulent documents relating to licensure as a health care clinic, or submitting a claim for personal injury protection relating to clinic licensure documents, is a fraudulent insurance act under certain conditions; amending s. 626.9581, F.S.; requiring the Department of Financial Services or the Office of Insurance Regulation to revoke the certificate of authority of an insurer that engages in unfair trade practices while providing motor vehicle personal injury protection insurance; amending s. 626.9894, F.S.; conforming provisions to changes made by act; creating s. 626.9895, F.S.; providing definitions; authorizing the Division of Insurance Fraud of the Department of Financial Services to establish a direct-support organization for the purpose of prosecuting, investigating, and preventing motor vehicle insurance fraud; providing requirements for, and duties of, the organization; requiring that the organization operate pursuant to a contract with the division; providing for the requirements of the contract; providing for a board of directors; authorizing the organization to use the division's property and facilities subject to certain requirements; requiring that the department adopt rules relating to procedures for the organization's governance and relating to conditions for the use of the division's property or facilities; authorizing contributions from insurers; authorizing any moneys received by the organization to be held in a separate depository account in the name of the organization; requiring that the division deposit certain proceeds into the Insurance Regulatory Trust Fund; amending s. 627.736, F.S.; revising the cap on benefits to provide that death benefits are in addition to medical and disability benefits; revising medical benefits; distinguishing between initial and followup services; excluding massage and acupuncture from medical benefits that may be reimbursed under the Florida Motor Vehicle No-Fault Law; adding physical therapists to the list of providers that may provide services; requiring that an insurer repay any benefits covered by the Medicaid program; requiring that an insurer provide a claimant an opportunity to revise claims that contain errors; authorizing an insurer to provide notice to the claimant and conduct an investigation if fraud is suspected; requiring that an insurer create and maintain a log of personal injury protection benefits paid and that the insurer provide to the insured or an assignee of the insured, upon request, a copy of the log if litigation is commenced; revising the Medicare fee schedules that an insurer may use as a basis for limiting reimbursement of personal injury protection benefits; providing that the Medicare fee schedule in effect on a specific date applies for purposes of limiting reimbursement; requiring that an insurer that limits payments based on the statutory fee schedule include a notice in insurance policies at the time of issuance or renewal; deleting obsolete provisions; providing that certain entities exempt from licensure as a clinic must nonetheless be licensed to receive reimbursement for the provision of personal injury protection benefits; providing exceptions; requiring that an insurer notify parties in disputes over personal injury protection claims when policy limits are reached; providing criteria for the award of attorney fees; providing a presumption regarding the use of a contingency risk multiplier; consolidating provisions relating to unfair or deceptive practices under certain conditions; providing for demand notices to be submitted electronically; requiring that a person, entity, or licensee that makes a referral for medical benefits disclose referral fees in writing to the insured and insurer; eliminating a requirement that all parties mutually and expressly agree to the use of electronic transmission of data; amending s. 627.7405, F.S.; providing an exception from an insurer's right of reimbursement for certain owners or registrants; amending s. 817.234, F.S.; providing that it is insurance fraud to present a claim for personal injury protection benefits payable to a person or entity that knowingly submitted false, misleading, or fraudulent documents relating to licensure as a health care clinic; providing that a licensed health care practitioner guilty of certain insurance fraud loses his or her license and may not receive reimbursement for personal injury protection benefits for a specified period; defining the term "insurer"; amending s. 316.065, F.S.; conforming a cross-reference; requiring per-

sonal injury protection motor vehicle insurers to file rates with the Office of Insurance Regulation for review under certain circumstances; specifying a presumption with regard to rates for personal injury protection motor vehicle insurance; requiring that the Office of Insurance Regulation perform a data call relating to personal injury protection; prescribing required elements of the data call; providing for severability; providing effective dates.

On motion by Senator Negron, by two-thirds vote **CS for CS for HB 119** as amended was read the third time by title, passed and certified to the House. The vote on passage was:

Yeas—39

Mr. President	Fasano	Norman
Alexander	Flores	Oelrich
Altman	Gaetz	Rich
Benacquisto	Garcia	Richter
Bennett	Gardiner	Ring
Bogdanoff	Gibson	Sachs
Braynon	Hays	Simmons
Bullard	Jones	Siplin
Dean	Latvala	Smith
Detert	Lynn	Sobel
Diaz de la Portilla	Margolis	Storms
Dockery	Montford	Thrasher
Evers	Negron	Wise

Nays—1

Joyner

Vote after roll call:

Nay to Yea—Joyner

SB 1570—A bill to be entitled An act relating to justices and judges; amending s. 25.073, F.S.; providing that, for a retired justice or retired judge who has consented to temporary duty in any court, the definition of the term “termination” in ch. 121, F.S., does not apply, and termination occurs when the retired justice or judge ceases all nontemporary, active duty as a judge and retires from the Florida Retirement System; amending s. 43.291, F.S.; revising requirements for the appointment of members of judicial nominating commissions; providing that, with the exception of members selected from a list of nominees provided by the Board of Governors of The Florida Bar, a current member of a judicial nominating commission appointed by the Governor serves at the pleasure of the Governor; providing staggered terms for members of a judicial nominating commission; deleting obsolete provisions; deleting a requirement that the Executive Office of the Governor establish uniform rules of procedure consistent with the State Constitution when suspending for cause a member of a judicial nominating commission; amending s. 121.021, F.S.; revising the definition of the term “termination,” to conform to changes made by the act; amending s. 121.091, F.S.; providing that a retired justice or retired judge who has reached his or her normal retirement age or date and consents to temporary employment as a senior judge in any court, as assigned by the Chief Justice of the Supreme Court, is not subject to certain specified limitations on employment after retirement; amending s. 121.591, F.S.; providing that a retired justice or retired judge who has consented to temporary employment as a senior judge in any court may receive a regular distribution of his or her retirement benefits account after providing proof of termination from his or her regularly established position; providing that, in order to fund the benefit changes set forth in the act, the required employer contribution rates of the Florida Retirement System, and the required employer contribution rates for the unfunded actuarial liability of the Florida Retirement System, are increased by specified amounts; providing a statement of important state interest; providing that specified provisions of the act relating to retired justices and judges take effect only if the Legislature appropriates sufficient funds and the State Courts Administrator certifies that the appropriation was made and that the appropriation was not vetoed by the Governor; providing effective dates.

—as amended March 6 was read the third time by title.

Pending further consideration of **SB 1570** as amended, on motion by Senator Simmons, by two-thirds vote **CS for CS for HB 971** was withdrawn from the Committees on Judiciary; Budget Subcommittee on Criminal and Civil Justice Appropriations; and Budget.

On motion by Senator Simmons, the rules were waived and by two-thirds vote—

CS for CS for HB 971—A bill to be entitled An act relating to the judiciary; amending s. 43.291, F.S.; revising requirements for the appointment of members of judicial nominating commissions; providing that, with the exception of members selected from a list of nominees provided by the Board of Governors of The Florida Bar, a current member of a judicial nominating commission appointed by the Governor serves at the pleasure of the Governor; providing for each expired term or vacancy to be filled by appointment in the same manner as the member whose position is being filled; deleting obsolete provisions; deleting a requirement that the Executive Office of the Governor establish uniform rules of procedure consistent with the State Constitution when suspending for cause a member of a judicial nominating commission; providing an appropriation; amending s. 440.45, F.S.; providing that the judicial nominating commission for the First District Court of Appeal will nominate persons to the Office of the Judges of Compensation Claims; deleting provisions creating a nominating commission solely for the Office of the Judges of Compensation Claims; providing an effective date.

—a companion measure, was substituted for **SB 1570** as amended and read the second time by title.

MOTION

On motion by Senator Simmons, by the required two-thirds vote, consideration of the following amendment was allowed:

Senator Simmons moved the following amendment:

Amendment 1 (534342) (with title amendment)—Delete everything after the enacting clause and insert:

Section 1. Subsection (4) is added to section 25.073, Florida Statutes, to read:

25.073 Retired justices or judges assigned to temporary duty; additional compensation; appropriation.—

(4) *For a retired justice or retired judge who has reached his or her normal retirement age or date under chapter 121 and who has consented to temporary duty in any court, as assigned by the Chief Justice of the Supreme Court in accordance with s. 2, Art. V of the State Constitution:*

(a) *The definition of the term “termination” in s. 121.021 does not apply, and termination occurs when the justice or judge ceases all non-temporary, active duty as a judge and retires from the Florida Retirement System.*

(b) *Section 121.091(9)(c) does not apply, and such temporary duty is not considered reemployment or employment after retirement for purposes of chapter 121 and renewed membership in the Florida Retirement System is not permitted.*

Section 2. Effective upon this act becoming a law, subsections (1), (3), and (5) of section 43.291, Florida Statutes, are amended to read:

43.291 Judicial nominating commissions.—

(1)(a) Each judicial nominating commission shall be composed of the following members:

1.(a) Four members of The Florida Bar, appointed by the Governor, who are engaged in the practice of law, each of whom is a resident of the territorial jurisdiction served by the commission to which the member is appointed. The Board of Governors of The Florida Bar shall submit to the Governor three recommended nominees for each position. The Governor shall select the appointee from the list of nominees recommended for that position, but the Governor may reject all of the nominees recommended for a position and request that the Board of Governors submit a new list of three different recommended nominees for that

position who have not been previously recommended by the Board of Governors.

2.(b) Five members appointed by the Governor, each of whom is a resident of the territorial jurisdiction served by the commission to which the member is appointed, of which at least two are members of The Florida Bar engaged in the practice of law. *Notwithstanding any other law, each member of a judicial nominating commission appointed by the Governor after January 4, 2011, other than those selected from a list of nominees provided by the Board of Governors of The Florida Bar, shall serve at the pleasure of the Governor.*

(b) *Each expired term or vacancy shall be filled by appointment in the same manner as the member whose position is being filled.*

(3) *Members of a judicial nominating commission shall be appointed to serve staggered terms as follows:*

(a) *Two appointments directly by the Governor and one appointment from the list of nominees provided by the Board of Governors of The Florida Bar for terms ending on July 1, 2012.*

(b) *One appointment directly by the Governor and two appointments from the list of nominees provided by the Board of Governors of The Florida Bar for terms ending on July 1, 2014.*

(c) *Two appointments directly by the Governor and one appointment from the list of nominees provided by the Board of Governors of The Florida Bar for terms ending on July 1, 2015. Notwithstanding any other provision of this section, each current member of a judicial nominating commission appointed directly by the Board of Governors of The Florida Bar shall serve the remainder of his or her term, unless removed for cause. The terms of all other members of a judicial nominating commission are hereby terminated, and the Governor shall appoint new members to each judicial nominating commission in the following manner:*

(a) ~~Two appointments for terms ending July 1, 2002, one of which shall be an appointment selected from nominations submitted by the Board of Governors of The Florida Bar pursuant to paragraph (1)(a);~~

(b) ~~Two appointments for terms ending July 1, 2003; and~~

(c) ~~Two appointments for terms ending July 1, 2004.~~

Every subsequent appointment, except an appointment to fill a vacant, unexpired term, shall be for 4 years. ~~Each expired term or vacancy shall be filled by appointment in the same manner as the member whose position is being filled.~~

(5) A member of a judicial nominating commission may be suspended for cause by the Governor pursuant to uniform rules of procedure established by the Executive Office of the Governor consistent with s. 7, of Art. IV of the State Constitution.

Section 3. Subsection (39) of section 121.021, Florida Statutes, is amended to read:

121.021 Definitions.—The following words and phrases as used in this chapter have the respective meanings set forth unless a different meaning is plainly required by the context:

(39)(a) “Termination” occurs, except as provided in paragraph (b) or paragraph (d), when a member ceases all employment relationships with participating employers, however:

1. For retirements effective before July 1, 2010, if a member is employed by any such employer within the next calendar month, termination shall be deemed not to have occurred. A leave of absence constitutes a continuation of the employment relationship, except that a leave of absence without pay due to disability may constitute termination if such member makes application for and is approved for disability retirement in accordance with s. 121.091(4). The department or state board may require other evidence of termination as it deems necessary.

2. For retirements effective on or after July 1, 2010, if a member is employed by any such employer within the next 6 calendar months, termination shall be deemed not to have occurred. A leave of absence constitutes a continuation of the employment relationship, except that a

leave of absence without pay due to disability may constitute termination if such member makes application for and is approved for disability retirement in accordance with s. 121.091(4). The department or state board may require other evidence of termination as it deems necessary.

(b) “Termination” for a member electing to participate in the Deferred Retirement Option Program occurs when the program participant ceases all employment relationships with participating employers in accordance with s. 121.091(13), however:

1. For termination dates occurring before July 1, 2010, if the member is employed by any such employer within the next calendar month, termination will be deemed not to have occurred, except as provided in s. 121.091(13)(b)4.c. A leave of absence shall constitute a continuation of the employment relationship.

2. For termination dates occurring on or after July 1, 2010, if the member becomes employed by any such employer within the next 6 calendar months, termination will be deemed not to have occurred, except as provided in s. 121.091(13)(b)4.c. A leave of absence constitutes a continuation of the employment relationship.

(c) Effective July 1, 2011, “termination” for a member receiving a refund of employee contributions occurs when a member ceases all employment relationships with participating employers for 3 calendar months. A leave of absence constitutes a continuation of the employment relationship.

(d) *Effective July 1, 2012, a retired justice or retired judge who has reached his or her normal retirement age or date and who consents to temporary employment as a senior judge in any court, as assigned by the Chief Justice of the Supreme Court in accordance with s. 2, Art. V of the State Constitution, meets the definition of “termination” when all non-temporary employment as a judge ceases and the justice or judge retires under this chapter.*

Section 4. Subsection (9) of section 121.091, Florida Statutes, is amended to read:

121.091 Benefits payable under the system.—Benefits may not be paid under this section unless the member has terminated employment as provided in s. 121.021(39)(a) or begun participation in the Deferred Retirement Option Program as provided in subsection (13), and a proper application has been filed in the manner prescribed by the department. The department may cancel an application for retirement benefits when the member or beneficiary fails to timely provide the information and documents required by this chapter and the department’s rules. The department shall adopt rules establishing procedures for application for retirement benefits and for the cancellation of such application when the required information or documents are not received.

(9) EMPLOYMENT AFTER RETIREMENT; LIMITATION.—

(a) Any person who is retired under this chapter, except under the disability retirement provisions of subsection (4), may be employed by an employer that does not participate in a state-administered retirement system and receive compensation from that employment without limiting or restricting in any way the retirement benefits payable to that person.

(b) Any person whose retirement is effective before July 1, 2010, or whose participation in the Deferred Retirement Option Program terminates before July 1, 2010, except under the disability retirement provisions of subsection (4) or as provided in s. 121.053, may be reemployed by an employer that participates in a state-administered retirement system and receive retirement benefits and compensation from that employer, except that the person may not be reemployed by an employer participating in the Florida Retirement System before meeting the definition of termination in s. 121.021 and may not receive both a salary from the employer and retirement benefits for 12 calendar months immediately subsequent to the date of retirement. However, a DROP participant shall continue employment and receive a salary during the period of participation in the Deferred Retirement Option Program, as provided in subsection (13).

1. A retiree who violates such reemployment limitation before completion of the 12-month limitation period must give timely notice of this fact in writing to the employer and to the Division of Retirement or the

state board and shall have his or her retirement benefits suspended for the months employed or the balance of the 12-month limitation period as required in sub-paragraphs b. and c. A retiree employed in violation of this paragraph and an employer who employs or appoints such person are jointly and severally liable for reimbursement to the retirement trust fund, including the Florida Retirement System Trust Fund and the Public Employee Optional Retirement Program Trust Fund, from which the benefits were paid. The employer must have a written statement from the retiree that he or she is not retired from a state-administered retirement system. Retirement benefits shall remain suspended until repayment has been made. Benefits suspended beyond the reemployment limitation shall apply toward repayment of benefits received in violation of the reemployment limitation.

a. A district school board may reemploy a retiree as a substitute or hourly teacher, education paraprofessional, transportation assistant, bus driver, or food service worker on a noncontractual basis after he or she has been retired for 1 calendar month. A district school board may reemploy a retiree as instructional personnel, as defined in s. 1012.01(2)(a), on an annual contractual basis after he or she has been retired for 1 calendar month. Any member who is reemployed within 1 calendar month after retirement shall void his or her application for retirement benefits. District school boards reemploying such teachers, education paraprofessionals, transportation assistants, bus drivers, or food service workers are subject to the retirement contribution required by subparagraph 2.

b. A community college board of trustees may reemploy a retiree as an adjunct instructor or as a participant in a phased retirement program within the Florida Community College System, after he or she has been retired for 1 calendar month. A member who is reemployed within 1 calendar month after retirement shall void his or her application for retirement benefits. Boards of trustees reemploying such instructors are subject to the retirement contribution required in subparagraph 2. A retiree may be reemployed as an adjunct instructor for no more than 780 hours during the first 12 months of retirement. A retiree reemployed for more than 780 hours during the first 12 months of retirement must give timely notice in writing to the employer and to the Division of Retirement or the state board of the date he or she will exceed the limitation. The division shall suspend his or her retirement benefits for the remainder of the 12 months of retirement. Any retiree employed in violation of this sub-paragraph and any employer who employs or appoints such person without notifying the division to suspend retirement benefits are jointly and severally liable for any benefits paid during the reemployment limitation period. The employer must have a written statement from the retiree that he or she is not retired from a state-administered retirement system. Any retirement benefits received by the retiree while reemployed in excess of 780 hours during the first 12 months of retirement must be repaid to the Florida Retirement System Trust Fund, and retirement benefits shall remain suspended until repayment is made. Benefits suspended beyond the end of the retiree's first 12 months of retirement shall apply toward repayment of benefits received in violation of the 780-hour reemployment limitation.

c. The State University System may reemploy a retiree as an adjunct faculty member or as a participant in a phased retirement program within the State University System after the retiree has been retired for 1 calendar month. A member who is reemployed within 1 calendar month after retirement shall void his or her application for retirement benefits. The State University System is subject to the retired contribution required in subparagraph 2., as appropriate. A retiree may be reemployed as an adjunct faculty member or a participant in a phased retirement program for no more than 780 hours during the first 12 months of his or her retirement. A retiree reemployed for more than 780 hours during the first 12 months of retirement must give timely notice in writing to the employer and to the Division of Retirement or the state board of the date he or she will exceed the limitation. The division shall suspend his or her retirement benefits for the remainder of the 12 months. Any retiree employed in violation of this sub-paragraph and any employer who employs or appoints such person without notifying the division to suspend retirement benefits are jointly and severally liable for any benefits paid during the reemployment limitation period. The employer must have a written statement from the retiree that he or she is not retired from a state-administered retirement system. Any retirement benefits received by the retiree while reemployed in excess of 780 hours during the first 12 months of retirement must be repaid to the Florida Retirement System Trust Fund, and retirement benefits shall remain suspended until repayment is made. Benefits suspended beyond

the end of the retiree's first 12 months of retirement shall apply toward repayment of benefits received in violation of the 780-hour reemployment limitation.

d. The Board of Trustees of the Florida School for the Deaf and the Blind may reemploy a retiree as a substitute teacher, substitute residential instructor, or substitute nurse on a noncontractual basis after he or she has been retired for 1 calendar month. Any member who is reemployed within 1 calendar month after retirement shall void his or her application for retirement benefits. The Board of Trustees of the Florida School for the Deaf and the Blind reemploying such teachers, residential instructors, or nurses is subject to the retirement contribution required by subparagraph 2.

e. A developmental research school may reemploy a retiree as a substitute or hourly teacher or an education paraprofessional as defined in s. 1012.01(2) on a noncontractual basis after he or she has been retired for 1 calendar month. A developmental research school may reemploy a retiree as instructional personnel, as defined in s. 1012.01(2)(a), on an annual contractual basis after he or she has been retired for 1 calendar month after retirement. Any member who is reemployed within 1 calendar month voids his or her application for retirement benefits. A developmental research school that reemploys retired teachers and education paraprofessionals is subject to the retirement contribution required by subparagraph 2.

f. A charter school may reemploy a retiree as a substitute or hourly teacher on a noncontractual basis after he or she has been retired for 1 calendar month. A charter school may reemploy a retired member as instructional personnel, as defined in s. 1012.01(2)(a), on an annual contractual basis after he or she has been retired for 1 calendar month after retirement. Any member who is reemployed within 1 calendar month voids his or her application for retirement benefits. A charter school that reemploys such teachers is subject to the retirement contribution required by subparagraph 2.

2. The employment of a retiree or DROP participant of a state-administered retirement system does not affect the average final compensation or years of creditable service of the retiree or DROP participant. Before July 1, 1991, upon employment of any person, other than an elected officer as provided in s. 121.053, who is retired under a state-administered retirement program, the employer shall pay retirement contributions in an amount equal to the unfunded actuarial liability portion of the employer contribution which would be required for regular members of the Florida Retirement System. Effective July 1, 1991, contributions shall be made as provided in s. 121.122 for retirees who have renewed membership or, as provided in subsection (13), for DROP participants.

3. Any person who is holding an elective public office which is covered by the Florida Retirement System and who is concurrently employed in nonelected covered employment may elect to retire while continuing employment in the elective public office if he or she terminates his or her nonelected covered employment. Such person shall receive his or her retirement benefits in addition to the compensation of the elective office without regard to the time limitations otherwise provided in this subsection. A person who seeks to exercise the provisions of this subparagraph as they existed before May 3, 1984, may not be deemed to be retired under those provisions, unless such person is eligible to retire under this subparagraph, as amended by chapter 84-11, Laws of Florida.

(c) Any person whose retirement is effective on or after July 1, 2010, or whose participation in the Deferred Retirement Option Program terminates on or after July 1, 2010, who is retired under this chapter, except under the disability retirement provisions of subsection (4) or as provided in s. 121.053, may be reemployed by an employer that participates in a state-administered retirement system and receive retirement benefits and compensation from that employer. However, a person may not be reemployed by an employer participating in the Florida Retirement System before meeting the definition of termination in s. 121.021 and may not receive both a salary from the employer and retirement benefits for 6 calendar months after meeting the definition of termination, *except as provided in paragraph (f)*. However, a DROP participant shall continue employment and receive a salary during the period of participation in the Deferred Retirement Option Program, as provided in subsection (13).

1. The reemployed retiree may not renew membership in the Florida Retirement System.

2. The employer shall pay retirement contributions in an amount equal to the unfunded actuarial liability portion of the employer contribution that would be required for active members of the Florida Retirement System in addition to the contributions required by s. 121.76.

3. A retiree initially reemployed in violation of this paragraph and an employer that employs or appoints such person are jointly and severally liable for reimbursement of any retirement benefits paid to the retirement trust fund from which the benefits were paid, including the Florida Retirement System Trust Fund and the Public Employee Optional Retirement Program Trust Fund, as appropriate. The employer must have a written statement from the employee that he or she is not retired from a state-administered retirement system. Retirement benefits shall remain suspended until repayment is made. Benefits suspended beyond the end of the retiree's 6-month reemployment limitation period shall apply toward the repayment of benefits received in violation of this paragraph.

(d) This subsection applies to retirees, as defined in s. 121.4501(2) and *except as provided in paragraph (f)*, of the Florida Retirement System Investment Plan, subject to the following conditions:

1. A retiree may not be reemployed with an employer participating in the Florida Retirement System until such person has been retired for 6 calendar months.

2. A retiree employed in violation of this subsection and an employer that employs or appoints such person are jointly and severally liable for reimbursement of any benefits paid to the retirement trust fund from which the benefits were paid. The employer must have a written statement from the retiree that he or she is not retired from a state-administered retirement system.

(e) The limitations of this subsection apply to reemployment in any capacity irrespective of the category of funds from which the person is compensated, *except as provided in paragraph (f)*.

(f) *Effective July 1, 2012, a retired justice or retired judge who has reached his or her normal retirement age or date and consents to temporary employment as a senior judge in any court, as assigned by the Chief Justice of the Supreme Court in accordance with s. 2, Art. V of the State Constitution, is not subject to paragraph (c), paragraph (d), or paragraph (e).*

Section 5. Paragraph (a) of subsection (1) of section 121.591, Florida Statutes, is amended to read:

121.591 Payment of benefits.—Benefits may not be paid under the Florida Retirement System Investment Plan unless the member has terminated employment as provided in s. 121.021(39)(a) or is deceased and a proper application has been filed as prescribed by the state board or the department. Before termination of employment, benefits, including employee contributions, are not payable under the investment plan for employee hardships, unforeseeable emergencies, loans, medical expenses, educational expenses, purchase of a principal residence, payments necessary to prevent eviction or foreclosure on an employee's principal residence, or any other reason prior to termination from all employment relationships with participating employers. The state board or department, as appropriate, may cancel an application for retirement benefits if the member or beneficiary fails to timely provide the information and documents required by this chapter and the rules of the state board and department. In accordance with their respective responsibilities, the state board and the department shall adopt rules establishing procedures for application for retirement benefits and for the cancellation of such application if the required information or documents are not received. The state board and the department, as appropriate, are authorized to cash out a de minimis account of a member who has been terminated from Florida Retirement System covered employment for a minimum of 6 calendar months. A de minimis account is an account containing employer and employee contributions and accumulated earnings of not more than \$5,000 made under the provisions of this chapter. Such cash-out must be a complete lump-sum liquidation of the account balance, subject to the provisions of the Internal Revenue Code, or a lump-sum direct rollover distribution paid directly to the custodian of an eligible retirement plan, as defined by the Internal Revenue Code,

on behalf of the member. Any nonvested accumulations and associated service credit, including amounts transferred to the suspense account of the Florida Retirement System Investment Plan Trust Fund authorized under s. 121.4501(6), shall be forfeited upon payment of any vested benefit to a member or beneficiary, except for de minimis distributions or minimum required distributions as provided under this section. If any financial instrument issued for the payment of retirement benefits under this section is not presented for payment within 180 days after the last day of the month in which it was originally issued, the third-party administrator or other duly authorized agent of the state board shall cancel the instrument and credit the amount of the instrument to the suspense account of the Florida Retirement System Investment Plan Trust Fund authorized under s. 121.4501(6). Any amounts transferred to the suspense account are payable upon a proper application, not to include earnings thereon, as provided in this section, within 10 years after the last day of the month in which the instrument was originally issued, after which time such amounts and any earnings attributable to employer contributions shall be forfeited. Any forfeited amounts are assets of the trust fund and are not subject to chapter 717.

(1) NORMAL BENEFITS.—Under the investment plan:

(a) Benefits in the form of vested accumulations as described in s. 121.4501(6) are payable under this subsection in accordance with the following terms and conditions:

1. Benefits are payable only to a member, an alternate payee of a qualified domestic relations order, or a beneficiary.

2. Benefits shall be paid by the third-party administrator or designated approved providers in accordance with the law, the contracts, and any applicable board rule or policy.

3. The member must be terminated from all employment with all Florida Retirement System employers, as provided in s. 121.021(39).

4. Benefit payments may not be made until the member has been terminated for 3 calendar months, except that the state board may authorize by rule for the distribution of up to 10 percent of the member's account after being terminated for 1 calendar month if the member has reached the normal retirement date as defined in s. 121.021. *Effective July 1, 2012, a retired justice or retired judge who has consented to temporary employment as a senior judge in any court pursuant to s. 25.073 may receive a regular distribution of his or her account as provided in this paragraph after providing proof of termination from his or her regularly established position.*

5. If a member or former member of the Florida Retirement System receives an invalid distribution, such person must either repay the full amount within 90 days after receipt of final notification by the state board or the third-party administrator that the distribution was invalid, or, in lieu of repayment, the member must terminate employment from all participating employers. If such person fails to repay the full invalid distribution within 90 days after receipt of final notification, the person may be deemed retired from the investment plan by the state board and is subject to s. 121.122. If such person is deemed retired, any joint and several liability set out in s. 121.091(9)(d)2. is void, and the state board, the department, or the employing agency is not liable for gains on payroll contributions that have not been deposited to the person's account in the investment plan, pending resolution of the invalid distribution. The member or former member who has been deemed retired or who has been determined by the state board to have taken an invalid distribution may appeal the agency decision through the complaint process as provided under s. 121.4501(9)(g)3. As used in this subparagraph, the term "invalid distribution" means any distribution from an account in the investment plan which is taken in violation of this section, s. 121.091(9), or s. 121.4501.

Section 6. (1) *Effective July 1, 2012, in order to fund the benefit changes provided in this act, the required employer contribution rates of the Florida Retirement System established in s. 121.71(4), Florida Statutes, shall be adjusted as follows:*

(a) *Elected Officers' Class for Justices and Judges shall be increased by 0.45 percentage points; and*

(b) *Deferred Retirement Option Program shall be increased by 0.01 percentage points.*

(2) *Effective July 1, 2012, in order to fund the benefit changes provided in this act, the required employer contribution rates for the unfunded actuarial liability of the Florida Retirement System established in s. 121.71(5), Florida Statutes, for the Elected Officers' Class for Justices and Judges shall be increased by 0.91 percentage points.*

(3) *The adjustments provided in subsections (1) and (2) shall be in addition to all other changes to such contribution rates which may be enacted into law to take effect on July 1, 2012, and July 1, 2013. The Division of Statutory Revision is requested to adjust accordingly the contribution rates provided in s. 121.71, Florida Statutes.*

Section 7. *The Legislature finds that a proper and legitimate state purpose is served when employees and retirees of the state and its political subdivisions, and the dependents, survivors, and beneficiaries of such employees and retirees, are extended the basic protections afforded by governmental retirement systems that provide fair and adequate benefits and that are managed, administered, and funded in an actuarially sound manner as required by s. 14, Article X of the State Constitution and part VII of chapter 112, Florida Statutes. Therefore, the Legislature determines and declares that this act fulfills an important state interest.*

Section 8. *Section 1 and sections 3 through 7 of this act shall take effect only if:*

(1) *The Legislature appropriates during the 2012 Legislative Session the sum of at least \$1.6 million from the General Revenue Fund on a recurring basis to the judicial branch in order to fund the increased employer contributions associated with the costs of the retirement benefits granted in this act; and*

(2) *The State Courts Administrator certifies to the President of the Senate and the Speaker of the House of Representatives that the appropriation was made and that the appropriation was not vetoed by the Governor.*

Section 9. Except as otherwise expressly provided in this act and except for this section, which shall take effect upon this act becoming a law, this act shall take effect July 1, 2012.

And the title is amended as follows:

Delete everything before the enacting clause and insert: A bill to be entitled An act relating to justices and judges; amending s. 25.073, F.S.; providing that, for a retired justice or retired judge who has consented to temporary duty in any court, the definition of the term "termination" in ch. 121, F.S., does not apply, and termination occurs when the retired justice or judge ceases all nontemporary, active duty as a judge and retires from the Florida Retirement System; amending s. 43.291, F.S.; revising requirements for the appointment of members of judicial nominating commissions; providing that, with the exception of members selected from a list of nominees provided by the Board of Governors of The Florida Bar, a current member of a judicial nominating commission appointed by the Governor serves at the pleasure of the Governor; providing staggered terms for members of a judicial nominating commission; deleting obsolete provisions; deleting a requirement that the Executive Office of the Governor establish uniform rules of procedure consistent with the State Constitution when suspending for cause a member of a judicial nominating commission; amending s. 121.021, F.S.; revising the definition of the term "termination," to conform to changes made by the act; amending s. 121.091, F.S.; providing that a retired justice or retired judge who has reached his or her normal retirement age or date and consents to temporary employment as a senior judge in any court, as assigned by the Chief Justice of the Supreme Court, is not subject to certain specified limitations on employment after retirement; amending s. 121.591, F.S.; providing that a retired justice or retired judge who has consented to temporary employment as a senior judge in any court may receive a regular distribution of his or her retirement benefits account after providing proof of termination from his or her regularly established position; providing that, in order to fund the benefit changes set forth in the act, the required employer contribution rates of the Florida Retirement System, and the required employer contribution rates for the unfunded actuarial liability of the Florida Retirement System, are increased by specified amounts; providing a statement of important state interest; providing that specified provisions of the act relating to retired justices and judges take effect only if the Legislature appropriates sufficient funds and the State Courts Administrator certi-

fies that the appropriation was made and that the appropriation was not vetoed by the Governor; providing effective dates.

MOTION

On motion by Senator Simmons, by the required two-thirds vote, consideration of the following amendment was allowed:

Senator Simmons moved the following amendment to **Amendment 1** which was adopted:

Amendment 1A (541346)—In title, delete line 544 and insert: An act relating to the judiciary; amending s.

Amendment 1 as amended was adopted.

On motion by Senator Simmons, by two-thirds vote **CS for CS for HB 971** as amended was read the third time by title, passed and certified to the House. The vote on passage was:

Yeas—24

Mr. President	Flores	Negron
Altman	Gaetz	Norman
Benacquisto	Garcia	Oelrich
Bennett	Gardiner	Richter
Dean	Hays	Simmons
Detert	Jones	Storms
Diaz de la Portilla	Latvala	Thrasher
Evers	Lynn	Wise

Nays—14

Braynon	Joyner	Sachs
Bullard	Margolis	Siplin
Dockery	Montford	Smith
Fasano	Rich	Sobel
Gibson	Ring	

By direction of the President, the rules were waived and the Senate proceeded to—

SPECIAL ORDER CALENDAR

The Senate resumed consideration of—

CS for SB 654—A bill to be entitled An act relating to animal control; amending s. 381.0031, F.S.; requiring animal control officers, wildlife officers, and disease laboratories to report potential health risks to humans from animals; amending s. 828.055, F.S.; providing for use of additional prescription drugs for euthanasia and chemical immobilization of animals; providing for rulemaking to expand the list of additional prescription drugs; providing that the Board of Pharmacy or the Department of Health may revoke or suspend a permit upon a determination that the permittee or its employees or agents is using or has used an authorized drug for other purposes or if a permittee has committed specified violations; amending s. 828.058, F.S.; restricting the use of intracardial injection for euthanizing animals; prohibiting the delivery of a lethal solution or powder by adding it to food; providing an effective date.

—which was previously considered this day with pending point of order by Senator Rich and pending **Amendment 1 (467288)** by Senator Bennett. **Amendment 1 (467288)** was withdrawn.

Pending further consideration of **CS for SB 654**, on motion by Senator Hays, by two-thirds vote **CS for HB 479** was withdrawn from the Committees on Regulated Industries; Health Regulation; Budget Subcommittee on Health and Human Services Appropriations; and Budget.

On motion by Senator Hays—

CS for HB 479—A bill to be entitled An act relating to animal control; amending s. 381.0031, F.S.; requiring animal control officers, wildlife officers, and disease laboratories to report potential health risks to hu-

mans from animals; amending s. 828.055, F.S.; providing for use of additional prescription drugs for euthanasia and chemical immobilization of animals; providing for rulemaking to expand the list of additional prescription drugs; providing that the Board of Pharmacy or the Department of Health may revoke or suspend a permit upon a determination that the permittee or its employees or agents is using or has used an authorized drug for other purposes or if a permittee has committed specified violations; amending s. 828.058, F.S.; restricting the use of intracardial injection for euthanizing animals; prohibiting the delivery of a lethal solution or powder by adding it to food; providing an effective date.

—a companion measure, was substituted for **CS for SB 654** and read the second time by title.

On motion by Senator Hays, by two-thirds vote **CS for HB 479** was read the third time by title, passed and certified to the House. The vote on passage was:

Yeas—39

Mr. President	Flores	Norman
Altman	Gaetz	Oelrich
Benacquisto	Garcia	Rich
Bennett	Gardiner	Richter
Bogdanoff	Gibson	Ring
Braynon	Hays	Sachs
Bullard	Jones	Simmons
Dean	Joyner	Siplin
Detert	Latvala	Smith
Diaz de la Portilla	Lynn	Sobel
Dockery	Margolis	Storms
Evers	Montford	Thrasher
Fasano	Negron	Wise

Nays—None

CS for CS for SB 1404—A bill to be entitled An act relating to title insurance; amending s. 626.2815, F.S.; specifying continuing education requirements for title insurance agents; amending s. 626.8437, F.S.; specifying additional grounds to deny, suspend, revoke, or refuse to renew or continue the license or appointment of a title insurance agent or agency; amending s. 626.8473, F.S.; requiring an attorney serving as a title or real estate settlement agent to deposit and maintain certain funds in a separate trust account and permit the account to be audited by the applicable title insurer, unless prohibited by the rules of The Florida Bar; amending s. 627.777, F.S.; providing procedures and requirements relating to the approval or disapproval of title insurance forms by the Office of Insurance Regulation; amending s. 627.782, F.S.; requiring title insurance agencies and certain insurers to submit specified information to the office to assist in the analysis of title insurance premium rates, title search costs, and the condition of the title insurance industry; requiring the Financial Services Commission to adopt rules; providing an effective date.

—was read the second time by title.

Pending further consideration of **CS for CS for SB 1404**, on motion by Senator Altman, by two-thirds vote **CS for CS for HB 643** was withdrawn from the Committees on Banking and Insurance; Judiciary; and Budget.

On motion by Senator Altman—

CS for CS for HB 643—A bill to be entitled An act relating to title insurance; amending s. 626.2815, F.S.; specifying continuing education requirements for title insurance agents; amending s. 626.8437, F.S.; specifying additional grounds to deny, suspend, revoke, or refuse to renew or continue the license or appointment of a title insurance agent or agency; amending s. 626.8473, F.S.; requiring an attorney serving as a title or real estate settlement agent to deposit and maintain certain funds in a separate trust account and permit the account to be audited by the applicable title insurer, unless prohibited by the rules of The Florida Bar; amending s. 627.777, F.S.; providing procedures and requirements relating to the approval or disapproval of title insurance forms by the Office of Insurance Regulation; amending s. 627.782, F.S.;

requiring title insurance agencies and certain insurers to submit specified information to the office to assist in the analysis of title insurance premium rates, title search costs, and the condition of the title insurance industry; requiring the Financial Services Commission to adopt rules; providing effective dates.

—a companion measure, was substituted for **CS for CS for SB 1404** and read the second time by title.

On motion by Senator Altman, by two-thirds vote **CS for CS for HB 643** was read the third time by title, passed and certified to the House. The vote on passage was:

Yeas—40

Mr. President	Flores	Oelrich
Alexander	Gaetz	Rich
Altman	Garcia	Richter
Benacquisto	Gardiner	Ring
Bennett	Gibson	Sachs
Bogdanoff	Hays	Simmons
Braynon	Jones	Siplin
Bullard	Joyner	Smith
Dean	Latvala	Sobel
Detert	Lynn	Storms
Diaz de la Portilla	Margolis	Thrasher
Dockery	Montford	Wise
Evers	Negron	
Fasano	Norman	

Nays—None

CS for CS for SB 1406—A bill to be entitled An act relating to public records; creating s. 626.84195, F.S.; providing an exemption from public records requirements for proprietary business information provided by title insurance agencies and insurers to the Office of Insurance Regulation; providing a definition; authorizing disclosure of aggregated information; providing for future legislative review and repeal of the exemption under the Open Government Sunset Review Act; providing a statement of public necessity; providing a contingent effective date.

—was read the second time by title.

Pending further consideration of **CS for CS for SB 1406**, on motion by Senator Altman, by two-thirds vote **CS for CS for HB 645** was withdrawn from the Committees on Banking and Insurance; Governmental Oversight and Accountability; Budget Subcommittee on General Government Appropriations; and Budget.

On motion by Senator Altman—

CS for CS for HB 645—A bill to be entitled An act relating to public records; creating s. 626.84195, F.S.; providing an exemption from public records requirements for proprietary business information provided by title insurance agencies and insurers to the Office of Insurance Regulation; providing a definition; authorizing disclosure of aggregated information; providing for future legislative review and repeal of the exemption under the Open Government Sunset Review Act; providing a statement of public necessity; providing a contingent effective date.

—a companion measure, was substituted for **CS for CS for SB 1406** and read the second time by title.

On motion by Senator Altman, by two-thirds vote **CS for CS for HB 645** was read the third time by title, passed by the required constitutional two-thirds vote of the members present and certified to the House. The vote on passage was:

Yeas—40

Mr. President	Bogdanoff	Diaz de la Portilla
Alexander	Braynon	Dockery
Altman	Bullard	Evers
Benacquisto	Dean	Fasano
Bennett	Detert	Flores

Gaetz	Margolis	Simmons
Garcia	Montford	Siplin
Gardiner	Negron	Smith
Gibson	Norman	Sobel
Hays	Oelrich	Storms
Jones	Rich	Thrasher
Joyner	Richter	Wise
Latvala	Ring	
Lynn	Sachs	

Nays—None

CS for CS for SB 1464—A bill to be entitled An act relating to public records; creating s. 119.035, F.S.; declaring that it is the policy of this state that the provisions of ch. 119, F.S., apply to certain constitutional officers upon their election to public office; requiring that such officers adopt and implement reasonable measures to ensure compliance with the public records obligations set forth in ch. 119, F.S.; requiring that the public records of such officers be maintained in accordance with the policies and procedures of the public offices to which the officers have been elected; requiring that online and electronic communication and recordkeeping systems preserve the records on such systems so as to not impair the ability of the public to inspect or copy such public records; requiring that such officers, as soon as practicable upon taking the oath of office, deliver to the person or persons responsible for records and information management, all public records kept or received in the transaction of official business during the period following election to public office; defining the term “officers-elect” as used in s. 119.035, F.S.; amending s. 286.011, F.S.; revising public meeting requirements to apply the requirements to meetings with or attended by newly elected members of boards and commissions of any state agency or authority or of any agency of authority of any county, municipal corporation, or political subdivision; reenacting s. 112.3215(8)(b), F.S., relating to lobbying before the executive branch or the Constitution Revision Commission, to incorporate the amendment made to s. 286.011, F.S., in a reference thereto; providing an effective date.

—was read the second time by title.

Pending further consideration of **CS for CS for SB 1464**, on motion by Senator Gaetz, by two-thirds vote **CS for HB 1305** was withdrawn from the Committees on Governmental Oversight and Accountability; Budget Subcommittee on Transportation, Tourism, and Economic Development Appropriations; and Budget.

On motion by Senator Gaetz—

CS for HB 1305—A bill to be entitled An act relating to public records; creating s. 119.035, F.S.; declaring that it is the policy of this state that the provisions of ch. 119, F.S., apply to certain constitutional officers upon their election to public office; requiring that such officers adopt and implement reasonable measures to ensure compliance with the public records obligations set forth in ch. 119, F.S.; requiring that the public records of such officers be maintained in accordance with the policies and procedures of the public offices to which the officers have been elected; requiring that online and electronic communication and recordkeeping systems preserve the records on such systems so as to not impair the ability of the public to inspect or copy such public records; requiring that such officers, as soon as practicable upon taking the oath of office, deliver to the person or persons responsible for records and information management, all public records kept or received in the transaction of official business during the period following election to public office; defining the term “officer-elect” as used in the section; amending s. 286.011, F.S.; revising public meeting requirements to apply the requirements to meetings with or attended by newly elected members of boards and commissions; reenacting s. 112.3215(8)(b), F.S., relating to lobbying before the executive branch or the Constitution Revision Commission, to incorporate the amendment made to s. 286.011, F.S., in a reference thereto; providing an effective date.

—a companion measure, was substituted for **CS for CS for SB 1464** and read the second time by title.

On motion by Senator Gaetz, by two-thirds vote **CS for HB 1305** was read the third time by title, passed and certified to the House. The vote on passage was:

Yeas—40

Mr. President	Flores	Oelrich
Alexander	Gaetz	Rich
Altman	Garcia	Richter
Benacquisto	Gardiner	Ring
Bennett	Gibson	Sachs
Bogdanoff	Hays	Simmons
Braynon	Jones	Siplin
Bullard	Joyner	Smith
Dean	Latvala	Sobel
Detert	Lynn	Storms
Diaz de la Portilla	Margolis	Thrasher
Dockery	Montford	Wise
Evers	Negron	
Fasano	Norman	

Nays—None

CS for CS for CS for SB 1568—A bill to be entitled An act relating to the sale or lease of a county, district, or municipal hospital; amending s. 155.40, F.S.; defining the terms; requiring that the governing board of a county, district, or municipal hospital evaluate the possible benefits to an affected community from the sale or lease of the hospital facility to a not-for-profit or for-profit entity within a specified time period; specifying the actions the board must take in evaluating whether to sell or lease the public hospital; requiring the board to determine whether qualified purchasers or lessees exist; specifying the factors that must be considered by the governing board before accepting a proposal to sell or lease the hospital; requiring the board to state in writing detailed findings related to its decision to accept or reject the proposal; requiring the governing board to make public the required findings and documents and to publish a notice of the proposed transaction in one or more newspapers of general circulation in the county in which the majority of the physical assets of the hospital are located; allowing persons to submit written comments regarding the proposed transaction; providing that the sale or lease is subject to the approval of the Chief Financial Officer; requiring the governing board to file a petition with the Chief Financial Officer seeking approval of the proposed transaction within a specified time period; requiring the Chief Financial Officer or his or her designee to issue a final order approving or denying the proposed transaction; specifying the criteria upon which the Chief Financial Officer must base his or her decision; authorizing an interested party to appeal the decision of the Chief Financial Officer; requiring that all costs be paid by the governing board unless an interested party contests the action, in which case the court may assign costs equitably to the parties; providing for the distribution of proceeds from the transaction; exempting the sale or lease of specified physical property of a county, district, or municipal hospital from processes required for the approval of a sale or lease of county, district, or municipal hospital property; providing an exemption from complying with the requirements of the act under certain circumstances; exempting application of the act to hospitals or health care systems for which a letter of intent to sell or lease is executed before a specified date; creating s. 155.401, F.S.; providing that the purposes for which a special taxing district may appropriate funds from the sale or lease of a hospital or health care system include the promotion and support of economic growth in the district and county in which the taxing district is located and the furthering of the purposes of the taxing district; providing that any general or special law that is inconsistent with or otherwise in conflict with the act is specifically superseded by the act; amending s. 395.002, F.S.; revising the definition of the term “accrediting organizations”; reenacting s. 395.003(2)(c), F.S., relating to licensure and regulation of hospitals, to incorporate the amendment made to s. 395.002, F.S., in a reference thereto; amending s. 395.3036, F.S.; conforming cross-references; providing an effective date.

—was read the second time by title.

SENATOR GARDINER PRESIDING

Amendments were considered and adopted to conform **CS for CS for CS for SB 1568** to **CS for CS for CS for HB 711**.

Pending further consideration of **CS for CS for CS for SB 1568** as amended, on motion by Senator Gaetz, by two-thirds vote **CS for CS for**

CS for HB 711 was withdrawn from the Committees on Health Regulation; Community Affairs; Budget Subcommittee on General Government Appropriations; and Budget.

On motion by Senator Gaetz, the rules were waived and—

CS for CS for CS for HB 711—A bill to be entitled An act relating to the sale or lease of a county, district, or municipal hospital; amending s. 155.40, F.S.; providing definitions; requiring approval from a circuit court for the sale or lease of a county, district, or municipal hospital unless certain exemption or referendum approval applies; requiring the hospital governing board to determine by certain public advertisements whether there are qualified purchasers or lessees before the sale or lease of such hospital; requiring the board to state in writing specified criteria forming the basis of its acceptance of a proposal for sale or lease of the hospital; providing for publication of notice; authorizing submission of written statements of opposition to a proposed transaction to the hospital governing board within a certain timeframe; requiring the board to file a petition for approval with the circuit court and receive approval before any transaction is finalized; providing an exception; specifying information to be included in such petition; providing for the circuit court to issue an order requiring all interested parties to appear before the court under certain circumstances; granting the circuit court jurisdiction to approve sales or leases of county, district, or municipal hospitals based on specified criteria; providing for a party to seek judicial review; requiring the court to enter a final judgment; requiring the board to pay costs associated with the petition for approval unless a party contests the action; providing exemptions for certain transactions completed before a specified date; providing for cessation of special district taxing authority at sale unless reduced and ratified by referendum; providing that any general or special law that is inconsistent with or otherwise in conflict with the act is specifically superseded by the act; repealing s. 155.41, F.S., relating to applicability of retroactive exemptions for the sale or lease of county, district, or municipal hospitals, to conform to changes made by the act; amending s. 395.3036, F.S.; conforming cross-references and terminology; providing an effective date.

—a companion measure, was substituted for **CS for CS for CS for SB 1568** as amended and read the second time by title.

MOTION

On motion by Senator Gaetz, by the required two-thirds vote, consideration of the following amendment was allowed:

Senator Gaetz moved the following amendment which was adopted:

Amendment 1 (408312) (with title amendment)—Delete everything after the enacting clause and insert:

Section 1. 155.40, Florida Statutes, is amended to read:

155.40 Sale or lease of county, district, or municipal hospital; effect of sale.—

(1) ~~In the interest of providing quality health care services to the order that citizens and residents of this the state may receive quality health care, and notwithstanding any other provision of general or special law, a any county, district, or municipal hospital organized and existing under the laws of this state, acting by and through its governing board, may shall have the authority to sell or lease the such hospital to a for-profit or not-for-profit Florida entity corporation, and enter into leases or other contracts with a for-profit or not-for-profit Florida entity corporation for the purpose of operating the and managing such hospital and any or all of its facilities of whatsoever kind and nature. The term of any such lease, contract, or agreement and the conditions, covenants, and agreements to be contained therein shall be determined by the governing board of the such county, district, or municipal hospital. The governing board of the hospital must find that the sale, lease, or contract is in the best interests of the affected community public and must state the basis of that such finding. If the governing board of a county, district, or municipal hospital decides to lease the hospital, it must give notice in accordance with paragraph (4)(a) or paragraph (4)(b).~~

(2) A ~~Any such~~ lease, contract, or agreement made pursuant hereto shall:

(a) Provide that the articles of incorporation of ~~the such~~ for-profit or not-for-profit corporation be subject to the approval of the board of directors or board of trustees of ~~the such~~ hospital;

(b) Require that any not-for-profit corporation become qualified under s. 501(c)(3) of the United States Internal Revenue Code;

(c) Provide for the orderly transition of the operation and management of ~~the such~~ facilities;

(d) Provide for the return of ~~the such~~ facility to the county, municipality, or district upon the termination of ~~the such~~ lease, contract, or agreement; and

(e) Provide for the continued treatment of indigent patients pursuant to the Florida Health Care Responsibility Act and pursuant to chapter 87-92, Laws of Florida.

(3) Any sale, lease, or contract entered into pursuant to this section ~~before~~ ~~prior to~~ the effective date of this act must have complied with the requirements of subsection (2) in effect at the time of the sale, lease, or contract. It is the intent of the Legislature that this section ~~does~~ not impose any further requirements with respect to the formation of any for-profit or not-for-profit Florida ~~entity corporation~~, the composition of the board of directors of any Florida ~~entity corporation~~, or the manner in which control of the hospital is transferred to the Florida ~~entity corporation~~.

(4) As used in this section, the term:

(a) “Affected community” means those persons residing within the geographic boundaries defined by the charter of the county, district, or municipal hospital or health care system, or if the boundaries are not specifically defined by charter, by the geographic area from which 75 percent of the county, district, or municipal hospital’s or health care system’s inpatient admissions are derived.

(b) “Fair market value” means the price that a seller or lessor is willing to accept and a buyer or lessee is willing to pay on the open market and in an arms-length transaction, or what an independent expert in hospital valuation determines the fair market value to be.

(c) “Interested party” includes a person submitting a proposal for sale or lease of the county, district, or municipal hospital or health care system, as well as the governing board.

(5) The governing board of a county, district, or municipal hospital or health care system shall commence an evaluation of the possible benefits to an affected community from the sale or lease of hospital facilities owned by the board to a not-for-profit or for-profit entity no later than December 31, 2012. In the course of evaluating the benefits of the sale or lease, the board shall:

(a) Conduct a public hearing to provide interested persons the opportunity to be heard on the matter.

(b) Publish notice of the public hearing in one or more newspapers of general circulation in the county in which the majority of the physical assets of the hospital or health care system are located and in the Florida Administrative Weekly at least 15 days before the hearing is scheduled to occur.

(c) Contract with a certified public accounting firm or other firm that has substantial expertise in the valuation of hospitals to render an independent valuation of the hospital’s fair market value.

(d) Consider an objective operating comparison between a hospital or health care system operated by the district, county, or municipality and other similarly situated hospitals, both not-for-profit and for-profit, which have a similar service mix, in order to determine whether there is a difference in the cost of operation using publicly available data provided by the Agency for Health Care Administration and the quality metrics identified by the Centers for Medicare and Medicaid Services Core Measures. The comparison must determine whether it is more beneficial to taxpayers and the affected community for the hospital to be operated by a governmental entity, or whether the hospital can be operated by a not-for-profit or for-profit entity with similar or better cost-efficiencies or measurable outcomes identified by the Centers for Medicare and Medicaid Services Core Measures. The comparison must also determine whether

there is a net benefit to the community to operate the hospital as a not-for-profit or for-profit entity and use the proceeds of the sale or lease for the purposes described in this section.

(e) Make publicly available all documents considered by the board in the course of such evaluation.

1. Within 160 days after the initiation of the process established in subsection (5), the governing board shall publish notice of the board's findings in one or more newspapers of general circulation in the county in which the majority of the physical assets of the hospital are located and in the Florida Administrative Weekly.

2. This evaluation is not required if a district, county, or municipal hospital has issued a public request for proposals for the sale or lease of a hospital on or before February 1, 2012, for the purpose of receiving proposals from qualified purchasers or lessees, either not-for-profit or for-profit.

(6)(4) If, upon completion of the evaluation of the benefits of the sale or lease, ~~in the event~~ the governing board of a county, district, or municipal hospital determines that it is no longer in the best interest of the affected community to own or operate a hospital or health care system and elects to consider a sale or lease of the hospital or health care system to a third party, the governing board must first determine whether there are any qualified purchasers or lessees. In the process of evaluating any qualified purchaser or lessee ~~elects to sell or lease the hospital~~, the board shall:

(a) ~~Negotiate the terms of the sale or lease with a for-profit or not-for-profit Florida corporation and~~ Publicly advertise the meeting at which the proposed sale or lease will be considered by the governing board of the hospital in accordance with s. 286.0105; or

(b) Publicly advertise the offer to accept proposals in accordance with s. 255.0525 and receive proposals from all ~~interested and~~ qualified purchasers and lessees.

Any sale or lease must be for fair market value, or, if not for fair market value, the lease must be in the best interest of the affected community. A ~~and any~~ sale or lease must comply with all applicable state and federal antitrust laws.

(7) A determination by the governing board to accept a proposal for sale or lease shall be made after consideration of all proposals received and negotiations with a qualified purchaser or lessee. The governing board's determination must include, in writing, detailed findings of all reasons for accepting the proposal.

(a) The governing board's acceptance of a proposal for sale or lease must include a description of how the sale or lease satisfies each of the following requirements:

1. The sale or lease represents fair market value, as determined by a certified public accounting firm or other qualified firm pursuant to subsection(5). If leased at less than fair market value, the governing board shall provide a detailed explanation of how the best interests of the affected community are served by the acceptance of less than fair market value for the lease of the hospital.

2. Acceptance of the proposal will result in a reduction or elimination of ad valorem or other taxes for taxpayers in the district, if applicable.

3. The proposal includes an enforceable commitment that programs and services and quality health care will continue to be provided to all residents of the affected community, particularly to the indigent, the uninsured, and the underinsured.

4. Disclosure has been made of all conflicts of interest, including, but not limited to, whether the sale or lease of the hospital or health care system would result in a special private gain or loss to members of the governing board or key management employees or members of the medical staff of the county, district, or municipal hospital, or if governing board members will be serving on the board of any successor private corporation. Conflicts of interest, if any, with respect to experts retained by the governing board shall also be disclosed.

5. Disclosure has been made by the seller or lessor of all contracts with physicians or other entities providing health care services through a contract with the seller or lessor, including all agreements or contracts

that would be void or voidable upon the consummation of the sale or lease.

6. The proposal is in compliance with subsections (8) and (9).

(b) The findings must be accompanied by all information and documents relevant to the governing board's determination, including, but not limited to:

1. The names and addresses of all parties to the transaction.

2. The location of the hospital or health care system and all related facilities.

3. A description of the terms of all proposed agreements.

4. A copy of the proposed sale or lease agreement and any related agreements, including, but not limited to, leases, management contracts, service contracts, and memoranda of understanding.

5. The estimated total value associated with the proposed agreement and the proposed acquisition price.

6. Any valuations of the hospital's or health care system's assets prepared during the 3 years immediately preceding the proposed transaction date.

7. The fair market value analysis required by paragraph (5)(c), or any other valuation prepared at the request of the board, owner of the hospital or health care system, or managing entity of the hospital or health care system.

8. Copies of all other proposals and bids that the governing board may have received or considered in compliance with subsection (6).

(8) Within 120 days before the anticipated closing date of the proposed transaction, the governing board shall make publicly available all findings and documents required under subsection (7) and publish a notice of the proposed transaction in one or more newspapers of general circulation in the county in which the majority of the physical assets of the hospital or health care system are located. The notice must include the names of the parties involved and the means by which a person may submit written comments about the proposed transaction to the governing board and obtain copies of the findings and documents required under subsection (7).

(9) Within 20 days after the date of publication of the public notice, any person may submit to the governing board written comments regarding the proposed transaction.

(10) The sale or lease of the hospital or health care system is subject to approval by the Secretary of Health Care Administration or his or her designee, except, if otherwise required by law, approval of the sale or lease shall exclusively be by majority vote of the registered voters in the county, district, or municipality in which the hospital or health care system is located.

(a) The governing board shall file a petition with the Secretary of Health Care Administration seeking approval of the proposed transaction at least 30 days after publication of the notice of the proposed transaction.

(b) The petition for approval filed by the governing board must include all findings and documents required under subsection (7) and certification by the governing board of compliance with all requirements of this section. The chair of the governing board must certify under oath and subject to the penalty of perjury on a form accompanying the petition that the contents of the petition and representations therein are true and correct.

(11) Within 30 days after receiving the petition, the Secretary of Health Care Administration or his or her designee shall issue a final order approving or denying the proposed transaction based solely upon consideration of whether the procedures contained within this section have been followed by the governing board of the county, district, or municipal hospital or health care system. The order shall require the governing board to accept or reject the proposal for the sale or lease of the county, district, or municipal hospital or health care system based upon a determination that:

- (a) The proposed transaction is permitted by law.
- (b) The proposed transaction does not unreasonably exclude a potential purchaser or lessee on the basis of being a for-profit or a not-for-profit Florida corporation or other form of business organization, such as a partnership or limited liability company.
- (c) The governing board of the hospital or health care system publicly advertised the meeting at which the proposed transaction was considered by the board in compliance with s. 286.0105.
- (d) The governing board of the hospital or health care system publicly advertised the offer to accept proposals in compliance with s. 255.0525.
- (e) Any conflict of interest was disclosed, including, but not limited to, how the proposed transaction could result in a special private gain or loss to members of the governing board or key management employees of the county, district, or municipal hospital, or if governing board members will be serving on the board of any successor private corporation. Conflicts of interest, if any, with respect to experts retained by the governing board shall also be disclosed.
- (f) The seller or lessor documented that it will receive fair market value for the sale or lease of the assets as indicated in paragraph (5)(c) or, if leased at less than fair market value, the governing board provided a detailed explanation of how the best interests of the affected community are served by the acceptance of less than fair market value for the lease of the hospital or health care system.
- (g) The acquiring entity has made an enforceable commitment that programs and services and quality health care will continue to be provided to all residents of the affected community, particularly to the indigent, the uninsured, and the underinsured.
- (h) The governing board disclosed whether the sale or lease will result in a reduction or elimination of ad valorem or other taxes used to support the hospital.
- (12) Any interested party to the action has the right to seek judicial review of the decision in the appellate district where the hospital is located or in the First District Court of Appeal pursuant to s. 120.68.
- (a) All proceedings shall be instituted by filing a notice of appeal in accordance with the Florida Rules of Appellate Procedure within 30 days after the date of the final order.
- (b) In such judicial review, the appellate court shall affirm the decision of the Secretary of Health Care Administration, unless the decision by the Secretary of Health Care Administration is shown to be clearly erroneous.
- (13) All costs shall be paid by the governing board, unless an interested party contests the action, in which case the court may assign costs equitably to the parties.
- (14) If any provision of subsection (5), subsection (6), or subsection (7) is not followed, the contract for sale or lease is voidable by any party to the contract. If any member of the governing board negligently or willfully violates subsection (5), subsection (6), or subsection (7), as determined by the Commission on Ethics after receipt of a sworn complaint pursuant to s. 112.322, the member is subject to a penalty, as determined by the Commission on Ethics pursuant to s. 112.317.
- (15) If a county, district, or municipal hospital is sold, any and all special district tax authority associated with the hospital subject to the sale shall cease on the effective date of the closing date of the sale. Any special law inconsistent with this subsection is superseded by this act.
- (16) If a county, district, or municipal hospital is sold or leased, the governing board shall:
- (a) Deposit 50 percent of the net proceeds of the sale or lease into a health care economic development trust fund, which shall be under the control of the county commission of the county in which the property is located, if the hospital is a county hospital or district hospital whose geographic boundaries extend beyond a single municipality, or, if the hospital is a municipal hospital or district hospital whose geographic boundaries lie entirely within a single municipality, under the control of the city or municipal government in which the hospital is located. The use

and distribution of the funds shall be at the discretion of a majority of the county commission if the hospital is a county hospital or district hospital whose geographic boundaries extend beyond a single municipality, or, if the hospital is a municipal hospital or district hospital whose geographic boundaries lie entirely within a single municipality, at the discretion of a majority of the members of the municipal government. The members of the county commission or the municipal government, depending on the type of hospital being sold, shall serve as trustees of the trust fund. The net proceeds in the health care economic development trust fund shall be distributed, in consultation with the Department of Economic Opportunity, to promote job creation in the health care sector of the economy through new or expanded health care business development, new or expanded health care services, or new or expanded health care education programs or commercialization of health care research within the affected community; and

- (b) Appropriate 50 percent of the net proceeds of the sale or lease for funding the delivery of indigent care, including but not limited to primary care, physician specialty care, out-patient care, in-patient care and behavioral health, to hospitals within the boundaries of the district with consideration given to the levels of indigent care provided.

For the purposes of this subsection, the term "net proceeds" means the sale price after payment of all district debts and obligations.

- (17) If a county, district, or municipal hospital or health care system is sold or leased to a for-profit corporation or other business entity subject to local taxation, the resulting county and municipal ad valorem tax revenue from the formerly tax-exempt property shall be distributed by the county commission of the county in which the property is located, if the hospital is a county hospital or district hospital whose geographic boundaries extend beyond a single municipality, or, if the hospital is a municipal hospital or district hospital whose geographic boundaries lie entirely within a single municipality, such ad valorem tax revenues shall be distributed by the municipal government. The distribution of such ad valorem tax revenues shall be made in consultation with the Department of Economic Opportunity, for purposes set forth in subsection (16).

- (18)(5) ~~If in the event~~ If a hospital operated by a for-profit or not-for-profit Florida entity ~~corporation~~ receives annually more than \$100,000 in revenues from the county, district, or municipality that owns the hospital, the Florida entity ~~corporation~~ must be accountable to the county, district, or municipality with respect to the manner in which the funds are expended by either:

- (a) Having the revenues subject to annual appropriations by the county, district, or municipality; or
- (b) Where there is a contract to provide revenues to the hospital, the term of which is longer than 12 months, the governing board of the county, district, or municipality must be able to modify the contract upon 12 months notice to the hospital.

A not-for-profit entity ~~corporation~~ that is subject to this subsection and ~~that~~ does not currently comply with the accountability requirements in this subsection shall have 12 months after the effective date of this act to modify any contracts with the county, district, or municipality in a manner that is consistent with this subsection.

- (19)(6) Unless otherwise expressly stated in the lease documents, the transaction involving the sale or lease of a hospital ~~may shall~~ not be construed as:

- (a) A transfer of a governmental function from the county, district, or municipality to the private purchaser or lessee;
- (b) Constituting a financial interest of the public lessor in the private lessee; or
- (c) Making a private lessee an integral part of the public lessor's decisionmaking process.

- (20)(7) The lessee of a hospital, under this section or any special act of the Legislature, operating under a lease ~~may shall~~ not be construed to be "acting on behalf of" the lessor as that term is used in statute, unless the lease document expressly provides to the contrary.

(21)(8)(a) If, whenever the sale of a public hospital by a public agency to a private ~~corporation or other private~~ entity pursuant to this section or pursuant to a special act of the Legislature reflects that:

1. The private ~~corporation or other private~~ entity purchaser acquires 100 percent ownership in the hospital enterprise;
2. The private ~~corporation or other private~~ entity purchases the physical plant of the hospital facility and has complete responsibility for the operation and maintenance of the facility, regardless of ownership of the underlying real property;
3. The public agency seller retains no control over decisionmaking or policymaking for the hospital;
4. The private ~~corporation or other private~~ entity purchaser receives no funding from the public agency seller other than by contract for services rendered to patients for whom the public agency seller has the responsibility to pay for hospital or medical care;
5. The public agency seller makes no substantial investment in or loans to the private entity;
6. The private ~~corporation or other private~~ entity purchaser was not created by the public entity seller; and
7. The private ~~corporation or other private~~ entity purchaser operates primarily for its own financial interests and not primarily for the interests of the public agency,

such a sale shall be considered a complete sale of the public agency's interest in the hospital or health care system.

(b) A complete sale of a hospital or health care system as described in this subsection ~~may~~ shall not be construed as:

1. A transfer of a governmental function from the county, district, or municipality to the private ~~corporation or other private~~ entity purchaser;
2. Constituting a financial interest of the public agency in the private ~~corporation or other private~~ entity purchaser;
3. Making the private ~~corporation or other private~~ entity purchaser an "agency" as that term is used in statutes;
4. Making the private ~~corporation or other private~~ entity purchaser an integral part of the public agency's decisionmaking process; or
5. Indicating that the private ~~corporation or other private~~ entity purchaser is "acting on behalf of a public agency" as that term is used in statute.

(22) *If the governing board elects to sell or lease the physical property of a county, district, or municipal hospital or health care system and such property generated less than 20 percent of the hospital's net revenue within the hospital's or health care system's most recent fiscal year, the sale or lease of such property is exempt from the requirements under subsections (6)-(17). However, the governing board shall publicly advertise the meeting at which the proposed sale or lease of such property will be considered by the governing board of the hospital in accordance with s. 286.0105 or publicly advertise the offer to accept proposals in accordance with s. 255.0525 and receive proposals from all qualified purchasers and lessees. The sale or lease of the property must be for fair market value or, if a lease is for less than fair market value, the lease must be in the best interest of the affected community.*

(23) *A county, district, or municipal hospital or health care system that is under lease as of the effective date of this act is not subject to subsections (5)-(17) as long as that lease remains in effect in accordance with the terms of the lease or such lease is modified, extended, or renewed. However, such hospital or health care system becomes subject to the provisions of this act upon:*

(a) *Termination of the lease, unless the lease termination is the direct result of a new lease involving a partnership, transaction, or contract in which both the existing lessor and lessee agree to the new lease between the lessor and another mutually agreed upon entity;*

(b) *Notification provided to the lessee of a planned termination of the lease in accordance with the lease terms, unless the notification of lease termination is the direct result of a new lease involving a partnership, transaction, or contract in which both the existing lessor and lessee agree to the new lease between the lessor and another mutually agreed upon entity;*

(c) *Notification to the lessee that upon termination of the lease the lessor plans to seek potential new lessees or buyers; or*

(d) *Notification to the lessee that the lessor plans to resume operation of the hospital or health care system at the termination of the lease.*

Any such hospital or health care system may not thereafter be sold, leased to another lessee, or operated by the owner without first complying with this section.

(24) *A county, district, or municipal hospital or health care system that has executed a letter of intent to sell or lease the hospital or health care system accepted at a properly noticed public meeting, and whose governing board has voted to approve the letter of intent before December 31, 2011, is not subject to subsections (6)-(17) as long as the final closing of the sale or lease transaction pursuant to the letter of intent occurs before December 31, 2012.*

(25) *Notwithstanding subsection (24), a county, district, or municipal hospital or health care system that has issued a request for proposals for the sale or lease of a hospital or health care system on or before February 1, 2012, in order to receive proposals from not-for-profit or for-profit qualified purchasers or lessees, is not subject to subsections (5)-(17) unless such request for proposals does not directly result in a sale or lease of the hospital or health care system to a qualified purchaser or lessee on or before December 31, 2012.*

Section 2. Section 155.401, Florida Statutes, is created to read:

155.401 *Power of special taxing district to appropriate proceeds from sale or lease of hospital or health care system to economic development trust fund.—Notwithstanding any other general or special law, the purposes for which a special taxing district may appropriate funds from the sale or lease of a hospital or health care system to an economic development fund include the promotion and support of economic growth in such district and in the county in which such district is located and the furthering of the purposes of such district, as provided by law.*

Section 3. *To the extent that any general or special law is inconsistent with or otherwise in conflict with this act, such conflicting provisions are specifically superseded by this act. A special tax district, public hospital, or municipal hospital is not exempt from this act.*

Section 4. Subsection (1) of section 395.002, Florida Statutes, is amended to read:

395.002 Definitions.—As used in this chapter:

(1) "Accrediting organizations" means *national accreditation organizations that are approved by the Centers for Medicare and Medicaid Services and whose standards incorporate comparable licensure regulations required by the state the Joint Commission on Accreditation of Healthcare Organizations, the American Osteopathic Association, the Commission on Accreditation of Rehabilitation Facilities, and the Accreditation Association for Ambulatory Health Care, Inc.*

Section 5. For the purpose of incorporating the amendment made by this act to section 395.002, Florida Statutes, in a reference thereto, paragraph (c) of subsection (2) of section 395.003, Florida Statutes, is reenacted to read:

395.003 Licensure; denial, suspension, and revocation.—

(2)

(c) *Intensive residential treatment programs for children and adolescents which have received accreditation from an accrediting organization as defined in s. 395.002(1) and which meet the minimum standards developed by rule of the agency for such programs shall be licensed by the agency under this part.*

Section 6. Section 395.3036, Florida Statutes, is amended to read:

395.3036 Confidentiality of records and meetings of ~~entities corporations~~ that lease public hospitals or other public health care facilities.—The records of a private ~~entity corporation~~ that leases a public hospital or other public health care facility are confidential and exempt from the provisions of s. 119.07(1) and s. 24(a), Art. I of the State Constitution, and the meetings of the governing board of a private ~~entity corporation~~ are exempt from s. 286.011 and s. 24(b), Art. I of the State Constitution ~~if when~~ the public lessor complies with the public finance accountability provisions of s. 155.40(18) ~~155.40(5)~~ with respect to the transfer of any public funds to the private lessee and ~~if when~~ the private lessee meets at least three of the five following criteria:

(1) The public lessor that owns the public hospital or other public health care facility was not the incorporator ~~or initial member~~ of the private ~~entity corporation~~ that leases the public hospital or other health care facility.

(2) The public lessor and the private lessee do not commingle any of their funds in any account maintained by either of them, other than the payment of the rent and administrative fees or the transfer of funds pursuant to subsection (5) ~~(2)~~.

(3) Except as otherwise provided by law, the private lessee is not allowed to participate, except as a member of the public, in the decisionmaking process of the public lessor.

(4) The lease agreement does not expressly require the lessee to comply with ~~the requirements of~~ ss. 119.07(1) and 286.011.

(5) The public lessor is not entitled to receive any revenues from the lessee, except for rental or administrative fees due under the lease, and the lessor is not responsible for the debts or other obligations of the lessee.

Section 7. This act shall take effect upon becoming a law.

And the title is amended as follows:

Delete everything before the enacting clause and insert: A bill to be entitled An act relating to the sale or lease of a county, district, or municipal hospital; amending s. 155.40, F.S.; defining terms; requiring that the governing board of a county, district, or municipal hospital evaluate the possible benefits to an affected community from the sale or lease of the hospital facility to a not-for-profit or for-profit entity within a specified time period; specifying the actions the board must take in evaluating whether to sell or lease the public hospital; requiring the board to determine whether qualified purchasers or lessees exist; specifying the factors that must be considered by the governing board before accepting a proposal to sell or lease the hospital; requiring the board to state in writing detailed findings related to its decision to accept or reject the proposal; requiring the governing board to make public the required findings and documents and to publish a notice of the proposed transaction in one or more newspapers of general circulation in the county in which the majority of the physical assets of the hospital are located; allowing persons to submit written comments regarding the proposed transaction; providing that the sale or lease is subject to the approval of the Secretary of Health Care Administration; requiring the governing board to file a petition with the Secretary of Health Care Administration seeking approval of the proposed transaction within a specified time period; requiring the Secretary of Health Care Administration or his or her designee to issue a final order approving or denying the proposed transaction; specifying the criteria upon which the Secretary of Health Care Administration must base his or her decision; authorizing an interested party to appeal the decision of the Secretary of Health Care Administration; requiring that all costs be paid by the governing board unless an interested party contests the action, in which case the court may assign costs equitably to the parties; providing for the distribution of proceeds from the transaction; exempting the sale or lease of specified physical property of a county, district, or municipal hospital from processes required for the approval of a sale or lease of county, district, or municipal hospital property; providing an exemption from complying with the requirements of the act under certain circumstances; exempting application of the act to hospitals or health care systems for which a letter of intent to sell or lease is executed before a specified date; exempting application of the act to a county, district, or municipal hospital or health care system that has issued a request for proposals for the sale or lease of a hospital or health care system on or before a specified date; providing an exception; creating s. 155.401, F.S.; providing that the

purposes for which a special taxing district may appropriate funds from the sale or lease of a hospital or health care system include the promotion and support of economic growth in the district and county in which the taxing district is located and the furthering of the purposes of the taxing district; providing that any general or special law that is inconsistent with or otherwise in conflict with the act is specifically superseded by the act; amending s. 395.002, F.S.; revising the definition of the term “accrediting organizations”; reenacting s. 395.003(2)(c), F.S., relating to licensure and regulation of hospitals, to incorporate the amendment made to s. 395.002, F.S., in a reference thereto; amending s. 395.3036, F.S.; conforming cross-references; providing an effective date.

On motion by Senator Gaetz, by two-thirds vote **CS for CS for CS for HB 711** as amended was read the third time by title, passed by the required constitutional two-thirds vote of the membership and certified to the House. The vote on passage was:

Yeas—40

Mr. President	Flores	Oelrich
Alexander	Gaetz	Rich
Altman	Garcia	Richtman
Benacquisto	Gardiner	Ring
Bennett	Gibson	Sachs
Bogdanoff	Hays	Simmons
Braynon	Jones	Siplin
Bullard	Joyner	Smith
Dean	Latvala	Sobel
Detert	Lynn	Storms
Diaz de la Portilla	Margolis	Thrasher
Dockery	Montford	Wise
Evers	Negron	
Fasano	Norman	

Nays—None

MOMENT OF SILENCE

At the request of Senator Rich, the Senate observed a moment of silence for Judith “Judy” Jacobson who passed away March 5. Mrs. Jacobson was a retired teacher from New York and current resident of South Florida who was known for her volunteer work.

Consideration of **CS for SB 1704** and **SB 6** was deferred.

THE PRESIDENT PRESIDING

CS for SB 10—A bill to be entitled An act for the relief of Aaron Edwards, a minor, by Lee Memorial Health System of Lee County; providing for an appropriation to compensate Aaron Edwards for damages sustained as a result of the medical negligence by employees of Lee Memorial Health System of Lee County; providing a limitation on the payment of fees and costs; providing an effective date.

—was read the second time by title.

An amendment was considered and failed and an amendment was considered and adopted to conform **CS for SB 10** to **CS for CS for HB 965**.

Pending further consideration of **CS for SB 10** as amended, on motion by Senator Flores, by two-thirds vote **CS for CS for HB 965** was withdrawn from the Committee on Rules.

On motion by Senator Flores—

CS for CS for HB 965—A bill to be entitled An act for the relief of Aaron Edwards, a minor, by Lee Memorial Health System of Lee County; providing for an appropriation to compensate Aaron Edwards for damages sustained as a result of medical negligence by employees of Lee Memorial Health System of Lee County; providing a limitation on the payment of fees and costs; providing an effective date.

—a companion measure, was substituted for **CS for SB 10** as amended and read the second time by title.

On motion by Senator Flores, by two-thirds vote **CS for CS for HB 965** was read the third time by title, passed and certified to the House. The vote on passage was:

Yeas—32

Mr. President	Flores	Norman
Altman	Garcia	Rich
Benacquisto	Gardiner	Ring
Bogdanoff	Gibson	Sachs
Braynon	Hays	Simmons
Dean	Jones	Siplin
Detert	Joyner	Smith
Diaz de la Portilla	Lynn	Sobel
Dockery	Margolis	Storms
Evers	Montford	Thrasher
Fasano	Negron	

Nays—4

Bennett	Gaetz	Oelrich
Richter		

Vote after roll call:

Yea—Bullard

On motion by Senator Benacquisto, by unanimous consent—

CS for CS for SB 1816—A bill to be entitled An act relating to protection of vulnerable persons; amending s. 39.201, F.S.; revising language concerning child abuse reporting; requiring the Department of Children and Family Services to provide for web-chat and update other web-based forms for reporting child abuse, abandonment, or neglect; requiring a study on the use of short message format for the central abuse hotline; requiring the development of a public awareness campaign for the central abuse hotline; requiring the collection of statistical reports on child abuse and child sexual abuse on campuses of colleges and universities; amending s. 39.205, F.S.; increasing criminal penalties for knowingly and willfully failing to report known or suspected child abuse, abandonment, or neglect, or knowingly and willfully preventing another person from doing so; requiring specified educational institutions and their law enforcement agencies to report known or suspected child abuse, abandonment, or neglect in certain circumstances; providing financial penalties for violations; providing for challenges to findings of determinations; proving for a presumption in certain circumstances; creating s. 39.309, F.S.; requiring the department to develop and implement a program of social services and rehabilitative services for the parent or legal custodian of a child seeking assistance; amending s. 409.1671, F.S.; requiring eligible lead community-based providers to have alternative response to protective investigations programs pursuant to specified provisions; creating s. 796.036, F.S.; providing for upward reclassification of certain prostitution offenses involving minors; amending s. 960.198, F.S.; providing for denial of relocation payment for a domestic violence claim if the Department of Legal Affairs has previously paid a sexual battery relocation claim to the same victim for the same incident; creating s. 960.199, F.S.; providing for relocation assistance payments to victims of sexual battery; providing criteria for awards; providing for denial of relocation payment for a sexual battery claim if the department has previously paid a domestic violence relocation claim to the same victim for the same incident; providing an appropriation; amending s. 1012.98, F.S.; providing a continuing education requirement for certain teachers on identifying and reporting child abuse and neglect; providing an effective date.

—was taken up out of order and read the second time by title.

SENATOR FASANO PRESIDING

Amendments were considered and failed and amendments were considered and adopted to conform **CS for CS for SB 1816** to **CS for CS for CS for HB 1355**.

Pending further consideration of **CS for CS for SB 1816** as amended, on motion by Senator Benacquisto, by two-thirds vote **CS for CS for CS for HB 1355** was withdrawn from the Committees on Criminal Justice; Budget Subcommittee on Criminal and Civil Justice Appropriations; Judiciary; and Budget.

On motion by Senator Benacquisto, the rules were waived and—

CS for CS for CS for HB 1355—A bill to be entitled An act relating to protection of vulnerable persons; amending s. 39.201, F.S.; revising language concerning child abuse reporting; requiring the Department of Children and Family Services to provide for web-chat and update other web-based forms for reporting child abuse, abandonment, or neglect; requiring a study on the use of short message format for the central abuse hotline; requiring the development of a public awareness campaign for the central abuse hotline; requiring the collection of statistical reports on child abuse and child sexual abuse on campuses of colleges and universities; amending s. 39.205, F.S.; increasing criminal penalties for knowingly and willfully failing to report known or suspected child abuse, abandonment, or neglect, or knowingly and willfully preventing another person from doing so; requiring specified educational institutions and their law enforcement agencies to report known or suspected child abuse, abandonment, or neglect in certain circumstances; providing financial penalties for violations; providing for challenges to findings of determinations; proving for a presumption in certain circumstances; creating s. 39.309, F.S.; requiring the department to develop and implement a program of social services and rehabilitative services for the parent or legal custodian of a child seeking assistance; amending s. 409.1671, F.S.; requiring eligible lead community-based providers to have parent assistance programs pursuant to specified provisions; creating s. 796.036, F.S.; providing for upward reclassification of certain prostitution offenses involving minors; amending s. 960.198, F.S.; providing for denial of relocation payment for a domestic violence claim if the Department of Legal Affairs has previously paid a sexual battery relocation claim to the same victim for the same incident; creating s. 960.199, F.S.; providing for relocation assistance payments to victims of sexual battery; providing criteria for awards; providing for denial of relocation payment for a sexual battery claim if the department has previously paid a domestic violence relocation claim to the same victim for the same incident; providing an appropriation; amending s. 1012.98, F.S.; providing a continuing education requirement for certain teachers on identifying and reporting child abuse and neglect; providing an appropriation; authorizing a specified numbers of full-time equivalent positions with associated salary rates within the Department of Children and Family Services; amending s. 827.03, F.S.; defining the term “mental injury” with respect to the offenses of abuse, aggravated abuse, and neglect of a child; requiring that a physician or psychologist acting as an expert witness in certain proceedings have certain credentials; amending ss. 775.084, 775.0877, 782.07, 921.0022, and 948.062, F.S.; conforming cross-references; amending s. 960.03, F.S.; redefining the term “crime” for purposes of crime victims compensation to include additional forms of injury; redefining the term “victim” to conform with the modified definition of the term “crime”; providing an effective date.

—a companion measure, was substituted for **CS for CS for SB 1816** as amended and read the second time by title.

MOTION

On motion by Senator Benacquisto, by the required two-thirds vote, consideration of the following amendment was allowed:

Senator Benacquisto moved the following amendment which was adopted:

Amendment 1 (904562) (with title amendment)—Delete lines 304-370.

And the title is amended as follows:

Delete lines 24-30 and insert: circumstances;

MOTION

On motion by Senator Lynn, by the required two-thirds vote, consideration of the following amendments was allowed:

Senator Lynn moved the following amendments which failed:

Amendment 2 (507278) (with title amendment)—Delete lines 251-303 and insert:

Section 2. Subsection (1) of section 39.205, Florida Statutes, is amended to read:

39.205 Penalties relating to reporting of child abuse, abandonment, or neglect.—

(1) A person who is required to report known or suspected child abuse, abandonment, or neglect and who knowingly and willfully fails to do so, or who knowingly and willfully prevents another person from doing so, ~~commits is guilty of a felony misdemeanor of the third first~~ degree, punishable as provided in s. 775.082, ~~or s. 775.083, or s. 775.084.~~ A judge subject to discipline pursuant to s. 12, Art. V of the Florida Constitution ~~is shall~~ not be subject to criminal prosecution ~~if when~~ the information was received in the course of official duties.

And the title is amended as follows:

Delete lines 18-24 and insert: creating s. 39.309, F.S.; requiring the

Amendment 3 (477424)—Delete lines 276-292 and insert: *another person from doing so, shall be subject to fines limited to \$25,000 for each such occurrence.*

(a) *A Florida College System institution subject to a fine shall be assessed by the State Board of Education.*

(b) *A state university subject to a fine shall be assessed by the Board of Governors.*

(c) *A nonpublic college, university, or school subject to a fine shall be assessed by the Commission for Independent Education.*

(4) *Any Florida College System institution, state university, or nonpublic college, university, or school, as defined in s. 1000.21 or s. 1005.02, whose law enforcement agency fails to report known or suspected child abuse, abandonment, or neglect committed on the property of the university, college, or school, or during an event or function sponsored by the university, college, or school, shall be subject to fines limited to \$25,000 for each such occurrence assessed in*

MOTION

On motion by Senator Benacquisto, by the required two-thirds vote, consideration of the following amendment was allowed:

Senators Benacquisto and Storms offered the following amendment which was moved by Senator Benacquisto:

Amendment 4 (687376)—Delete lines 67-146 and insert:

Section 1. Subsections (1), (2), and (4) of section 39.201, Florida Statutes, are amended to read:

39.201 Mandatory reports of child abuse, abandonment, or neglect; mandatory reports of death; central abuse hotline.—

(1)(a) Any person who knows, or has reasonable cause to suspect, that a child is abused, abandoned, or neglected by a parent, legal custodian, caregiver, or other person responsible for the child's welfare, as defined in this chapter, or that a child is in need of supervision and care and has no parent, legal custodian, or responsible adult relative immediately known and available to provide supervision and care shall report such knowledge or suspicion to the department in the manner prescribed in subsection (2).

(b) Any person who knows, or who has reasonable cause to suspect, that a child is abused by an adult other than a parent, legal custodian, caregiver, or other person responsible for the child's welfare, as defined in this chapter, shall report such knowledge or suspicion to the department in the manner prescribed in subsection (2).

(c) Any person who knows, or has reasonable cause to suspect, that a child is the victim of a known or suspected juvenile sexual offender, as defined in this chapter, shall report such knowledge or suspicion to the department in the manner prescribed in subsection (2).

(d)(b) Reporters in the following occupation categories are required to provide their names to the hotline staff:

1. Physician, osteopathic physician, medical examiner, chiropractic physician, nurse, or hospital personnel engaged in the admission, examination, care, or treatment of persons;

2. Health or mental health professional other than one listed in subparagraph 1.;

3. Practitioner who relies solely on spiritual means for healing;

4. School teacher or other school official or personnel;

5. Social worker, day care center worker, or other professional child care, foster care, residential, or institutional worker;

6. Law enforcement officer; or

7. Judge.

The names of reporters shall be entered into the record of the report, but shall be held confidential and exempt as provided in s. 39.202.

(e)(c) A professional who is hired by or enters into a contract with the department for the purpose of treating or counseling any person, as a result of a report of child abuse, abandonment, or neglect, is not required to again report to the central abuse hotline the abuse, abandonment, or neglect that was the subject of the referral for treatment.

(f)(d) An officer or employee of the judicial branch is not required to again provide notice of reasonable cause to suspect child abuse, abandonment, or neglect when that child is currently being investigated by the department, there is an existing dependency case, or the matter has previously been reported to the department, provided there is reasonable cause to believe the information is already known to the department. This paragraph applies only when the information has been provided to the officer or employee in the course of carrying out his or her official duties.

(g)(e) Nothing in this chapter or in the contracting with community-based care providers for foster care and related services as specified in s. 409.1671 shall be construed to remove or reduce the duty and responsibility of any person, including any employee of the community-based care provider, to report a suspected or actual case of child abuse, abandonment, or neglect or the sexual abuse of a child to the department's central abuse hotline.

(2)(a) Each report of known or suspected child abuse, abandonment, or neglect by a parent, legal custodian, caregiver, or other person responsible for the child's welfare as defined in this chapter, except those solely under s. 827.04(3), and each report that a child is in need of supervision and care and has no parent, legal custodian, or responsible adult relative immediately known and available to provide supervision and care shall be made immediately to the department's central abuse hotline. Such reports may be made on the single statewide toll-free telephone number or via fax, *web-based chat*, or web-based report. Personnel at the department's central abuse hotline shall determine if the report received meets the statutory definition of child abuse, abandonment, or neglect. Any report meeting one of these definitions shall be accepted for the protective investigation pursuant to part III of this chapter.

(b) *Each report of known or suspected child abuse by an adult other than a parent, legal custodian, caregiver, or other person responsible for the child's welfare, as defined in this chapter, shall be made immediately to the department's central abuse hotline. Such reports may be made on the single statewide toll-free telephone number or via fax, web-based chat, or web-based report. Such reports or calls shall be immediately electronically transferred to the appropriate county sheriff's office by the central abuse hotline. If the report is of an instance of known or suspected child abuse by someone other than a parent, legal custodian, caregiver, or other person responsible for the child's welfare as defined in this chapter, the report or call shall be immediately electronically transferred to the appropriate county sheriff's office by the central abuse hotline.*

(c) Reports involving a known or suspected juvenile sexual offender or a child who has exhibited inappropriate sexual behavior shall be made and received by the department.

1. *The department shall determine the age of the alleged offender, if known.*

2. *If the alleged offender is 12 years of age or younger, the central abuse hotline shall immediately electronically transfer the report or call to the county sheriff's office. The department shall conduct an assessment and assist the family in receiving appropriate services pursuant to s. 39.307, and send a written report of the allegation to the appropriate county sheriff's office within 48 hours after the initial report is made to the central abuse hotline.*

3. *If the alleged offender is 13 years of age or older, the central abuse hotline shall immediately electronically transfer the report or call to the appropriate county sheriff's office and send a written report to the appropriate county sheriff's office within 48 hours after the initial report to the central abuse hotline.*

(d)(e) If the report is of an instance of known or suspected child abuse, abandonment, or neglect that occurred out of state and the alleged perpetrator and the child alleged to be a victim live out of state, the central abuse hotline shall not accept the report or call for investigation, but shall transfer the information on the report to the appropriate state.

(e)(d) If the report is of an instance of known or suspected child abuse involving impregnation of a child under 16 years of age by a person 21 years of age or older solely under s. 827.04(3), the report shall be made immediately to the appropriate county sheriff's office or other appropriate law enforcement agency. If the report is of an instance of known or suspected child abuse solely under s. 827.04(3), the reporting provisions of this subsection do not apply to health care professionals or other persons who provide medical or counseling services to pregnant children when such reporting would interfere with the provision of medical services.

(f)(e) Reports involving known or suspected institutional child abuse or neglect shall be made and received in the same manner as all other reports made pursuant to this section.

(f) ~~Reports involving a known or suspected juvenile sexual offender or a child who has exhibited inappropriate sexual behavior shall be made and received by the department.~~

~~1. The department shall determine the age of the alleged offender, if known.~~

~~2. If the alleged offender is 12 years of age or younger, the central abuse hotline shall immediately electronically transfer the report or call to the county sheriff's office. The department shall conduct an assessment and assist the family in receiving appropriate services pursuant to s. 39.307, and send a written report of the allegation to the appropriate county sheriff's office within 48 hours after the initial report is made to the central abuse hotline.~~

~~3. If the alleged offender is 13 years of age or older, the central abuse hotline shall immediately electronically transfer the report or call to the appropriate county sheriff's office and send a written report to the appropriate county sheriff's office within 48 hours after the initial report to the central abuse hotline.~~

MOTION

On motion by Senator Storms, by the required two-thirds vote, consideration of the following amendment was allowed:

Senators Storms and Benacquisto offered the following amendment to **Amendment 4** which was moved by Senator Storms and adopted:

Amendment 4A (277564)—Delete line 25 and insert: *suspect, that a child is the victim of childhood sexual abuse or the victim of a known or suspected*

Amendment 4 as amended was adopted.

MOTION

On motion by Senator Detert, by the required two-thirds vote, consideration of the following amendment was allowed:

Senator Detert moved the following amendment which was adopted:

Amendment 5 (257028)—Delete line 802 and insert:

827.03(2)(b)
~~827.03(3)(b)~~

2nd

Neglect of a child causing great bodily harm, disability, or disfigurement.

MOTION

On motion by Senator Lynn, by the required two-thirds vote, consideration of the following amendment was allowed:

Senator Lynn moved the following amendment which failed:

Amendment 6 (890924)—Delete lines 267-284 and insert:

(3) *Institutions within the Florida College System, institutions within the State University System, and nonpublic institutions defined in s. 1005.02 shall notify each current and prospective employee of the mandatory reporting requirements in s. 39.201. In addition to the requirement to report all known or suspected incidents of child abuse, abandonment, or neglect to the department, each institution shall provide a mechanism for reporting such incidents that are committed on the property of the institution to a designated office at the institution. For purposes of this paragraph, incidents of child abuse, abandonment, and neglect include incidents of hazing as defined in s. 1006.135. The designated office shall report an incident of known or suspected child abuse, abandonment, or neglect to the department and to the president of the institution. If an administrator in the designated office knowingly and willfully fails to report known or suspected child abuse, abandonment, or neglect that is reported by an employee of the institution to the department, and is convicted for failure to comply with the reporting requirement, the department shall conduct an investigation to determine if adequate institutional controls were in place to require compliance with the mandatory reporting requirement. If the department determines that such institutional controls were not in place, the department may assess a fine up to \$25,000 on the institution. The department's determination is subject to review before the appropriate tribunal.*

Pursuant to Rule 4.19, **CS for CS for CS for HB 1355** as amended was placed on the calendar of Bills on Third Reading.

CS for SB 1596—A bill to be entitled An act relating to elections; amending s. 101.043, F.S.; removing a provision prohibiting the use of the address appearing on the identification presented by an elector as a basis for confirming the elector's legal residence; amending s. 106.025, F.S.; requiring that tickets and advertising for campaign fund raisers comply with the requirements for political advertisements; amending s. 106.05, F.S.; revising the information that is required to appear on a bank account for the deposit of funds received by a campaign treasurer for a candidate or political committee; amending s. 106.11, F.S.; revising the information that is required to appear on bank account checks of candidates or political committees; revising the information that is used to determine whether debit cards are considered bank checks; providing an effective date.

—was read the second time by title.

THE PRESIDENT PRESIDING

An amendment was considered and adopted to conform **CS for SB 1596** to **CS for HB 1461**.

Pending further consideration of **CS for SB 1596** as amended, on motion by Senator Diaz de la Portilla, by two-thirds vote **CS for HB 1461** was withdrawn from the Committees on Rules Subcommittee on Ethics and Elections; and Rules.

On motion by Senator Diaz de la Portilla, the rules were waived and—

CS for HB 1461—A bill to be entitled An act relating to voter identification; amending s. 101.043, F.S.; deleting a provision which prohibits

the use of the address appearing on the identification presented by an elector at the polls as a basis to confirm the elector's legal residence; providing an effective date.

—a companion measure, was substituted for **CS for SB 1596** as amended and read the second time by title.

Senator Negron moved the following amendment which was adopted:

Amendment 1 (858632) (with directory and title amendments)—Between lines 28 and 29 insert:

(d) If the elector produces a valid picture identification card, the elector may refuse to allow or decline a request from a clerk or inspector to swipe the picture identification card through an electronic voter identification system or to access by any means the information encoded on the card. If the elector communicates such a refusal or declination, the clerk or inspector must honor the elector's choice and not swipe the picture identification card through an electronic voter identification system or access by any means the information encoded on the card.

And the directory clause is amended as follows:

Delete lines 11 and 12 and insert:

Section 1. Paragraph (b) of subsection (1) of section 101.043, Florida Statutes, is amended, and paragraph (d) is added to that subsection, to read:

And the title is amended as follows:

Delete line 6 and insert: confirm the elector's legal residence; authorizing an elector to refuse to allow or decline a request from the clerk or inspector to swipe a valid identification card through an electronic voter identification system or use other means to access information encoded on the identification card; requiring the clerk or the inspector to honor the elector's decision; providing an

MOTION

On motion by Senator Smith, by the required two-thirds vote, consideration of the following amendment was allowed:

Senators Smith, Braynon, Bullard, Gibson, Joyner, and Siplin offered the following amendment which was moved by Senator Smith:

Amendment 2 (599034) (with title amendment)—Between lines 28 and 29 insert:

Section 2. Paragraph (d) of subsection (1) of section 101.657, Florida Statutes, is amended to read:

101.657 Early voting.—

(1)

(d) Early voting shall begin on the 10th day before an election that contains state or federal races and end on the 3rd day before the election, and shall be provided for no less than 6 hours and no more than 12 hours per day at each site during the applicable period. The supervisor of elections may provide early voting for elections that are not held in conjunction with a state or federal election. However, the supervisor has the discretion to determine the hours of operation of early voting sites in those elections. *In addition, each supervisor of elections may allow early voting on the Sunday before the day of a primary or general election. If early voting on Sunday is conducted, it shall be provided for no less than 6 hours and no more than 12 hours at each site.*

And the title is amended as follows:

Delete line 6 and insert: confirm the elector's legal residence; amending s. 101.657, F.S.; providing for early voting on the Sunday before the day of a primary or general election at the discretion of the supervisor of elections; providing an

POINT OF ORDER

Senator Diaz de la Portilla raised a point of order that pursuant to Rule 7.1 **Amendment 2** was not germane to the bill.

The President referred the point of order and the amendment to Senator Thrasher, Chair of the Committee on Rules.

On motion by Senator Diaz de la Portilla, further consideration of **CS for HB 1461** with pending point of order and pending **Amendment 2 (599034)** was deferred.

CS for SB 1704—A bill to be entitled An act relating to high school athletics; amending s. 1006.15, F.S.; expanding the eligibility of certain students in private schools to participate in sports programs in public schools; amending ss. 1006.165 and 1006.18, F.S.; requiring private schools that are members of the Sunshine Independent Athletic Association to comply with certain requirements for having an operational automated external defibrillator on school grounds and to comply with cheerleader safety standards; amending s. 1006.20, F.S.; designating the Sunshine Independent Athletic Association as the governing nonprofit organization of athletics in private schools in this state; revising provisions relating to the bylaws of the Florida High School Athletic Association and providing for organization, authority, and duties of the Sunshine Independent Athletic Association; requiring the bylaws of both associations to allow certain students who transfer to a private school to participate in sports offered by the school; requiring such bylaws to regulate investigators used by the associations and providing restrictions on investigations that are conducted; requiring such bylaws to allow coaches to coach in outside youth sports organizations; prohibiting the Florida High School Athletic Association from denying or discouraging interscholastic competition between public and private schools; providing for annual interscholastic competition championships between public and private high schools for each sport and competition level offered in public and private high schools in this state; providing procedures for appeals to the Sunshine Independent Athletic Association; requiring that appeals to a committee on appeals for the Florida High School Athletic Association or the Sunshine Independent Athletic Association be held in the county where the appellant's school is located; requiring that an appeals process be expedited, if possible; providing for the composition of a committee on appeals for the Sunshine Independent Athletic Association; creating a board of directors of the Sunshine Independent Athletic Association and providing authority and duties of the board; providing for the composition of the board membership; authorizing any high school in this state, including a virtual school or a home-education cooperative, to become a member of the Florida High School Athletic Association or the Sunshine Independent Athletic Association; prohibiting a public high school from joining the Sunshine Independent Athletic Association; providing for the use of fines collected by either association; amending s. 1012.467, F.S.; requiring school districts to accept reciprocity of the level 2 screening for Sunshine Independent Athletic Association officials; amending s. 1012.55, F.S.; adding approved sports safety courses by the Sunshine Independent Athletic Association to the list of required school district inservice instruction for athletic coaching certification; providing an effective date.

—was read the second time by title.

An amendment was considered and adopted to conform **CS for SB 1704** to **CS for CS for CS for HB 1403**.

Pending further consideration of **CS for SB 1704** as amended, on motion by Senator Wise, by two-thirds vote **CS for CS for CS for HB 1403** was withdrawn from the Committees on Education Pre-K - 12; Budget Subcommittee on Education Pre-K - 12 Appropriations; and Budget.

On motion by Senator Wise, the rules were waived and—

CS for CS for CS for HB 1403—A bill to be entitled An act relating to high school athletics; amending s. 1002.20, F.S.; conforming provisions; amending s. 1006.20, F.S.; authorizing high schools, including charter schools, virtual schools, and home education cooperatives, to become members of the FHSAA; prohibiting the FHSAA from taking retributory or discriminatory action against any of its member schools under certain circumstances; prohibiting the FHSAA from withholding approval of any other athletic organization that governs athletic com-

petition in the state; requiring the FHSAA to adopt bylaws to allow a student who transfers schools to be eligible to participate in athletics if certain conditions are met; authorizing certain penalties for a recruiting violation; requiring the FHSAA to adopt bylaws to regulate investigators and sanction coaches who commit major violations; specifying sanctions and procedures; requiring the FHSAA to adopt bylaws establishing the process and standards by which determinations of eligibility are made; authorizing the FHSAA to adopt bylaws providing certain procedural safeguards; prohibiting FHSAA bylaws from prospectively limiting the competition of certain student athletes and from unfairly punishing student athletes for violations perpetrated by a teammate, coach, or administrator; providing requirements for the forfeiture of contests under certain conditions; requiring an expedited appeals process on determinations of ineligibility; authorizing a school or student athlete filing an appeal to present information and evidence; providing requirements for de novo decisions on appeal; deleting provisions relating to rule adoption; amending s. 1012.468, F.S.; providing background screening exceptions for certain investigators for the FHSAA; providing an effective date.

—a companion measure, was substituted for **CS for SB 1704** as amended and read the second time by title.

Pursuant to Rule 4.19, **CS for CS for CS for HB 1403** was placed on the calendar of Bills on Third Reading.

On motion by Senator Diaz de la Portilla, the Senate resumed consideration of—

CS for HB 1461—A bill to be entitled An act relating to voter identification; amending s. 101.043, F.S.; deleting a provision which prohibits the use of the address appearing on the identification presented by an elector at the polls as a basis to confirm the elector's legal residence; providing an effective date.

—which was previously considered and amended this day with pending **Amendment 2 (599034)** by Senator Smith and pending point of order by Senator Diaz de la Portilla.

RULING ON POINT OF ORDER

On recommendation of Senator Thrasher, Chair of the Committee on Rules, President Haridopolos ruled the point well taken and **Amendment 2 (599034)** out of order.

Pursuant to Rule 4.19, **CS for HB 1461** as amended was placed on the calendar of Bills on Third Reading.

SB 6—A bill to be entitled An act for the relief of Denise Gordon Brown and David Brown by the North Broward Hospital District; providing for an appropriation to compensate Denise Gordon Brown and David Brown, parents of Darian Brown, for injuries and damages sustained by Darian Brown as result of the negligence of Broward General Medical Center; providing a limitation on the payment of fees and costs; providing an effective date.

—was read the second time by title.

Pending further consideration of **SB 6**, on motion by Senator Negron, by two-thirds vote **CS for HB 457** was withdrawn from the Committee on Rules.

On motion by Senator Negron—

CS for HB 457—A bill to be entitled An act for the relief of Denise Gordon Brown and David Brown by the North Broward Hospital District; providing for an appropriation to compensate Denise Gordon Brown and David Brown, parents of Darian Brown, for injuries and damages sustained by Darian Brown as result of the negligence of Broward General Medical Center; providing a limitation on the payment of fees and costs; providing an effective date.

—a companion measure, was substituted for **SB 6** and read the second time by title.

MOTION

On motion by Senator Thrasher, by the required two-thirds vote, consideration of the following amendment was allowed:

Senator Thrasher moved the following amendment which was adopted:

Amendment 1 (209258)—Delete line 68 and insert: *for a total of \$250,000, absent a waiver of this fee limitation executed by the claimants, and in such event, the fee may not exceed 25 percent of the total amount awarded under this act.*

On motion by Senator Negron, by two-thirds vote **CS for HB 457** as amended was read the third time by title, passed and certified to the House. The vote on passage was:

Yeas—35

Mr. President	Fasano	Norman
Altman	Flores	Oelrich
Benacquisto	Garcia	Richter
Bennett	Gibson	Ring
Bogdanoff	Hays	Sachs
Braynon	Jones	Simmons
Bullard	Joyner	Siplin
Dean	Latvala	Smith
Detert	Lynn	Sobel
Diaz de la Portilla	Margolis	Storms
Dockery	Montford	Thrasher
Evers	Negron	

Nays—2

Gaetz Wise

CS for SB 16—A bill to be entitled An act for the relief of Ronnie Lopez and Roberto Guzman as co-personal representatives of the Estate of Ana-Yency Velasquez, deceased, and for Ronnie Lopez, Jr., Ashley Lorena Lopez-Velasquez, and Steven Robert Guzman, minor children of Ana-Yency Velasquez, by Miami-Dade County; providing for an appropriation to compensate the estate and the minor children for the death of Ana-Yency Velasquez as a result of the negligence of an employee of Miami-Dade County; providing a limitation on the payment of fees and costs; providing an effective date.

—was read the second time by title.

Pending further consideration of **CS for SB 16**, on motion by Senator Braynon, by two-thirds vote **CS for HB 579** was withdrawn from the Committee on Rules.

On motion by Senator Braynon—

CS for HB 579—A bill to be entitled An act for the relief of Ronnie Lopez and Roberto Guzman, as co-personal representatives of the Estate of Ana-Yency Velasquez, deceased, and for Ronnie Lopez, Jr., Ashley Lorena Lopez-Velasquez, and Steven Robert Guzman, minor children of Ana-Yency Velasquez, by Miami-Dade County; providing for an appropriation to compensate the estate and the minor children for the death of Ana-Yency Velasquez as a result of the negligence of an employee of Miami-Dade County; providing a limitation on the payment of fees and costs; providing an effective date.

—a companion measure, was substituted for **CS for SB 16** and read the second time by title.

MOTION

On motion by Senator Thrasher, by the required two-thirds vote, consideration of the following amendment was allowed:

Senator Thrasher moved the following amendment which was adopted:

Amendment 1 (104584)—Delete line 85 and insert: *remainder awarded under this act, for a total of \$151,000, absent a waiver of this fee limitation executed by the claimants, and in such event, the fee may not exceed 25 percent of the total amount awarded under this act.*

On motion by Senator Braynon, by two-thirds vote **CS for HB 579** as amended was read the third time by title, passed and certified to the House. The vote on passage was:

Yeas—34

Mr. President	Flores	Norman
Altman	Garcia	Richter
Benacquisto	Gardiner	Ring
Bogdanoff	Gibson	Sachs
Braynon	Hays	Simmons
Bullard	Jones	Siplin
Dean	Joyner	Smith
Detert	Latvala	Sobel
Diaz de la Portilla	Lynn	Storms
Dockery	Margolis	Thrasher
Evers	Montford	
Fasano	Negron	

Nays—3

Bennett	Gaetz	Oelrich
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SB 22—A bill to be entitled An act for the relief of Jennifer Wohlge-muth by the Pasco County Sheriff's Office; providing for an appropriation to compensate Jennifer Wohlge-muth, whose injuries were due to the negligence of an employee of the Pasco County Sheriff's Office; providing a limitation on the payment of fees and costs; providing an effective date.

—was read the second time by title.

MOTION

On motion by Senator Thrasher, by the required two-thirds vote, consideration of the following amendment was allowed:

Senator Thrasher moved the following amendment which was adopted:

Amendment 1 (327180)—Delete lines 86-89 and insert: *the injuries to Jennifer Wohlge-muth. The total amount for attorney fees, lobbying fees, and related costs may not exceed 15 percent of the first \$1 million awarded under this act, 10 percent of the second \$1 million awarded under this act, and 5 percent of the next \$3 million awarded under this act, for a total of \$400,000, absent a waiver of this fee limitation executed by the claimant, and in such event, the fee may not exceed 25 percent of the total amount awarded under this act.*

On motion by Senator Smith, by two-thirds vote **SB 22** as amended was read the third time by title, passed, ordered engrossed and then certified to the House. The vote on passage was:

Yeas—35

Mr. President	Flores	Norman
Alexander	Garcia	Rich
Altman	Gardiner	Richter
Benacquisto	Gibson	Ring
Bogdanoff	Hays	Sachs
Braynon	Jones	Simmons
Bullard	Joyner	Siplin
Dean	Latvala	Smith
Detert	Lynn	Sobel
Diaz de la Portilla	Margolis	Storms
Dockery	Montford	Thrasher
Evers	Negron	

Nays—5

Bennett	Gaetz	Wise
Fasano	Oelrich	

CS for SB 38—A bill to be entitled An act for the relief of Donald Brown by the District School Board of Sumter County; providing for an appropriation to compensate Donald Brown for injuries sustained as a result of the negligence of an employee of the District School Board of Sumter County; providing a limitation on the payment of fees and costs; providing an effective date.

—was read the second time by title.

An amendment was considered and adopted to conform **CS for SB 38** to **CS for HB 697**.

Pending further consideration of **CS for SB 38** as amended, on motion by Senator Garcia, by two-thirds vote **CS for HB 697** was withdrawn from the Committee on Rules.

On motion by Senator Garcia—

CS for HB 697—A bill to be entitled An act for the relief of Donald Brown by the District School Board of Sumter County; providing for an appropriation to compensate Donald Brown for injuries sustained as a result of the negligence of an employee of the District School Board of Sumter County; providing a limitation on the payment of fees and costs; providing an effective date.

—a companion measure, was substituted for **CS for SB 38** as amended and read the second time by title.

Senator Thrasher moved the following amendment which was adopted:

Amendment 1 (651476)—Delete line 121 and insert: *\$190,000, absent a waiver of this fee limitation executed by the claimant, and in such event, the fee may not exceed 25 percent of the total amount awarded under this act.*

On motion by Senator Garcia, by two-thirds vote **CS for HB 697** as amended was read the third time by title, passed and certified to the House. The vote on passage was:

Yeas—34

Mr. President	Fasano	Negron
Alexander	Flores	Norman
Altman	Garcia	Rich
Benacquisto	Gardiner	Ring
Bogdanoff	Gibson	Sachs
Braynon	Hays	Simmons
Bullard	Jones	Siplin
Dean	Joyner	Sobel
Detert	Latvala	Storms
Diaz de la Portilla	Lynn	Thrasher
Dockery	Margolis	
Evers	Montford	

Nays—6

Bennett	Oelrich	Smith
Gaetz	Richter	Wise

SB 40—A bill to be entitled An act for the relief of Yvonne Morton; providing an appropriation to compensate her for injuries and damages sustained as a result of the negligence of an employee of the Department of Health; providing a limitation on the payment of fees and costs; providing an effective date.

—was read the second time by title.

MOTION

On motion by Senator Thrasher, by the required two-thirds vote, consideration of the following amendment was allowed:

Senator Thrasher moved the following amendment which was adopted:

Amendment 1 (294980)—Delete lines 99-102 and insert: *and damages to Yvonne Morton. The total amount paid for attorney fees, lobbying fees, and related costs may not exceed 15 percent of the amount awarded under this act, absent a waiver of this fee limitation executed by the claimant, and in such event, the fee may not exceed 25 percent of the total amount awarded under this act.*

On motion by Senator Norman, by two-thirds vote **SB 40** as amended was read the third time by title, passed, ordered engrossed and then certified to the House. The vote on passage was:

Yeas—33

Mr. President	Fasano	Negron
Altman	Flores	Norman
Benacquisto	Garcia	Rich
Bogdanoff	Gibson	Richter
Braynon	Hays	Sachs
Bullard	Jones	Simmons
Dean	Joyner	Siplin
Detert	Latvala	Smith
Diaz de la Portilla	Lynn	Sobel
Dockery	Margolis	Storms
Evers	Montford	Thrasher

Nays—4

Bennett	Gaetz	Oelrich
Wise		

Consideration of **SB 42** was deferred.

CS for SB 44—A bill to be entitled An act for the relief of Irving Hoffman and Marjorie Weiss, parents of Rachel Hoffman, deceased, individually and as co-personal representatives of the Estate of Rachel Hoffman, by the City of Tallahassee; providing for an appropriation to compensate them for the wrongful death of their daughter, Rachel Hoffman, who was murdered while serving as a confidential informant for the Tallahassee Police Department; providing an effective date.

—was read the second time by title.

Pending further consideration of **CS for SB 44**, on motion by Senator Fasano, by two-thirds vote **HB 7131** was withdrawn from the Committee on Rules.

On motion by Senator Fasano—

HB 7131—A bill to be entitled An act for the relief of Irving Hoffman and Marjorie Weiss, parents of Rachel Hoffman, deceased, individually and as co-personal representatives of the Estate of Rachel Hoffman, by the City of Tallahassee; providing an appropriation to compensate them for the wrongful death of their daughter, Rachel Hoffman, who was murdered while serving as a confidential informant for the Tallahassee Police Department; providing a limitation on the payment of fees and costs; providing an effective date.

—a companion measure, was substituted for **CS for SB 44** and read the second time by title.

MOTION

On motion by Senator Thrasher, by the required two-thirds vote, consideration of the following amendment was allowed:

Senator Thrasher moved the following amendment which was adopted:

Amendment 1 (545032)—Delete line 53 and insert: *\$270,000, absent a waiver of this fee limitation executed by the claimants, and in such event, the fee may not exceed 25 percent of the total amount awarded under this act.*

On motion by Senator Fasano, by two-thirds vote **HB 7131** as amended was read the third time by title, passed and certified to the House. The vote on passage was:

Yeas—36

Mr. President	Fasano	Negron
Alexander	Flores	Norman
Altman	Garcia	Rich
Benacquisto	Gardiner	Richter
Bogdanoff	Gibson	Ring
Braynon	Hays	Sachs
Bullard	Jones	Simmons
Dean	Joyner	Siplin
Detert	Latvala	Smith
Diaz de la Portilla	Lynn	Sobel
Dockery	Margolis	Storms
Evers	Montford	Thrasher

Nays—4

Bennett	Gaetz	Oelrich
Wise		

CS for SB 48—A bill to be entitled An act for the relief of Odette Acanda and Alexis Rodriguez by the Public Health Trust of Miami-Dade County, d/b/a Jackson Memorial Hospital; providing for an appropriation to compensate Odette Acanda and Alexis Rodriguez for the death of their son, Ryan Rodriguez, as a result of the negligence of employees of the Public Health Trust of Miami-Dade County; providing a limitation on the payment of fees and costs; providing an effective date.

—was read the second time by title.

Pending further consideration of **CS for SB 48**, on motion by Senator Montford, by two-thirds vote **CS for HB 877** was withdrawn from the Committee on Rules.

On motion by Senator Montford—

CS for HB 877—A bill to be entitled An act for the relief of Odette Acanda and Alexis Rodriguez by the Public Health Trust of Miami-Dade County, d/b/a Jackson Memorial Hospital; providing for an appropriation to compensate Odette Acanda and Alexis Rodriguez for the death of their son, Ryan Rodriguez, as a result of the negligence of employees of the Public Health Trust of Miami-Dade County; providing a limitation on the payment of fees and costs; providing an effective date.

—a companion measure, was substituted for **CS for SB 48** and read the second time by title.

MOTION

On motion by Senator Thrasher, by the required two-thirds vote, consideration of the following amendment was allowed:

Senator Thrasher moved the following amendment which was adopted:

Amendment 1 (298302)—Delete line 73 and insert: *under section 2 of this act, absent a waiver of this fee limitation executed by the claimants, and in such event, the fee may not exceed 25 percent of the total amount awarded under this act.*

On motion by Senator Montford, by two-thirds vote **CS for HB 877** as amended was read the third time by title, passed and certified to the House. The vote on passage was:

Yeas—34

Mr. President	Flores	Norman
Altman	Garcia	Rich
Benacquisto	Gardiner	Richter
Bogdanoff	Gibson	Sachs
Braynon	Hays	Simmons
Bullard	Jones	Siplin
Dean	Joyner	Smith
Detert	Latvala	Sobel
Diaz de la Portilla	Lynn	Storms
Dockery	Margolis	Thrasher
Evers	Montford	
Fasano	Negron	

Nays—4

Bennett	Gaetz	Oelrich
Wise		

Consideration of **CS for SB 50** was deferred.

SB 52—A bill to be entitled An act for the relief of Criss Matute, Christian Manuel Torres, Eddna Torres De Mayne, Lansky Torres, and Nasdry Yamileth Torres Barahona by the Palm Beach County Sheriff's Office; providing for an appropriation to compensate them for injuries sustained as a result of the negligence of the Palm Beach County Sheriff's Office for the wrongful death of their father, Manuel Antonio Matute; providing a limitation on the payment of fees and costs; providing an effective date.

—was read the second time by title.

Pending further consideration of **SB 52**, on motion by Senator Negron, by two-thirds vote **CS for HB 293** was withdrawn from the Committee on Rules.

On motion by Senator Negron—

CS for HB 293—A bill to be entitled An act for the relief of Criss Matute, Christian Manuel Torres, Eddna Torres De Mayne, Lansky Torres, and Nasdry Yamileth Torres Barahona by the Palm Beach County Sheriff's Office; providing for an appropriation to compensate them for injuries sustained as a result of the negligence of the Palm Beach County Sheriff's Office for the wrongful death of their father, Manuel Antonio Matute; providing a limitation on the payment of fees and costs; providing an effective date.

—a companion measure, was substituted for **SB 52** and read the second time by title.

MOTION

On motion by Senator Thrasher, by the required two-thirds vote, consideration of the following amendment was allowed:

Senator Thrasher moved the following amendment which was adopted:

Amendment 1 (876888)—Delete line 57 and insert: *amount awarded under this act, absent a waiver of this fee limitation executed by the claimants, and in such event, the fee may not exceed 25 percent of the total amount awarded under this act.*

On motion by Senator Negron, by two-thirds vote **CS for HB 293** as amended was read the third time by title, passed and certified to the House. The vote on passage was:

Yeas—35

Mr. President	Braynon	Diaz de la Portilla
Altman	Bullard	Dockery
Benacquisto	Dean	Evers
Bogdanoff	Detert	Fasano

Flores	Lynn	Sachs
Garcia	Margolis	Simmons
Gardiner	Montford	Siplin
Gibson	Negron	Smith
Hays	Norman	Sobel
Jones	Rich	Storms
Joyner	Richter	Thrasher
Latvala	Ring	

Nays—4

Bennett	Gaetz	Oelrich
Wise		

SB 54—A bill to be entitled An act for the relief of Carl Abbott by the Palm Beach County School Board; providing for an appropriation to compensate Carl Abbott for injuries sustained as a result of the negligence of the Palm Beach County School District; providing a limitation on the payment of fees and costs; providing an effective date.

—was read the second time by title.

Pending further consideration of **SB 54**, on motion by Senator Negron, by two-thirds vote **CS for HB 855** was withdrawn from the Committee on Rules.

On motion by Senator Negron—

CS for HB 855—A bill to be entitled An act for the relief of Carl Abbott by the Palm Beach County School Board; providing for an appropriation to compensate Carl Abbott for injuries sustained as a result of the negligence of the Palm Beach County School District; providing a limitation on the payment of fees and costs; providing an effective date.

—a companion measure, was substituted for **SB 54** and read the second time by title.

MOTION

On motion by Senator Thrasher, by the required two-thirds vote, consideration of the following amendment was allowed:

Senator Thrasher moved the following amendment which was adopted:

Amendment 1 (239246)—Delete line 59 and insert: *\$240,000, absent a waiver of this fee limitation executed by the guardian of the claimant, and in such event, the fee may not exceed 25 percent of the total amount awarded under this act.*

On motion by Senator Negron, by two-thirds vote **CS for HB 855** as amended was read the third time by title, passed and certified to the House. The vote on passage was:

Yeas—35

Mr. President	Flores	Norman
Altman	Garcia	Rich
Benacquisto	Gardiner	Richter
Bogdanoff	Gibson	Ring
Braynon	Hays	Sachs
Bullard	Jones	Simmons
Dean	Joyner	Siplin
Detert	Latvala	Smith
Diaz de la Portilla	Lynn	Sobel
Dockery	Margolis	Storms
Evers	Montford	Thrasher
Fasano	Negron	

Nays—4

Bennett	Gaetz	Oelrich
Wise		

SB 70—A bill to be entitled An act for the relief of Kristi Mellen as personal representative of the Estate of Michael Munson, deceased, by the North Broward Hospital District; providing for an appropriation to compensate the estate and the statutory survivors, Kristi Mellen, surviving spouse, and Michael Conner Munson and Corinne Keller Munson, surviving minor son and surviving minor daughter, for the wrongful death of Michael Munson as a result of the negligence of the North Broward Hospital District; providing a limitation on the payment of fees and costs; providing an effective date.

—was read the second time by title.

Pending further consideration of **SB 70**, on motion by Senator Storms, by two-thirds vote **CS for HB 967** was withdrawn from the Committee on Rules.

On motion by Senator Storms—

CS for HB 967—A bill to be entitled An act for the relief of Kristi Mellen as personal representative of the Estate of Michael Munson, deceased, by the North Broward Hospital District; providing for an appropriation to compensate the estate and the statutory survivors, Kristi Mellen, surviving spouse, and Michael Conner Munson and Corinne Keller Munson, surviving minor son and surviving minor daughter, for the wrongful death of Michael Munson as a result of the negligence of the North Broward Hospital District; providing a limitation on the payment of fees and costs; providing an effective date.

—a companion measure, was substituted for **SB 70** and read the second time by title.

MOTION

On motion by Senator Thrasher, by the required two-thirds vote, consideration of the following amendment was allowed:

Senator Thrasher moved the following amendment which was adopted:

Amendment 1 (560400)—Delete line 94 and insert: *remainder awarded under this act, for a total of \$290,000, absent a waiver of this fee limitation executed by the claimant, and in such event, the fee may not exceed 25 percent of the total amount awarded under this act.*

On motion by Senator Storms, by two-thirds vote **CS for HB 967** as amended was read the third time by title, passed and certified to the House. The vote on passage was:

Yeas—36

Mr. President	Fasano	Negron
Altman	Flores	Norman
Benacquisto	Garcia	Rich
Bennett	Gardiner	Richter
Bogdanoff	Gibson	Ring
Braynon	Hays	Sachs
Bullard	Jones	Simmons
Dean	Joyner	Siplin
Detert	Latvala	Smith
Diaz de la Portilla	Lynn	Sobel
Dockery	Margolis	Storms
Evers	Montford	Thrasher

Nays—3

Gaetz	Oelrich	Wise
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SB 1076—A bill to be entitled An act for the relief of Anais Cruz Peinado by the School Board of Miami-Dade County; providing for an appropriation to compensate Anais Cruz Peinado, mother of Juan Carlos Rivera, deceased, for the death of Juan Carlos Rivera as a result of the negligence of the School Board of Miami-Dade County; providing a limitation on the payment of fees and costs; providing an effective date.

—was read the second time by title.

Pending further consideration of **SB 1076**, on motion by Senator Gibson, by two-thirds vote **CS for HB 909** was withdrawn from the Committee on Rules.

On motion by Senator Gibson—

CS for HB 909—A bill to be entitled An act for the relief of Anais Cruz Peinado by the School Board of Miami-Dade County; providing for an appropriation to compensate Anais Cruz Peinado, mother of Juan Carlos Rivera, deceased, for the death of Juan Carlos Rivera as a result of the negligence of the School Board of Miami-Dade County; providing a limitation on the payment of fees and costs; providing an effective date.

—a companion measure, was substituted for **SB 1076** and read the second time by title.

MOTION

On motion by Senator Thrasher, by the required two-thirds vote, consideration of the following amendment was allowed:

Senator Thrasher moved the following amendment which was adopted:

Amendment 1 (150482)—Delete line 56 and insert: *remainder awarded under this act, for a total of \$167,000, absent a waiver of this fee limitation executed by the claimant, and in such event, the fee may not exceed 25 percent of the total amount awarded under this act.*

On motion by Senator Gibson, by two-thirds vote **CS for HB 909** as amended was read the third time by title, passed and certified to the House. The vote on passage was:

Yeas—35

Mr. President	Flores	Norman
Altman	Garcia	Rich
Benacquisto	Gardiner	Richter
Bogdanoff	Gibson	Ring
Braynon	Hays	Sachs
Bullard	Jones	Simmons
Dean	Joyner	Siplin
Detert	Latvala	Smith
Diaz de la Portilla	Lynn	Sobel
Dockery	Margolis	Storms
Evers	Montford	Thrasher
Fasano	Negron	

Nays—4

Bennett	Gaetz	Oelrich
Wise		

SB 42—A bill to be entitled An act for the relief of James D. Feurtado, III, by Miami-Dade County; providing for an appropriation to compensate him for injuries he sustained as a result of the negligence of an employee of Miami-Dade County; providing a limitation on the payment of fees and costs; providing an effective date.

—was read the second time by title.

An amendment was considered and adopted to conform **SB 42** to **CS for HB 1039**.

Pending further consideration of **SB 42** as amended, on motion by Senator Flores, by two-thirds vote **CS for HB 1039** was withdrawn from the Committee on Rules.

On motion by Senator Flores—

CS for HB 1039—A bill to be entitled An act for the relief of James D. Feurtado, III, by Miami-Dade County; providing for an appropriation to compensate him for injuries he sustained as a result of the negligence of an employee of Miami-Dade County; providing a limitation on the payment of fees and costs; providing an effective date.

—a companion measure, was substituted for **SB 42** as amended and read the second time by title.

MOTION

On motion by Senator Thrasher, by the required two-thirds vote, consideration of the following amendment was allowed:

Senator Thrasher moved the following amendment which was adopted:

Amendment 1 (611218)—Delete line 79 and insert: *this act, for a total of \$165,000, absent a waiver of this fee limitation executed by the claimant, and in such event, the fee may not exceed 25 percent of the total amount awarded under this act.*

On motion by Senator Flores, by two-thirds vote **CS for HB 1039** as amended was read the third time by title, passed and certified to the House. The vote on passage was:

Yeas—33

Mr. President	Fasano	Negron
Altman	Flores	Norman
Benacquisto	Garcia	Rich
Bogdanoff	Gardiner	Richter
Braynon	Gibson	Ring
Bullard	Hays	Sachs
Dean	Jones	Simmons
Detert	Joyner	Smith
Diaz de la Portilla	Lynn	Sobel
Dockery	Margolis	Storms
Evers	Montford	Thrasher

Nays—4

Bennett	Gaetz	Oelrich
Wise		

CS for SB 50—A bill to be entitled An act for the relief of Monica Cantillo Acosta and Luis Alberto Cantillo Acosta, surviving children of Nhora Acosta, by Miami-Dade County; providing for an appropriation to compensate them for the wrongful death of their mother, Nhora Acosta, due to injuries sustained as a result of the negligence of a Miami-Dade County bus driver; providing a limitation on the payment of fees and costs; providing an effective date.

—was read the second time by title.

Pending further consideration of **CS for SB 50**, on motion by Senator Bogdanoff, by two-thirds vote **CS for HB 1485** was withdrawn from the Committee on Rules.

On motion by Senator Bogdanoff—

CS for HB 1485—A bill to be entitled An act for the relief of Monica Cantillo Acosta and Luis Alberto Cantillo Acosta, surviving children of Nhora Acosta, by Miami-Dade County; providing for an appropriation to compensate them for the wrongful death of their mother, Nhora Acosta, due to injuries sustained as a result of the negligence of a Miami-Dade County bus driver; providing a limitation on the payment of fees and costs; providing an effective date.

—a companion measure, was substituted for **CS for SB 50** and read the second time by title.

MOTION

On motion by Senator Thrasher, by the required two-thirds vote, consideration of the following amendment was allowed:

Senator Thrasher moved the following amendment which was adopted:

Amendment 1 (701278)—Delete line 69 and insert: *percent of the total amount awarded under this act, absent a waiver of this fee limitation executed by the claimants, and in such event, the fee may not exceed 25 percent of the total amount awarded under this act.*

On motion by Senator Bogdanoff, by two-thirds vote **CS for HB 1485** as amended was read the third time by title, passed and certified to the House. The vote on passage was:

Yeas—33

Mr. President	Evers	Montford
Alexander	Fasano	Negron
Altman	Garcia	Norman
Benacquisto	Gardiner	Richter
Bogdanoff	Gibson	Ring
Braynon	Hays	Sachs
Bullard	Jones	Simmons
Dean	Joyner	Siplin
Detert	Latvala	Smith
Diaz de la Portilla	Lynn	Storms
Dockery	Margolis	Thrasher

Nays—3

Bennett	Gaetz	Wise
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Vote after roll call:

Yea—Rich

MESSAGES FROM THE HOUSE OF REPRESENTATIVES

The Honorable Mike Haridopolos, President

I am directed to inform the Senate that the House of Representatives has passed **CS for SB 4**, with 1 amendment, and requests the concurrence of the Senate.

Robert L. “Bob” Ward, Clerk

CS for SB 4—A bill to be entitled An act for the relief of Eric Brody by the Broward County Sheriff's Office; providing for an appropriation to compensate Eric Brody for injuries sustained as a result of the negligence of the Broward County Sheriff's Office; providing a limitation on the payment of fees and costs related to the claim against the Broward County Sheriff's Office; providing legislative intent regarding lien interests held by the state; providing an effective date.

House Amendment 1 (432013)—Remove everything after the enacting clause and insert:

Section 1. *The facts stated in the preamble to this act are found and declared to be true.*

Section 2. *The insurer of the Sheriff of Broward County has agreed to pay, and is authorized and directed to pay, \$10,750,000 on behalf of the Broward County Sheriff's Office to the Guardianship of Eric Brody to be placed in a special needs trust created for the exclusive use and benefit of Eric Brody as compensation by the Broward County Sheriff's Office and its insurer, Fairmont Specialty Insurance Company, f/k/a Ranger Insurance Company, for injuries brought about by the facts set forth in the preamble of this act.*

Section 3. *The amount awarded under this act is intended to provide the sole compensation for all present and future claims, including all attorney fees, lobbying fees, and related costs, arising out of the factual situation described in this act which resulted in the injuries to Eric Brody, and hereby releases the Broward County Sheriff's Office and Fairmont Specialty Insurance Company, f/k/a Ranger Insurance Company, the Broward County Board of County Commissioners, Broward County, and Christopher Thieman from any further liability. The total amount of attorney fees, lobbying fees, and related costs may not exceed 15 percent of the first \$1,000,000 awarded under this act, 10 percent of the second*

\$1,000,000 awarded under this act, and 5 percent of the next \$3,000,000 awarded under this act, for a total of \$400,000.

Section 4. *It is the intent of the Legislature that the lien interests relating to the claim of the Guardianship of Eric Brody for the treatment and care of Eric Brody, including Medicaid liens in excess of the sovereign immunity cap, are hereby waived or extinguished.*

Section 5. This act shall take effect upon becoming a law.

Senator Benacquisto moved the following amendment which was adopted:

Senate Amendment 1 (653030) to House Amendment 1—Delete lines 16-34 and insert:

Section 3. *The amount awarded under this act is intended to provide the sole compensation for all present and future claims, including all attorney fees, lobbying fees, and related costs, arising out of the factual situation described in this act which resulted in the injuries to Eric Brody, and hereby releases the Broward County Sheriff's Office and Fairmont Specialty Insurance Company, f/k/a Ranger Insurance Company, the Broward County Board of County Commissioners, Broward County, and Christopher Thieman from any further liability. The total amount of attorney fees, lobbying fees, and related costs may not exceed 15 percent of the first \$1,000,000 awarded under this act, 10 percent of the second \$1,000,000 awarded under this act, and 5 percent of the next \$3,000,000 awarded under this act, for a total of \$400,000, absent a waiver of this fee limitation executed by the legal guardians of the Guardianship of Eric Brody, and in such event, the fee may not exceed 25 percent of the total amount awarded under this act. All attorney fees, lobbying fees, and related costs under this act shall be paid exclusively to the claimants' attorneys and lobbyists registered pursuant to s. 11.045, Florida Statutes.*

Section 4. *It is the intent of the Legislature that all lien interests relating to the claim of the Guardianship of Eric Brody, including liens for the treatment and care of Eric Brody and Medicaid liens, are hereby waived or extinguished.*

On motion by Senator Benacquisto, the Senate concurred in **House Amendment 1** as amended and requested the House to concur in the Senate amendment to the House amendment.

CS for SB 4 passed as amended and the action of the Senate was certified to the House. The vote on passage was:

Yeas—36

Mr. President	Fasano	Negron
Alexander	Flores	Norman
Altman	Garcia	Rich
Benacquisto	Gardiner	Richter
Bogdanoff	Gibson	Ring
Braynon	Hays	Sachs
Bullard	Jones	Simmons
Dean	Joyner	Siplin
Detert	Latvala	Smith
Diaz de la Portilla	Lynn	Sobel
Dockery	Margolis	Storms
Evers	Montford	Thrasher

Nays—4

Bennett	Gaetz	Oelrich
Wise		

MOTIONS

On motions by Senator Thrasher, the rules were waived and by two-thirds vote all bills remaining on the Special Order Calendar this day were placed on the Special Order Calendar for Thursday, March 8.

On motions by Senator Thrasher, the rules were waived and a deadline of one hour after the availability of engrossed bills was set for filing amendments to Bills on Third Reading to be considered Thursday, March 8.

ANNOUNCEMENTS RELATING TO COMMITTEE MEETINGS

Pursuant to Rule 2.62, Senator Thrasher, announced that the Special Order Calendar Group will meet fifteen minutes after adjournment.

MOTIONS RELATING TO COMMITTEE REFERENCE

On motion by Senator Thrasher, by two-thirds vote **SB 148, CS for SB 212, CS for CS for SB 448, CS for SB 462, CS for CS for SB 1042, CS for CS for CS for SB 1060, CS for SB 1086, CS for SB 1292, CS for SB 1348, CS for SB 1388, CS for SB 1522, CS for SB 1658, SJR 1740, CS for SB 2048, and CS for SB 2052** were withdrawn from the Committee on Budget.

REPORTS OF COMMITTEES

Pursuant to Rule 4.17(1), the Special Order Calendar Group submits the following bills to be placed on the Special Order Calendar for Wednesday, March 7, 2012: **CS for SB 1596, SM 1840, SM 1854, CS for SB 282, SB 296, SB 334, CS for CS for SB 432, CS for SB 454, SB 486, CS for SB 504, SB 522, CS for SB 654, CS for CS for SB 802, SB 810, CS for CS for CS for SB 842, CS for SB 916, CS for SB 938, SB 1092, CS for CS for SB 1366, CS for CS for SB 1368, CS for CS for SB 1404, CS for CS for SB 1406, CS for CS for SB 1464, CS for CS for CS for SB 1568, CS for SB 1704, SB 6, CS for SB 10, CS for SB 16, SB 22, CS for SB 38, SB 40, SB 42, CS for SB 44, CS for SB 48, CS for SB 50, SB 52, SB 54, SB 70, SB 1076.**

Respectfully submitted,
John Thrasher, Chair

The Committee on Budget recommends the following pass: **HB 7087** with 1 amendment

The bill was placed on the Calendar.

MESSAGES FROM THE HOUSE OF REPRESENTATIVES

FIRST READING

The Honorable Mike Haridopolos, President

I am directed to inform the Senate that the House of Representatives has passed **HB 865, CS for HB 891, HB 1153, CS for HB 1211, CS for HB 1253, HB 1297, HB 1381, CS for CS for HB 7063**; has passed as amended **CS for HB 7133** and requests the concurrence of the Senate.

Robert L. "Bob" Ward, Clerk

By Representative(s) Hooper—

HB 865—A bill to be entitled An act relating to Pinellas Suncoast Transit Authority, Pinellas County; amending chapter 2000-424, Laws of Florida; providing for alternative income revenues through a specified discretionary sales surtax under certain conditions; prohibiting the authority from levying and collecting ad valorem tax revenue after it elects to accept the discretionary sales surtax proceeds; providing an effective date.

Proof of publication of the required notice was attached.

—was referred to the Committee on Rules.

By Community & Military Affairs Subcommittee and Representative(s) Harrison—

CS for HB 891—A bill to be entitled An act relating to Hillsborough County; providing that the act supersedes inconsistent provisions of chapter 2001-299, Laws of Florida; providing that a holder of a certifi-

cate of public convenience and necessity for taxicabs or a taxicab permit issued by the Hillsborough County Public Transportation Commission, pursuant to chapter 2001-299, Laws of Florida, has property rights in the certificate or permit; providing for the transfer of such certificate or permit; providing for the creation of the Driver Ownership Program to assist taxicab drivers in acquiring certificates and permits; providing for the adoption of rules; providing definitions; providing an effective date.

Proof of publication of the required notice was attached.

—was referred to the Committee on Rules.

By Representative(s) Jenne—

HB 1153—A bill to be entitled An act relating to Broward County; amending chapter 75-350, Laws of Florida, as amended; revising provisions relating to the governing of municipal elections in the county; revising the dates on which municipal candidates must file qualification papers and pay certain fees with respect to certain elections; providing an effective date.

Proof of publication of the required notice was attached.

—was referred to the Committee on Rules.

By Community & Military Affairs Subcommittee and Representative(s) Jenne—

CS for HB 1211—A bill to be entitled An act relating to the Coral Springs Improvement District, Broward County; amending chapter 2004-469, Laws of Florida; revising the terms of office for members of the board of supervisors; revising elections procedures for the board of supervisors; revising the method of compensation for members of the board of supervisors; revising quorum requirements for landowner meetings; conforming contract bidding requirements to general law and providing additional requirements for procurement of goods or services; providing an effective date.

Proof of publication of the required notice was attached.

—was referred to the Committee on Rules.

By Community & Military Affairs Subcommittee and Representative(s) Ray—

CS for HB 1253—A bill to be entitled An act relating to the City of Jacksonville, Duval County; amending chapter 92-341, Laws of Florida, as amended; providing that the Consolidated Government of the City of Jacksonville may amend or repeal any portion of Article 24 of the city's charter, which relates to the Jacksonville Economic Development Commission, by ordinance without approval of electors at a referendum or further action by the Legislature; providing an effective date.

Proof of publication of the required notice was attached.

—was referred to the Committee on Rules.

By Representative(s) Jenne—

HB 1297—A bill to be entitled An act relating to City of Dania Beach, Broward County; extending the corporate limits of the City of Dania Beach to include the area that extends 3 miles into the Atlantic Ocean from the city's existing shoreline; providing an effective date.

Proof of publication of the required notice was attached.

—was referred to the Committee on Rules.

By Representative(s) Clemens, Bernard, Rooney—

HB 1381—A bill to be entitled An act relating to the West Palm Beach Downtown Development Authority, Palm Beach County; amending chapter 2003-380, Laws of Florida; revising the development authority's boundaries; providing an effective date.

Proof of publication of the required notice was attached.

—was referred to the Committee on Rules.

By Education Committee, PreK-12 Appropriations Subcommittee, K-20 Innovation Subcommittee and Representative(s) Stargel, McBurney—

CS for CS for HB 7063—A bill to be entitled An act relating to digital learning; amending s. 1002.20, F.S.; providing student and parent rights relating to the eligibility of Florida Virtual School full-time students to participate in interscholastic extracurricular activities at certain public schools; amending s. 1002.321, F.S.; revising provisions relating to virtual instruction through blended learning courses; prohibiting any person from taking an online course or examination on behalf of another person for compensation; providing a penalty; amending s. 1002.37, F.S.; providing that the Florida Virtual School may provide part-time instruction for students in kindergarten through grade 12; providing student eligibility requirements for part-time instruction in kindergarten through grade 5; deleting a requirement that an elementary school principal provide certain notification to parents; revising the location where statewide assessments must be taken; amending s. 1002.45, F.S.; revising provisions relating to school district options for providing full-time and part-time virtual instruction programs and the open enrollment period for participation; providing that a part-time virtual instruction program offers instruction for students enrolled in kindergarten through grade 12 courses; requiring an additional qualification for a virtual instruction program provider to obtain Department of Education approval; conforming funding provisions to changes made by the act; amending s. 1002.455, F.S.; revising provisions relating to eligibility requirements for virtual instruction and virtual instruction options; amending s. 1003.428, F.S.; placing restrictions on the online course requirement for high school graduation; amending s. 1003.498, F.S.; providing requirements for blended learning courses; amending s. 1003.57, F.S.; providing responsibilities and requirements for the enrollment of exceptional students in a full-time virtual instruction program; amending s. 1006.15, F.S.; providing conditions for eligibility for a Florida Virtual School full-time student and certain students who transfer to or from the Florida Virtual School to participate in interscholastic extracurricular activities; amending s. 1011.61, F.S.; revising and conforming provisions relating to the definition of a full-time equivalent student in full-time and part-time virtual instruction programs; amending s. 1011.62, F.S.; correcting and conforming cross-references; providing that full-time virtual instruction programs are eligible to report student membership in the ESOL program for funding purposes; providing an effective date.

—was referred to the Committees on Education Pre-K - 12; Budget Subcommittee on Education Pre-K - 12 Appropriations; and Budget.

By Appropriations Committee, Health & Human Services Committee and Representative(s) Gonzalez, Campbell—

CS for HB 7133—A bill to be entitled An act relating to quality improvement initiatives for entities regulated by the Agency for Health Care Administration; amending s. 394.4574, F.S.; providing responsibilities of the Department of Children and Family Services and mental health service providers for mental health residents who reside in assisted living facilities; directing the agency to impose contract penalties on Medicaid prepaid health plans under specified circumstances; directing the department to impose contract penalties on mental health service providers under specified circumstances; directing the department and the agency to enter into an interagency agreement for the enforcement of their respective responsibilities and procedures related thereto; amending s. 395.002, F.S.; revising the definition of the term "accrediting organizations"; amending s. 395.1051, F.S.; requiring a hospital to provide notice to all obstetrical physicians with privileges at that hospital within a specified period of time before the hospital closes an obstetrics department or ceases to provide obstetrical services; amending s. 395.1055, F.S.; revising provisions relating to agency rules regarding standards for infection control, housekeeping, and sanitary conditions in a hospital; requiring housekeeping and sanitation staff to employ and document compliance with specified cleaning and disinfecting procedures; authorizing imposition of administrative fines for noncompliance; amending s. 400.0078, F.S.; requiring specified information regarding the confidentiality of complaints to the State Long-

Term Care Ombudsman Program to be provided to residents of a long-term care facility upon admission to the facility; amending s. 408.05, F.S.; directing the agency to collect, compile, analyze, and distribute specified health care information for specified uses; providing for the agency to release data necessary for the administration of the Medicaid program to quality improvement collaboratives for specified purposes; amending s. 408.802, F.S.; providing that the provisions of part II of ch. 408, F.S., the Health Care Licensing Procedures Act, apply to assisted living facility administrators; amending s. 408.820, F.S.; exempting assisted living facility administrators from specified provisions of part II of ch. 408, F.S., the Health Care Licensing Procedures Act; amending s. 409.212, F.S.; increasing a limitation on additional supplementation a person who receives optional supplementation may receive; creating s. 409.986, F.S.; providing definitions; directing the agency to establish and implement methodologies to adjust Medicaid rates for hospitals, nursing homes, and managed care plans; providing criteria for and limits on the amount of Medicaid payment rate adjustments; directing the agency to seek federal approval to implement a performance payment system; providing for implementation of the system in fiscal year 2015-2016; authorizing the agency to appoint a technical advisory panel; providing applicability of the performance payment system to general hospitals, skilled nursing facilities, and managed care plans and providing criteria therefor; amending s. 415.1034, F.S.; providing that specified persons who have regulatory responsibilities over or provide services to persons residing in certain facilities must report suspected incidents of abuse to the central abuse hotline; amending s. 429.02, F.S.; revising definitions applicable to the Assisted Living Facilities Act; amending s. 429.07, F.S.; requiring that an assisted living facility be under the management of a licensed assisted living facility administrator; providing for a reduced number of monitoring visits for an assisted living facility that is licensed to provide extended congregate care services under specified circumstances; providing for a reduced number of monitoring visits for an assisted living facility that is licensed to provide limited nursing services under specified circumstances; amending s. 429.075, F.S.; providing additional requirements for a limited mental health license; removing specified assisted living facility requirements; authorizing a training provider to charge a fee for the training required of facility administrators and staff; revising provisions for application for a limited mental health license; creating s. 429.0751, F.S.; providing requirements for an assisted living facility that has mental health residents; requiring the assisted living facility to enter into a cooperative agreement with a mental health care service provider; providing for the development of a community living support plan; specifying who may have access to the plan; requiring documentation of mental health resident assessments; amending s. 429.178, F.S.; conforming cross-references; amending s. 429.19, F.S.; providing fines and penalties for specified violations by an assisted living facility; amending s. 429.195, F.S.; revising applicability of prohibitions on rebates provided by an assisted living facility for certain referrals; amending s. 817.505, F.S.; providing an exception from prohibitions relating to patient brokering; creating s. 429.231, F.S.; directing the Department of Elderly Affairs to create an advisory council to review the facts and circumstances of unexpected deaths in assisted living facilities and of elopements that result in harm to a resident; providing duties; providing for appointment and terms of members; providing for meetings; requiring a report; providing for per diem and travel expenses; amending s. 429.34, F.S.; providing a schedule for the inspection of assisted living facilities; providing exceptions; providing for fees for additional inspections after specified violations; creating s. 429.50, F.S.; prohibiting a person from performing the duties of an assisted living facility administrator without a license; providing qualifications for licensure; providing requirements for the issuance of assisted living facility administrator certifications; providing agency responsibilities; providing exceptions; providing license and license renewal fees; providing grounds for revocation or denial of licensure; providing rule-

making authority; authorizing the agency to issue a temporary license to an assisted living facility administrator under certain conditions and for a specified period of time; amending s. 429.52, F.S.; providing training, competency testing, and continuing education requirements for assisted living facility administrators and license applicants; specifying entities that may provide training; providing a definition; requiring assisted living facility trainers to keep certain training records and submit those records to the agency; providing rulemaking authority; amending s. 429.54, F.S.; requiring the Agency for Health Care Administration, the Department of Elderly Affairs, the Department of Children and Family Services, and the Agency for Persons with Disabilities to develop or modify electronic information systems and other systems to ensure efficient communication regarding regulation of assisted living facilities, subject to the availability of funds; providing an appropriation and authorizing positions; providing effective dates.

—was referred to the Committees on Health Regulation; and Budget.

RETURNING MESSAGES — FINAL ACTION

The Honorable Mike Haridopolos, President

I am directed to inform the Senate that the House of Representatives has passed CS for SB 116, SB 140, CS for SB 186, CS for SB 226, CS for CS for SB 268, SB 276, SB 278, SB 326, SB 368, SB 436, SB 446, SB 520, SB 608, SB 638, SB 792, SB 878, CS for SB 924, SB 990, CS for SB 1050, SB 1724 and SB 2058; passed SB 374, SB 570 and CS for SB 1856 by the required constitutional two-thirds vote of the members voting in the House.

Robert L. "Bob" Ward, Clerk

The bills contained in the foregoing messages were ordered enrolled.

The Honorable Mike Haridopolos, President

I am directed to inform the Senate that the House of Representatives has concurred in Senate Amendment 1 and passed CS for HB 691 as amended; concurred in Senate Amendment 1 and passed CS for CS for CS for HB 711 as amended by the required constitutional two-thirds vote of the membership of the House.

Robert L. "Bob" Ward, Clerk

CORRECTION AND APPROVAL OF JOURNAL

The Journal of March 6 was corrected and approved.

CO-INTRODUCERS

Senator Benacquisto—CS for CS for CS for SB 202, CS for CS for SB 256

RECESS

On motion by Senator Thrasher, the Senate recessed at 3:46 p.m. for the purpose of holding committee meetings and conducting other Senate business to reconvene at 8:30 a.m., Thursday, March 8 or upon call of the President.