

1 A bill to be entitled
2 An act relating to motor vehicle insurance; repealing
3 s. 627.730, F.S., which provides a short title for the
4 Florida Motor Vehicle No-Fault Law; repealing s.
5 627.731, F.S., which provides purpose of the Florida
6 Motor Vehicle No-Fault Law; repealing s. 627.732,
7 F.S., which provides definitions for the Florida Motor
8 Vehicle No-Fault Law; repealing s. 627.733, F.S.,
9 which requires every owner or registrant of a motor
10 vehicle to maintain required security under the
11 Florida Motor Vehicle No-Fault Law; repealing s.
12 627.734, F.S., relating to proof of such security,
13 security requirements, and penalties for specified
14 violations relative to such security; repealing s.
15 627.736, F.S., relating to personal injury protection
16 benefits required to be provided by insurers,
17 exclusions from such benefits, and claims to recover
18 personal injury protection benefits; repealing s.
19 627.737, F.S., relating to exemption from tort
20 liability, limitation on right to damages, and
21 punitive damages; repealing s. 627.739, F.S., relating
22 to optional limitations and deductibles with respect
23 to personal injury protection coverage; repealing s.
24 627.7401, F.S., relating to notification of the rights
25 of insureds; repealing s. 627.7403, F.S., relating to
26 mandatory joinder of derivative claim; repealing s.
27 627.7405, F.S., relating to an insurer's right of
28 reimbursement; repealing s. 627.7407, F.S., relating

29 | to application of the Florida Motor Vehicle No-Fault
30 | Law; creating s. 627.747, F.S.; providing a short
31 | title for the Florida Mandatory Emergency Payments
32 | Coverage Law; creating s. 627.7471, F.S.; providing
33 | purpose of the Florida Mandatory Emergency Payments
34 | Coverage Law; creating s. 627.7472, F.S.; providing
35 | definitions; creating s. 627.7473, F.S.; requiring
36 | every owner or registrant of a motor vehicle required
37 | to be registered and licensed in this state to
38 | maintain specified security under the Florida
39 | Mandatory Emergency Payments Coverage Law; providing
40 | exceptions; requiring every nonresident owner or
41 | registrant of a motor vehicle that has been physically
42 | present within this state for a specified period to
43 | maintain security under the Florida Mandatory
44 | Emergency Payments Coverage Law; specifying means by
45 | which such security is provided; providing an
46 | exemption from security requirements for specified
47 | members of the United States Armed Forces; creating s.
48 | 627.7474, F.S.; providing requirements with respect to
49 | filing and maintaining proof of security required
50 | under the Florida Mandatory Emergency Payments
51 | Coverage Law; providing penalties for giving false
52 | information, forging evidence of proof of security,
53 | and filing forged or unauthorized evidence of proof of
54 | security; creating s. 627.7475, F.S.; requiring that
55 | insurance policies provide mandatory emergency
56 | payments coverage to specified persons; providing

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57 | limit of coverage; specifying limits for medical
58 | benefits; providing a definition; directing the
59 | Financial Services Commission to adopt by rule a
60 | specified form; specifying limits for death benefits;
61 | providing restriction on insurers with respect to
62 | provision of required benefits and requiring purchase
63 | of other motor vehicle coverage as a condition for
64 | providing such benefits; prohibiting insurers from
65 | requiring that bodily injury and property damage
66 | liability insurance in specified amounts be purchased
67 | in conjunction with mandatory emergency payments
68 | coverage; providing that failure to comply with
69 | specified availability requirements constitutes an
70 | unfair method of competition or an unfair or deceptive
71 | act or practice; providing penalties; specifying
72 | benefits that an insurer may exclude; providing
73 | procedure with respect to such exclusions; specifying
74 | when benefits are due from an insurer; authorizing
75 | insurers that pay mandatory emergency coverage
76 | benefits to seek recovery of payments by subrogation
77 | against the motorist at fault and the insurer of the
78 | motorist at fault; providing that benefits under the
79 | Florida Mandatory Emergency Payments Coverage Law are
80 | subject to the provisions of the Medicaid program
81 | under specified circumstances; specifying when
82 | benefits are overdue; providing for interest on
83 | overdue payments; specifying injuries for which an
84 | insurer must pay mandatory emergency payments coverage

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85 | benefits; disallowing benefits to an insured who has
86 | committed insurance fraud; providing for costs and
87 | attorney fees in an insurer's action to enforce its
88 | right of recovery; providing that a physician,
89 | hospital, or other person or institution lawfully
90 | rendering treatment to an injured person for a bodily
91 | injury covered by mandatory emergency payments
92 | coverage may charge the insurer and injured party only
93 | a reasonable amount for emergency services and care;
94 | providing that the insurer may pay for such charges
95 | directly to the person or institution lawfully
96 | rendering such treatment; providing a limit on such
97 | charges; providing for determination of reasonableness
98 | of charges; establishing limits on specified emergency
99 | services and care; providing conditions under which an
100 | insurer or insured is not required to pay a claim or
101 | charges; requiring the Department of Health to adopt
102 | by rule a list of diagnostic tests deemed not to be
103 | medically necessary; providing procedures and
104 | requirements with respect to statements of and bills
105 | for charges for emergency services and care; providing
106 | procedures and requirements with respect to
107 | investigation of claims of improper billing by a
108 | physician or other medical provider; prohibiting
109 | insurers from systematically downcoding with intent to
110 | deny reimbursement; providing applicability of
111 | statutory provisions regulating attorney fees;
112 | requiring that an insurer must be provided with

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113 written notice of an intent to initiate litigation as
114 a condition precedent to filing any action for
115 benefits; providing requirements with respect to a
116 demand letter; providing procedures and requirements
117 with respect to payment of an overdue claim; tolling
118 the time period for an action against an insurer;
119 providing that failure to pay valid claims with
120 specified frequency constitutes an unfair or deceptive
121 trade practice; providing penalties; providing
122 circumstances under which an insurer has a cause of
123 action; providing for fraud advisory notice; requiring
124 that all claims related to the same health care
125 provider for the same injured person be brought in one
126 action unless good cause is shown; authorizing the
127 electronic transmission of notices and communications
128 required or authorized under the act under certain
129 conditions; creating s. 627.7476, F.S.; requiring the
130 Financial Services Commission to adopt by rule a form
131 for the notification of insureds of their right to
132 receive mandatory emergency payments coverage benefits
133 under the Florida Mandatory Emergency Payments
134 Coverage Law; specifying contents of such notice;
135 providing requirements for the mailing or delivery of
136 such notice; creating s. 627.7477, F.S.; providing for
137 mandatory joinder of specified claims; amending s.
138 627.7275, F.S., relating to requirements for motor
139 vehicle insurance policies issued in this state, to
140 conform; specifying required bodily injury liability

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141 insurance coverage amounts; amending s. 817.234, F.S.;
 142 eliminating a penalty for a specified false or
 143 fraudulent insurance claim to conform to the repeal of
 144 s. 627.736, F.S.; conforming and correcting cross-
 145 references; amending ss. 316.646, 318.18, 320.02,
 146 320.0609, 320.27, 320.771, 322.34, 324.021, 324.0221,
 147 324.032, 324.171, 400.9935, 409.901, 409.910, 456.057,
 148 456.072, 626.9541, 627.06501, 627.0652, 627.0653,
 149 627.4132, 627.6482, 627.7263, 627.727, 627.728,
 150 627.7295, 627.8405, 627.915, 628.909, 705.184, and
 151 713.78, F.S.; conforming and correcting cross-
 152 references; providing an effective date.

153

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

155

156 Section 1. Sections 627.730, 627.731, 627.732, 627.733,
 157 627.734, 627.736, 627.737, 627.739, 627.7401, 627.7403,
 158 627.7405, and 627.7407, Florida Statutes, are repealed.

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

161 627.747 Florida Mandatory Emergency Payments Coverage
 162 Law.—Sections 627.747–627.7477 may be cited as the "Florida
 163 Mandatory Emergency Payments Coverage Law."

164 Section 3. Section 627.7471, Florida Statutes, is created
 165 to read:

166 627.7471 Purpose.—The purpose of the Florida Mandatory
 167 Emergency Payments Coverage Law is to provide for emergency
 168 medical services and care and funeral benefits, and to require

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169 motor vehicle insurance securing such benefits, for motor
 170 vehicles required to be registered in this state, and to provide
 171 for a fault-based system of motor vehicle insurance.

172 Section 4. Section 627.7472, Florida Statutes, is created
 173 to read:

174 627.7472 Definitions.—As used in the Florida Mandatory
 175 Emergency Payments Coverage Law, the term:

176 (1) "Emergency medical condition" means:

177 (a) A medical condition manifesting itself by acute
 178 symptoms of sufficient severity, which may include severe pain,
 179 such that the absence of immediate medical attention could
 180 reasonably be expected to result in any of the following:

181 1. Serious jeopardy to patient health, including a
 182 pregnant woman or fetus.

183 2. Serious impairment to bodily functions.

184 3. Serious dysfunction of any bodily organ or part.

185 (b) With respect to a pregnant woman:

186 1. That there is inadequate time to effect safe transfer
 187 to another hospital prior to delivery;

188 2. That a transfer may pose a threat to the health and
 189 safety of the patient or fetus; or

190 3. That there is evidence of the onset and persistence of
 191 uterine contractions or rupture of the membranes.

192 (2) "Emergency services and care" means medical screening,
 193 examination, and evaluation by a physician, or, to the extent
 194 permitted by applicable law, by other appropriate personnel
 195 under the supervision of a physician, to determine if an
 196 emergency medical condition exists and, if it does, the care,

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197 treatment, or surgery by a physician necessary to relieve or
198 eliminate the emergency medical condition, within the service
199 capability of the facility.

200 (3) "Hospital" means a facility that, at the time services
201 or treatment were rendered, was licensed under chapter 395.

202 (4) "Knowingly" means that a person, with respect to
203 information, has actual knowledge of the information; acts in
204 deliberate ignorance of the truth or falsity of the information;
205 or acts in reckless disregard of the information, and proof of
206 specific intent to defraud is not required.

207 (5) "Lawful" or "lawfully" means in substantial compliance
208 with all relevant applicable criminal, civil, and administrative
209 requirements of state and federal law related to the provision
210 of medical services or treatment.

211 (6) "Mandatory emergency payments coverage" means payment
212 for emergency transportation and treatment by providers licensed
213 under chapter 401, and emergency services and care by providers
214 licensed under chapters 395, 458, and 459.

215 (7) "Medically necessary" refers to a medical service or
216 supply that a prudent physician would provide for the purpose of
217 preventing, diagnosing, or treating an illness, injury, disease,
218 or symptom in a manner that is:

219 (a) In accordance with generally accepted standards of
220 medical practice;

221 (b) Clinically appropriate in terms of type, frequency,
222 extent, site, and duration; and

223 (c) Not primarily for the convenience of the patient,
224 physician, or other health care provider.

225 (8) "Motor vehicle" means any self-propelled vehicle with
 226 four or more wheels which is of a type both designed and
 227 required to be licensed for use on the highways of this state
 228 and any trailer or semitrailer designed for use with such
 229 vehicle and includes:

230 (a) A "private passenger motor vehicle," which is any
 231 motor vehicle that is a sedan, station wagon, or jeep-type
 232 vehicle and, if not used primarily for occupational,
 233 professional, or business purposes, a motor vehicle of the
 234 pickup, panel, van, camper, or motor home type.

235 (b) A "commercial motor vehicle," which is any motor
 236 vehicle that is not a private passenger motor vehicle.

237
 238 The term "motor vehicle" does not include a mobile home or any
 239 motor vehicle that is used in mass transit, other than public
 240 school transportation, and designed to transport more than five
 241 passengers exclusive of the operator of the motor vehicle and
 242 that is owned by a municipality, a transit authority, or a
 243 political subdivision of the state.

244 (9) "Named insured" means a person, usually the owner of a
 245 vehicle, identified in a policy by name as the insured under the
 246 policy.

247 (10) "Owner" means a person who holds the legal title to a
 248 motor vehicle or who is the debtor or lessee having the right to
 249 possession of a motor vehicle that is the subject of a security
 250 agreement or lease with an option to purchase.

251 (11) "Relative residing in the same household" means a
 252 relative of any degree by blood or by marriage who usually makes

253 her or his home in the same family unit, whether or not
 254 temporarily living elsewhere.

255 (12) "Unbundling" means an action that submits a billing
 256 code that is properly billed under one billing code, but that
 257 has been separated into two or more billing codes, and would
 258 result in payment greater in amount than would be paid using one
 259 billing code.

260 (13) "Upcoding" means an action that submits a billing
 261 code that would result in payment greater in amount than would
 262 be paid using a billing code that accurately describes the
 263 services performed.

264 Section 5. Section 627.7473, Florida Statutes, is created
 265 to read:

266 627.7473 Required security.—

267 (1) (a) Except as provided in paragraph (b), every owner or
 268 registrant of a motor vehicle, other than a motor vehicle used
 269 as a school bus as defined in s. 1006.25 or limousine, required
 270 to be registered and licensed in this state must maintain
 271 security as required by subsection (3) in effect continuously
 272 throughout the registration or licensing period.

273 (b) Every owner or registrant of a motor vehicle used as a
 274 taxicab must maintain security as required under s. 324.032(1).

275 (2) Every nonresident owner or registrant of a motor
 276 vehicle that, whether operated or not, has been physically
 277 present within this state for more than 90 days during the
 278 preceding 365 days must thereafter maintain security as defined
 279 by subsection (3) in effect continuously throughout the period
 280 the motor vehicle remains within this state.

281 (3) Security required under this section must be provided:

282 (a) By an insurance policy delivered or issued for
 283 delivery in this state by an authorized or eligible motor
 284 vehicle liability insurer which provides the benefits and
 285 exemptions contained in the Florida Mandatory Emergency Payments
 286 Coverage Law. Any policy of insurance represented or sold as
 287 providing the security required under this section shall be
 288 deemed to provide insurance for the payment of the required
 289 benefits; or

290 (b) By any other method authorized by s. 324.031(2), (3),
 291 or (4) and approved by the Department of Highway Safety and
 292 Motor Vehicles as affording security equivalent to that afforded
 293 by a policy of insurance or by self-insuring as authorized by s.
 294 768.28(16). The person filing such security shall have all of
 295 the obligations and rights of an insurer under the Florida
 296 Mandatory Emergency Payments Coverage Law.

297 (4) In addition to other persons who are not required to
 298 provide security as required under this section and s. 324.022,
 299 the owner or registrant of a motor vehicle is exempt from such
 300 requirements if she or he is a member of the United States Armed
 301 Forces and is called to or on active duty outside the United
 302 States in an emergency situation. The exemption provided by this
 303 subsection applies only as long as the member of the armed
 304 forces is on such active duty outside the United States and
 305 applies only while the vehicle covered by the security required
 306 by this section and s. 324.022 is not operated by any person.
 307 Upon receipt of a written request by the insured to whom the
 308 exemption provided in this subsection applies, the insurer shall

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309 cancel the coverages and return any unearned premium or suspend
310 the security required by this section and s. 324.022.
311 Notwithstanding s. 324.0221(2), the Department of Highway Safety
312 and Motor Vehicles may not suspend the registration or
313 operator's license of any owner or registrant of a motor vehicle
314 during the time she or he qualifies for an exemption under this
315 subsection. Any owner or registrant of a motor vehicle who
316 qualifies for an exemption under this subsection shall
317 immediately notify the department prior to and at the end of the
318 expiration of the exemption.

319 Section 6. Section 627.7474, Florida Statutes, is created
320 to read:

321 627.7474 Proof of security; security requirements;
322 penalties.—

323 (1) The provisions of chapter 324 which pertain to the
324 method of giving and maintaining proof of financial
325 responsibility and which govern and define a motor vehicle
326 liability policy apply to filing and maintaining proof of
327 security required by the Florida Mandatory Emergency Payments
328 Coverage Law.

329 (2) Any person who:

330 (a) Gives information required in a report or otherwise as
331 provided for in the Florida Mandatory Emergency Payments
332 Coverage Law, knowing or having reason to believe that such
333 information is false;

334 (b) Forges or, without authority, signs any evidence of
335 proof of security; or

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336 (c) Files, or offers for filing, any such evidence of
337 proof, knowing or having reason to believe that it is forged or
338 signed without authority,

339

340 commits a misdemeanor of the first degree, punishable as
341 provided in s. 775.082 or s. 775.083.

342 Section 7. Section 627.7475, Florida Statutes, is created
343 to read:

344 627.7475 Mandatory emergency payments coverage benefits;
345 exclusions; priority; claims.—

346 (1) REQUIRED BENEFITS.—Every insurance policy complying
347 with the security requirements of s. 627.7473 shall provide
348 mandatory emergency payments coverage to the named insured,
349 relatives residing in the same household, persons operating the
350 insured motor vehicle, passengers in such motor vehicle, and
351 other persons struck by such motor vehicle and suffering bodily
352 injury while not an occupant of a self-propelled vehicle,
353 subject to the provisions of subsection (2) and paragraph
354 (3) (d), to a limit of \$10,000 for loss sustained by any such
355 person as a result of bodily injury, sickness, disease, or death
356 arising out of the ownership, maintenance, or use of a motor
357 vehicle as follows:

358 (a) Medical benefits.—Eighty percent for all reasonable
359 and medically necessary expenses for an emergency medical
360 condition and for emergency services and care, including
361 emergency services and care for surgical, diagnostic, and
362 medically necessary ambulance, hospital, and nursing services.
363 However, the medical benefits shall provide reimbursement only

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364 for such emergency services and care that is lawfully provided,
365 supervised, ordered, or prescribed by a physician licensed under
366 chapter 458 or chapter 459 or that is provided by any of the
367 following persons or entities:

368 1. A hospital or ambulatory surgical center licensed under
369 chapter 395.

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

372 3. An entity wholly owned by one or more physicians
373 licensed under chapter 458 or chapter 459.

374 4. An entity wholly owned by a hospital or hospitals.

375
376 As used in subparagraphs 3. and 4., the term "entity wholly
377 owned" means a proprietorship, group practice, partnership, or
378 corporation that provides health care services rendered by
379 licensed health care practitioners. In order to be wholly owned,
380 licensed health care practitioners must be the business owners
381 of all aspects of the business entity, including, but not
382 limited to, being reflected as the business owners on the title
383 or lease of the physical facility, filing taxes as the business
384 owners, being account holders on the entity's bank account,
385 being listed as the principals on all incorporation documents
386 required by this state, and having ultimate authority over all
387 personnel and compensation decisions relating to the entity. The
388 Financial Services Commission shall adopt by rule the form that
389 must be used by an insurer and a health care provider specified
390 in subparagraph 3. or subparagraph 4. to document that the
391 health care provider meets the criteria of this paragraph, which

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392 rule must include a requirement for a sworn statement or
393 affidavit. Any change in ownership requires the filing of a new
394 form within 10 days after the date of the change in ownership.
395 The failure to timely file such new form precludes reimbursement
396 for services rendered from the date of change of ownership until
397 the date the new form is filed. Insurers may recoup any payments
398 made to health care providers for services rendered during any
399 period of noncompliance with this requirement.

400 (b) Death benefits.—Death benefits equal to the lesser of
401 \$5,000 or the remainder of unused mandatory emergency payments
402 coverage benefits per death. The insurer may pay such benefits
403 to the executor or administrator of the deceased, to any of the
404 deceased's relatives by blood or legal adoption or connection by
405 marriage, or to any person appearing to the insurer to be
406 equitably entitled thereto.

407
408 Only an insurer writing motor vehicle liability insurance in
409 this state may provide the required benefits of this section,
410 and such an insurer may not require the purchase of any other
411 motor vehicle coverage other than the purchase of bodily injury
412 liability coverage and property damage liability coverage as
413 required by s. 627.7275 as a condition for providing such
414 required benefits. Insurers may not require that bodily injury
415 insurance in amounts greater than \$25,000 per person and \$50,000
416 per occurrence and property damage liability insurance in an
417 amount greater than \$10,000 be purchased in conjunction with
418 mandatory emergency payments coverage. Such insurers shall make
419 benefits and required bodily injury and property damage

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420 liability insurance coverage available through normal marketing
421 channels. Any insurer writing motor vehicle liability insurance
422 in this state who fails to comply with such availability
423 requirement as a general business practice is deemed to have
424 violated part IX of chapter 626, and such violation constitutes
425 an unfair method of competition or an unfair or deceptive act or
426 practice involving the business of insurance and any such
427 insurer committing such violation is subject to the penalties
428 afforded in such part, as well as those afforded elsewhere in
429 the insurance code.

430 (2) AUTHORIZED EXCLUSIONS.—Any insurer may exclude
431 benefits:

432 (a) For injury sustained by the named insured and
433 relatives residing in the same household while occupying another
434 motor vehicle owned by the named insured and not insured under
435 the policy or for injury sustained by any person operating the
436 insured motor vehicle without the express or implied consent of
437 the insured.

438 (b) To any injured person, if such person's conduct
439 contributed to his or her injury under any of the following
440 circumstances:

- 441 1. Causing injury to himself or herself intentionally; or
442 2. Being injured while committing a felony.

443
444 Whenever an insured is charged with conduct as set forth in
445 subparagraph 2., the 30-day payment provision of paragraph
446 (3)(b) shall be held in abeyance, and the insurer shall withhold
447 payment of any mandatory emergency payments coverage benefits

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448 pending the outcome of the case at the trial level. If the
449 charge is nolle prossed or dismissed or the insured is
450 acquitted, the 30-day payment provision shall run from the date
451 the insurer is notified of such action.

452 (3) BENEFITS; WHEN DUE.—Benefits due from an insurer under
453 the Florida Mandatory Emergency Payments Coverage Law shall be
454 primary, except that benefits received under any workers'
455 compensation law shall be credited against the benefits provided
456 by subsection (1) and shall be due and payable as loss accrues,
457 upon receipt of reasonable proof of such loss and the amount of
458 expenses and loss incurred which are covered by the policy
459 issued under the Florida Mandatory Emergency Payments Coverage
460 Law. The insurer of the owner of a motor vehicle that pays
461 mandatory emergency coverage benefits for accidental bodily
462 injuries as required under paragraph (d) is entitled to seek
463 recovery by subrogation against the motorist at fault and the
464 liability insurer of such motorist for the amount of mandatory
465 emergency benefits paid. When the Agency for Health Care
466 Administration provides, pays, or becomes liable for medical
467 assistance under the Medicaid program related to injury,
468 sickness, disease, or death arising out of the ownership,
469 maintenance, or use of a motor vehicle, benefits under the
470 Florida Mandatory Emergency Payments Coverage Law shall be
471 subject to the provisions of the Medicaid program.

472 (a) An insurer may require written notice to be given as
473 soon as practicable after an accident involving a motor vehicle
474 with respect to which the policy affords the security required
475 by the Florida Mandatory Emergency Payments Coverage Law.

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476 (b) Mandatory emergency payments coverage insurance
477 benefits paid pursuant to this section shall be overdue if not
478 paid within 30 days after the insurer is furnished written
479 notice of the fact of a covered loss and of the amount of the
480 loss. If such written notice is not furnished to the insurer as
481 to the entire claim, any partial amount supported by written
482 notice is overdue if not paid within 30 days after such written
483 notice is furnished to the insurer. Any part or all of the
484 remainder of the claim that is subsequently supported by written
485 notice is overdue if not paid within 30 days after such written
486 notice is furnished to the insurer. When an insurer pays only a
487 portion of a claim or rejects a claim, the insurer shall provide
488 at the time of the partial payment or rejection an itemized
489 specification of each item that the insurer reduced, omitted, or
490 declined to pay and any information that the insurer desires the
491 claimant to consider related to the medical necessity of the
492 denied treatment or to explain the reasonableness of the reduced
493 charge, provided that this does not limit the introduction of
494 evidence at trial; and the insurer shall include the name and
495 address of the person to whom the claimant should respond and a
496 claim number to be referenced in future correspondence. However,
497 notwithstanding the fact that written notice has been furnished
498 to the insurer, a payment may not be deemed overdue when the
499 insurer has reasonable proof to establish that the insurer is
500 not responsible for the payment. For the purpose of calculating
501 the extent to which any benefits are overdue, payment shall be
502 treated as being made on the date a draft or other valid
503 instrument which is equivalent to payment was placed in the

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504 United States mail in a properly addressed, postpaid envelope
505 or, if not so posted, on the date of delivery. This paragraph
506 does not preclude or limit the ability of the insurer to assert
507 that the claim was unrelated, was not medically necessary, or
508 was unreasonable or that the amount of the charge was in excess
509 of that permitted under, or in violation of, subsection (4).
510 Such assertion by the insurer may be made at any time, including
511 after payment of the claim or after the 30-day period for
512 payment set forth in this paragraph.

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

520 (d) The insurer of the owner of a motor vehicle shall pay
521 mandatory emergency payments coverage benefits for:

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

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

530 3. Accidental bodily injury sustained by a relative of the
531 owner residing in the same household, under the circumstances

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532 described in subparagraph 1. or subparagraph 2., provided the
533 relative at the time of the accident is domiciled in the owner's
534 household and is not himself or herself the owner of a motor
535 vehicle with respect to which security is required under the
536 Florida Mandatory Emergency Payments Coverage Law.

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

543 a. The owner of a motor vehicle with respect to which
544 security is required under the Florida Mandatory Emergency
545 Payments Coverage Law; or

546 b. Entitled to mandatory emergency payments coverage
547 benefits from the insurer of the owner or owners of such a motor
548 vehicle.

549 (e) If two or more insurers are liable to pay mandatory
550 emergency payments coverage benefits for the same injury to any
551 one person, the maximum payable shall be as specified in
552 subsection (1), and any insurer paying the benefits is entitled
553 to recover from each of the other insurers an equitable pro rata
554 share of the benefits paid and expenses incurred in processing
555 the claim.

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

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560 (g) Benefits are not due or payable to or on the behalf of
561 an insured person if that person has committed, by a material
562 act or omission, any insurance fraud relating to mandatory
563 emergency payments coverage under his or her policy, if the
564 fraud is admitted to in a sworn statement by the insured or
565 established in a court of competent jurisdiction. Any insurance
566 fraud shall void all coverage arising from the claim related to
567 such fraud under the mandatory emergency payments coverage of
568 the insured person who committed the fraud, irrespective of
569 whether a portion of the insured person's claim may be
570 legitimate, and any benefits paid prior to the discovery of the
571 insured person's insurance fraud shall be recoverable by the
572 insurer in their entirety from the person who committed
573 insurance fraud. The prevailing party is entitled to its costs
574 and attorney fees in any action in which it prevails in an
575 insurer's action to enforce its right of recovery under this
576 paragraph.

577 (4) CHARGES FOR TREATMENT OF INJURED PERSONS.—

578 (a)1. Any physician, hospital, or other person or
579 institution lawfully rendering treatment to an injured person
580 for a bodily injury covered by mandatory emergency payments
581 coverage may charge the insurer and injured party only a
582 reasonable amount pursuant to this section for the emergency
583 services and care, and the insurer providing such coverage may
584 pay for such charges directly to such person or institution
585 lawfully rendering such treatment. However, such a charge may
586 not be in excess of the amount the person or institution
587 customarily charges for like services or supplies. With respect

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588 to a determination of whether a charge for a particular service,
589 treatment, or otherwise is reasonable, consideration may be
590 given to evidence of usual and customary charges and payments
591 accepted by the provider involved in the dispute, reimbursement
592 levels in the community and various federal and state medical
593 fee schedules applicable to automobile and other insurance
594 coverages, and other information relevant to the reasonableness
595 of the reimbursement for the service, treatment, or supply.

596 2. Payment under mandatory emergency payments coverage
597 shall be limited to 80 percent of the following fee schedule
598 amounts and to the limitations in paragraph (1)(a) for the total
599 limits of mandatory emergency payments coverage that are payable
600 as follows:

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

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

606 c. For emergency services and care provided in a facility
607 licensed under chapter 395 and rendered by a physician, and
608 related hospital inpatient services rendered by a physician, the
609 usual and customary charges in the community.

610 d. For all other emergency services and care, 200 percent
611 of the allowable amount under the participating physicians
612 schedule of Medicare Part B. However, if such emergency services
613 and care are not reimbursable under Medicare Part B, the insurer
614 shall pay 80 percent of the maximum reimbursable allowance under
615 workers' compensation, as determined under s. 440.13 and rules

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616 adopted thereunder which are in effect at the time such
617 emergency services and care are provided. Emergency services and
618 care that are not reimbursable under Medicare or workers'
619 compensation are not required to be reimbursed by the insurer.

620 3. For purposes of subparagraph 2., the applicable fee
621 schedule or payment limitation under Medicare is the fee
622 schedule or payment limitation in effect on January 1 of the
623 calendar year in which the emergency services and care were
624 rendered and for the area in which such services and care were
625 rendered, notwithstanding any subsequent changes made to such
626 fee schedule or payment limitation.

627 4. An insurer shall not be authorized to apply any
628 limitation on the number of treatments or other utilization
629 limits that apply under Medicare or workers' compensation. An
630 insurer must reimburse a provider who lawfully provided
631 emergency services and care under the scope of his or her
632 license, regardless of whether such provider would be entitled
633 to reimbursement under Medicare due to restrictions or
634 limitations on the types or discipline of health care providers
635 who may be reimbursed for particular procedures or procedure
636 codes.

637 5. If an insurer limits payment as authorized by
638 subparagraph 2., the person providing such emergency services
639 and care may not bill or attempt to collect from the insured any
640 amount in excess of such limits, except for amounts that are not
641 covered by the insured's mandatory emergency payments coverage
642 due to the 20 percent coinsurance amount or the maximum

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643 mandatory emergency payments policy limits available to pay such
644 person's claim.

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

647 a. For any service or treatment that was not lawful at the
648 time rendered;

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

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

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

665 e. For emergency medical services and care billed by a
666 physician and not provided in a hospital unless such services
667 are rendered by the physician or are incident to his or her
668 professional services and are included on the physician's bill,
669 including documentation verifying that the physician is

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670 responsible for the medical services that were rendered and
671 billed.

672 2. The Department of Health, in consultation with the
673 appropriate professional licensing boards, shall adopt, by rule,
674 a list of diagnostic tests deemed not to be medically necessary
675 for use in the treatment of persons sustaining bodily injury
676 covered by mandatory emergency payments coverage benefits under
677 this section. The initial list shall be adopted by January 1,
678 2014, and shall be revised from time to time as determined by
679 the Department of Health, in consultation with the respective
680 professional licensing boards. Inclusion of a test on the list
681 of invalid diagnostic tests shall be based on lack of
682 demonstrated medical value and a level of general acceptance by
683 the relevant provider community and may not be dependent for
684 results entirely upon subjective patient response.
685 Notwithstanding its inclusion on a fee schedule in this
686 subsection, an insurer or insured is not required to pay any
687 charges or reimburse claims for any invalid diagnostic test as
688 determined by the Department of Health.

689 (c) For emergency services and care rendered in a hospital
690 emergency department or for transportation and treatment
691 rendered by an ambulance provider licensed pursuant to part III
692 of chapter 401, the provider is not required to furnish the
693 statement of charges within a specified time; and the insurer is
694 not considered to have been furnished with notice of the amount
695 of covered loss for purposes of paragraph (3) (b) until it
696 receives a statement complying with paragraph (d), or a copy
697 thereof, which specifically identifies the place of service to

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698 be a hospital emergency department or an ambulance in accordance
699 with billing standards recognized by the Health Care Finance
700 Administration.

701 (d) All statements and bills for emergency services and
702 care rendered by any physician, hospital, or other person or
703 institution eligible for reimbursement under the Florida
704 Mandatory Emergency Payments Coverage Law shall be submitted to
705 the insurer on a properly completed Centers for Medicare and
706 Medicaid Services (CMS) 1500 form, UB 92 forms, or any other
707 standard form approved by the office or adopted by the
708 commission for purposes of this paragraph. All billings for such
709 services rendered by providers shall, to the extent applicable,
710 follow the Physicians' Current Procedural Terminology (CPT) or
711 Healthcare Correct Procedural Coding System (HCPCS), or ICD-9 in
712 effect for the year in which services are rendered and comply
713 with the Centers for Medicare and Medicaid Services (CMS) 1500
714 form instructions and the American Medical Association Current
715 Procedural Terminology (CPT) Editorial Panel and Healthcare
716 Correct Procedural Coding System (HCPCS). All providers other
717 than hospitals shall include on the applicable claim form the
718 professional license number of the provider in the line or space
719 provided for "Signature of Physician or Supplier, Including
720 Degrees or Credentials." In determining compliance with
721 applicable CPT and HCPCS coding, guidance shall be provided by
722 the Physicians' Current Procedural Terminology (CPT) or the
723 Healthcare Correct Procedural Coding System (HCPCS) in effect
724 for the year in which services were rendered, the Office of the
725 Inspector General (OIG), Physicians Compliance Guidelines, and

726 other authoritative treatises designated by rule by the Agency
727 for Health Care Administration. A statement of medical services
728 may not include charges for medical services of a person or
729 entity that performed such services without possessing the valid
730 licenses required to perform such services. For purposes of
731 paragraph (3) (b), an insurer is not considered to have been
732 furnished with notice of the amount of covered loss or medical
733 bills due unless the statements or bills comply with this
734 paragraph, and unless the statements or bills are properly
735 completed in their entirety as to all material provisions, with
736 all relevant information being provided therein.

737 (e) Upon written notification by any person, an insurer
738 shall investigate any claim of improper billing by a physician
739 or other medical provider. The insurer shall determine if the
740 insured was properly billed for only those services and
741 treatments that the insured actually received. If the insurer
742 determines that the insured has been improperly billed, the
743 insurer shall notify the insured, the person making the written
744 notification, and the provider of its findings and shall reduce
745 the amount of payment to the provider by the amount determined
746 to be improperly billed. If a reduction is made due to such
747 written notification by any person, the insurer shall pay to the
748 person 20 percent of the amount of the reduction, up to \$500. If
749 the provider is arrested due to the improper billing, the
750 insurer shall pay to the person 40 percent of the amount of the
751 reduction, up to \$500.

752 (f) An insurer may not systematically downcode with the
753 intent to deny reimbursement otherwise due. Such action

754 constitutes a material misrepresentation under s.
 755 626.9541(1)(i)2.

756 (5) APPLICABILITY OF PROVISION REGULATING ATTORNEY FEES.—
 757 With respect to any dispute under the provisions of the Florida
 758 Emergency Payments Coverage Law between the insured and the
 759 insurer, or between an assignee of an insured's rights and the
 760 insurer, the provisions of s. 627.428 shall apply, except as
 761 provided in subsections (6) and (10).

762 (6) DEMAND LETTER.—

763 (a) As a condition precedent to filing any action for
 764 benefits under this section, the insurer must be provided with
 765 written notice of an intent to initiate litigation. Such notice
 766 may not be sent until the claim is overdue, including any
 767 additional time the insurer has to pay the claim pursuant to
 768 paragraph (3)(b).

769 (b) The notice required shall state that it is a "demand
 770 letter under s. 627.7475(6)" and shall state with specificity:

771 1. The name of the insured upon which such benefits are
 772 being sought, including a copy of the assignment giving rights
 773 to the claimant if the claimant is not the insured.

774 2. The claim number or policy number upon which such claim
 775 was originally submitted to the insurer.

776 3. To the extent applicable, the name of any medical
 777 provider who rendered to an insured the emergency services and
 778 care that forms the basis of such claim; and an itemized
 779 statement specifying each exact amount, the date the emergency
 780 services and care was rendered, and the type of benefit claimed

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781 to be due. A completed form satisfying the requirements of
782 paragraph (4) (d) may be used as the itemized statement.

783 (c) Each notice required by this subsection must be
784 delivered to the insurer by United States certified or
785 registered mail, return receipt requested. Such postal costs
786 shall be reimbursed by the insurer if so requested by the
787 claimant in the notice, when the insurer pays the claim. Such
788 notice must be sent to the person and address specified by the
789 insurer for the purposes of receiving notices under this
790 subsection. Each licensed insurer, whether domestic, foreign, or
791 alien, shall file with the office designation of the name and
792 address of the person to whom notices pursuant to this
793 subsection shall be sent, which the office shall make available
794 on its Internet website. The name and address on file with the
795 office pursuant to s. 624.422 shall be deemed the authorized
796 representative to accept notice pursuant to this subsection in
797 the event no other designation has been made.

798 (d) If, within 30 days after receipt of notice by the
799 insurer, the overdue claim specified in the notice is paid by
800 the insurer together with applicable interest and a penalty of
801 10 percent of the overdue amount paid by the insurer, subject to
802 a maximum penalty of \$250, no action may be brought against the
803 insurer. To the extent the insurer determines not to pay any
804 amount demanded, the penalty shall not be payable in any
805 subsequent action. For purposes of this subsection, payment or
806 the insurer's agreement shall be treated as being made on the
807 date a draft or other valid instrument that is equivalent to
808 payment, or the insurer's written statement of agreement, is

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

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

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

821 (7) FAILURE TO PAY VALID CLAIMS; UNFAIR OR DECEPTIVE
822 PRACTICE.—

823 (a) If an insurer fails to pay valid claims for mandatory
824 emergency payments coverage with such frequency as to indicate a
825 general business practice, the insurer is engaging in a
826 prohibited unfair or deceptive practice that is subject to the
827 penalties provided in s. 626.9521 and the office has the powers
828 and duties specified in ss. 626.9561-626.9601 with respect
829 thereto.

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

834 (8) CIVIL ACTION FOR INSURANCE FRAUD.—An insurer shall
835 have a cause of action against any person convicted of, or who,
836 regardless of adjudication of guilt, pleads guilty or nolo

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837 contendere to insurance fraud under s. 817.234, patient
838 brokering under s. 817.505, or kickbacks under s. 456.054,
839 associated with a claim for mandatory emergency payments
840 coverage benefits in accordance with this section. An insurer
841 prevailing in an action brought under this subsection may
842 recover compensatory, consequential, and punitive damages
843 subject to the requirements and limitations of part II of
844 chapter 768, and attorney fees and costs incurred in litigating
845 a cause of action against any person convicted of, or who,
846 regardless of adjudication of guilt, pleads guilty or nolo
847 contendere to insurance fraud under s. 817.234, patient
848 brokering under s. 817.505, or kickbacks under s. 456.054,
849 associated with a claim for mandatory emergency payments
850 coverage benefits in accordance with this section.

851 (9) FRAUD ADVISORY NOTICE.—Upon receiving notice of a
852 claim under this section, an insurer shall provide a notice to
853 the insured or to a person for whom a claim for reimbursement
854 for emergency services and care provided has been filed,
855 advising that:

856 (a) Pursuant to s. 626.9892, the Department of Financial
857 Services may pay rewards of up to \$25,000 to persons providing
858 information leading to the arrest and conviction of persons
859 committing crimes investigated by the Division of Insurance
860 Fraud arising from violations of s. 440.105, s. 624.15, s.
861 626.9541, s. 626.989, or s. 817.234.

862 (b) Solicitation of a person injured in a motor vehicle
863 crash for purposes of filing mandatory emergency payments
864 coverage or tort claims could be a violation of s. 817.234, s.

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865 817.505, or the rules regulating The Florida Bar and should be
 866 immediately reported to the Division of Insurance Fraud if such
 867 conduct has taken place.

868 (10) ALL CLAIMS BROUGHT IN A SINGLE ACTION.—In any civil
 869 action to recover mandatory emergency payments coverage benefits
 870 brought by a claimant pursuant to this section against an
 871 insurer, all claims related to the same health care provider for
 872 the same injured person shall be brought in one action, if all
 873 such claims could be validly filed at the time the lawsuit is
 874 filed, unless good cause is shown why such claims should be
 875 brought separately. If the court determines that a civil action
 876 is filed for a claim that should have been brought in a prior
 877 civil action, the court may not award attorney fees to the
 878 claimant.

879 (11) SECURE ELECTRONIC DATA TRANSFER.—Except for the
 880 notification of insured's rights under s. 627.7476, a notice,
 881 documentation, transmission, or communication of any kind
 882 required or authorized under the Florida Mandatory Emergency
 883 Payments Coverage Law may be transmitted electronically if it is
 884 transmitted by secure electronic data transfer that is
 885 consistent with state and federal privacy and security laws.

886 Section 8. Section 627.7476, Florida Statutes, is created
 887 to read:

888 627.7476 Notification of insured's rights.—

889 (1) The commission, by rule, shall adopt a form for the
 890 notification of insureds of their right to receive mandatory
 891 emergency payments coverage benefits under the Florida Mandatory
 892 Emergency Payments Coverage Law. Such notice shall include:

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893 (a) A description of the benefits provided by mandatory
894 emergency payments coverage, including, but not limited to, the
895 specific types of services for which medical benefits are paid,
896 death benefits, significant exclusions from and limitations on
897 mandatory emergency payments coverage benefits, when payments
898 are due, how benefits are coordinated with other insurance
899 benefits that the insured may have, penalties and interest that
900 may be imposed on insurers for failure to make timely payments
901 of benefits, and rights of parties regarding disputes as to
902 benefits.

903 (b) An advisory informing insureds that, pursuant to s.
904 626.9892, the Department of Financial Services may pay rewards
905 of up to \$25,000 to persons providing information leading to the
906 arrest and conviction of persons committing crimes investigated
907 by the Division of Insurance Fraud arising from violations of s.
908 440.105, s. 624.15, s. 626.9541, s. 626.989, or s. 817.234.

909 (c) A notice that solicitation of a person injured in a
910 motor vehicle crash for purposes of filing mandatory emergency
911 payments coverage or tort claims could be a violation of s.
912 817.234, s. 817.505, or the rules regulating The Florida Bar and
913 should be immediately reported to the Division of Insurance
914 Fraud if such conduct has taken place.

915 (2) Each insurer issuing a policy in this state providing
916 mandatory emergency payments coverage benefits must mail or
917 deliver the notice as specified in subsection (1) to an insured
918 within 21 days after receiving from the insured notice of an
919 automobile accident or claim involving bodily injury to an
920 insured who is covered under the policy. The office may allow an

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921 insurer additional time to provide the notice specified in
 922 subsection (1), not to exceed 30 days, upon a showing by the
 923 insurer that an emergency justifies an extension of time.

924 (3) The notice required by this section does not alter or
 925 modify the terms of the insurance contract or other requirements
 926 of the Florida Mandatory Emergency Payments Coverage Law.

927 Section 9. Section 627.7477, Florida Statutes, is created
 928 to read:

929 627.7477 Mandatory joinder of derivative claim.—In any
 930 action of tort brought against the owner, registrant, operator,
 931 or occupant of a motor vehicle with respect to which security
 932 has been provided as required by the Florida Mandatory Emergency
 933 Payments Coverage Law, or against any person or organization
 934 legally responsible for her or his acts or omissions, all claims
 935 arising out of the plaintiff's injuries, including all
 936 derivative claims, shall be brought together, unless good cause
 937 is shown why such claims should be brought separately.

938 Section 10. Subsection (1) of section 627.7275, Florida
 939 Statutes, is amended to read:

940 627.7275 Motor vehicle liability.—

941 (1) A motor vehicle insurance policy providing mandatory
 942 emergency payments coverage ~~personal injury protection~~ as set
 943 forth in s. 627.7475 ~~627.736~~ may not be delivered or issued for
 944 delivery in this state with respect to any specifically insured
 945 or identified motor vehicle registered or principally garaged in
 946 this state unless the policy also provides coverage for property
 947 damage liability as required by s. 324.022 and bodily injury
 948 liability insurance of at least \$25,000 per person and \$50,000

949 per occurrence.

950 Section 11. Paragraph (c) of subsection (7), paragraphs
 951 (a), (b), and (c) of subsection (8), and subsection (9) of
 952 section 817.234, Florida Statutes, are amended to read:

953 817.234 False and fraudulent insurance claims.—

954 (7)

955 ~~(c) An insurer, or any person acting at the direction of~~
 956 ~~or on behalf of an insurer, may not change an opinion in a~~
 957 ~~mental or physical report prepared under s. 627.736(8) or direct~~
 958 ~~the physician preparing the report to change such opinion;~~
 959 ~~however, this provision does not preclude the insurer from~~
 960 ~~calling to the attention of the physician errors of fact in the~~
 961 ~~report based upon information in the claim file. Any person who~~
 962 ~~violates this paragraph commits a felony of the third degree,~~
 963 ~~punishable as provided in s. 775.082, s. 775.083, or s. 775.084.~~

964 (8) (a) It is unlawful for any person intending to defraud
 965 any other person to solicit or cause to be solicited any
 966 business from a person involved in a motor vehicle accident for
 967 the purpose of making, adjusting, or settling motor vehicle tort
 968 claims or claims for mandatory emergency payments ~~personal~~
 969 ~~injury protection~~ benefits required by s. 627.7475 ~~627.736~~. Any
 970 person who violates the provisions of this paragraph commits a
 971 felony of the second degree, punishable as provided in s.
 972 775.082, s. 775.083, or s. 775.084. A person who is convicted of
 973 a violation of this subsection shall be sentenced to a minimum
 974 term of imprisonment of 2 years.

975 (b) A person may not solicit or cause to be solicited any
 976 business from a person involved in a motor vehicle accident by

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977 any means of communication other than advertising directed to
978 the public for the purpose of making motor vehicle tort claims
979 or claims for mandatory emergency payments ~~personal injury~~
980 ~~protection~~ benefits required by s. 627.7475 ~~627.736~~, within 60
981 days after the occurrence of the motor vehicle accident. Any
982 person who violates this paragraph commits a felony of the third
983 degree, punishable as provided in s. 775.082, s. 775.083, or s.
984 775.084.

985 (c) A lawyer, health care practitioner as defined in s.
986 456.001, or owner or medical director of a clinic required to be
987 licensed pursuant to s. 400.9905 may not, at any time after 60
988 days have elapsed from the occurrence of a motor vehicle
989 accident, solicit or cause to be solicited any business from a
990 person involved in a motor vehicle accident by means of in
991 person or telephone contact at the person's residence, for the
992 purpose of making motor vehicle tort claims or claims for
993 mandatory emergency payments ~~personal injury protection~~ benefits
994 required by s. 627.7475 ~~627.736~~. Any person who violates this
995 paragraph commits a felony of the third degree, punishable as
996 provided in s. 775.082, s. 775.083, or s. 775.084.

997 (9) A person may not organize, plan, or knowingly
998 participate in an intentional motor vehicle crash or a scheme to
999 create documentation of a motor vehicle crash that did not occur
1000 for the purpose of making motor vehicle tort claims or claims
1001 for mandatory emergency payments ~~personal injury protection~~
1002 benefits as required by s. 627.7475 ~~627.736~~. Any person who
1003 violates this subsection commits a felony of the second degree,
1004 punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

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1005 A person who is convicted of a violation of this subsection
 1006 shall be sentenced to a minimum term of imprisonment of 2 years.

1007 Section 12. Subsection (1) of section 316.646, Florida
 1008 Statutes, is amended to read:

1009 316.646 Security required; proof of security and display
 1010 thereof; dismissal of cases.—

1011 (1) Any person required by s. 324.022 to maintain property
 1012 damage liability security, required by s. 324.023 to maintain
 1013 liability security for bodily injury or death, or required by s.
 1014 627.7473 ~~627.733~~ to maintain mandatory emergency payments
 1015 ~~personal injury protection~~ security on a motor vehicle shall
 1016 have in his or her immediate possession at all times while
 1017 operating such motor vehicle proper proof of maintenance of the
 1018 required security. Such proof shall be a uniform proof-of-
 1019 insurance card in a form prescribed by the department, a valid
 1020 insurance policy, an insurance policy binder, a certificate of
 1021 insurance, or such other proof as may be prescribed by the
 1022 department.

1023 Section 13. Paragraph (b) of subsection (2) of section
 1024 318.18, Florida Statutes, is amended to read:

1025 318.18 Amount of penalties.—The penalties required for a
 1026 noncriminal disposition pursuant to s. 318.14 or a criminal
 1027 offense listed in s. 318.17 are as follows:

1028 (2) Thirty dollars for all nonmoving traffic violations
 1029 and:

1030 (b) For all violations of ss. 320.0605, 320.07(1),
 1031 322.065, and 322.15(1). Any person who is cited for a violation
 1032 of s. 320.07(1) shall be charged a delinquent fee pursuant to s.

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1033 320.07(4).

1034 1. If a person who is cited for a violation of s. 320.0605

1035 or s. 320.07 can show proof of having a valid registration at

1036 the time of arrest, the clerk of the court may dismiss the case

1037 and may assess a dismissal fee of up to \$10. A person who finds

1038 it impossible or impractical to obtain a valid registration

1039 certificate must submit an affidavit detailing the reasons for

1040 the impossibility or impracticality. The reasons may include,

1041 but are not limited to, the fact that the vehicle was sold,

1042 stolen, or destroyed; that the state in which the vehicle is

1043 registered does not issue a certificate of registration; or that

1044 the vehicle is owned by another person.

1045 2. If a person who is cited for a violation of s. 322.03,

1046 s. 322.065, or s. 322.15 can show a driver's license issued to

1047 him or her and valid at the time of arrest, the clerk of the

1048 court may dismiss the case and may assess a dismissal fee of up

1049 to \$10.

1050 3. If a person who is cited for a violation of s. 316.646

1051 can show proof of security as required by s. 627.7473 ~~627.733~~,

1052 issued to the person and valid at the time of arrest, the clerk

1053 of the court may dismiss the case and may assess a dismissal fee

1054 of up to \$10. A person who finds it impossible or impractical to

1055 obtain proof of security must submit an affidavit detailing the

1056 reasons for the impracticality. The reasons may include, but are

1057 not limited to, the fact that the vehicle has since been sold,

1058 stolen, or destroyed; that the owner or registrant of the

1059 vehicle is not required by s. 627.7473 ~~627.733~~ to maintain

1060 mandatory emergency payments ~~personal injury protection~~

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1061 insurance; or that the vehicle is owned by another person.

1062 Section 14. Paragraphs (a) and (d) of subsection (5) of
 1063 section 320.02, Florida Statutes, are amended to read:

1064 320.02 Registration required; application for
 1065 registration; forms.—

1066 (5) (a) Proof that mandatory emergency payments ~~personal~~
 1067 ~~injury protection~~ benefits have been purchased when required
 1068 under s. 627.7473 ~~627.733~~, that property damage liability
 1069 coverage has been purchased as required under s. 324.022, that
 1070 bodily injury or death coverage has been purchased if required
 1071 under s. 324.023, and that combined bodily liability insurance
 1072 and property damage liability insurance have been purchased when
 1073 required under s. 627.7415 shall be provided in the manner
 1074 prescribed by law by the applicant at the time of application
 1075 for registration of any motor vehicle that is subject to such
 1076 requirements. The issuing agent shall refuse to issue
 1077 registration if such proof of purchase is not provided. Insurers
 1078 shall furnish uniform proof-of-purchase cards in a form
 1079 prescribed by the department and shall include the name of the
 1080 insured's insurance company, the coverage identification number,
 1081 and the make, year, and vehicle identification number of the
 1082 vehicle insured. The card shall contain a statement notifying
 1083 the applicant of the penalty specified in s. 316.646(4). The
 1084 card or insurance policy, insurance policy binder, or
 1085 certificate of insurance or a photocopy of any of these; an
 1086 affidavit containing the name of the insured's insurance
 1087 company, the insured's policy number, and the make and year of
 1088 the vehicle insured; or such other proof as may be prescribed by

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1089 | the department shall constitute sufficient proof of purchase. If
 1090 | an affidavit is provided as proof, it shall be in substantially
 1091 | the following form:

1092 | Under penalty of perjury, I ...(Name of insured)... do hereby
 1093 | certify that I have ...(Mandatory Emergency Payments ~~Personal~~
 1094 | ~~Injury Protection~~, Property Damage Liability, and, when
 1095 | required, Bodily Injury Liability)... Insurance currently in
 1096 | effect with ...(Name of insurance company)... under ...(policy
 1097 | number)... covering ...(make, year, and vehicle identification
 1098 | number of vehicle).... ...(Signature of Insured)...

1099 | Such affidavit shall include the following warning:

1100 | WARNING: GIVING FALSE INFORMATION IN ORDER TO OBTAIN A VEHICLE
 1101 | REGISTRATION CERTIFICATE IS A CRIMINAL OFFENSE UNDER FLORIDA
 1102 | LAW. ANYONE GIVING FALSE INFORMATION ON THIS AFFIDAVIT IS
 1103 | SUBJECT TO PROSECUTION.

1104 |
 1105 | When an application is made through a licensed motor vehicle
 1106 | dealer as required in s. 319.23, the original or a photostatic
 1107 | copy of such card, insurance policy, insurance policy binder, or
 1108 | certificate of insurance or the original affidavit from the
 1109 | insured shall be forwarded by the dealer to the tax collector of
 1110 | the county or the Department of Highway Safety and Motor
 1111 | Vehicles for processing. By executing the aforesaid affidavit,
 1112 | no licensed motor vehicle dealer will be liable in damages for
 1113 | any inadequacy, insufficiency, or falsification of any statement
 1114 | contained therein. A card shall also indicate the existence of
 1115 | any bodily injury liability insurance voluntarily purchased.

1116 | (d) The verifying of proof of mandatory emergency payments

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1117 ~~personal injury protection~~ insurance, proof of property damage
 1118 liability insurance, proof of combined bodily liability
 1119 insurance and property damage liability insurance, or proof of
 1120 financial responsibility insurance and the issuance or failure
 1121 to issue the motor vehicle registration under the provisions of
 1122 this chapter may not be construed in any court as a warranty of
 1123 the reliability or accuracy of the evidence of such proof.
 1124 Neither the department nor any tax collector is liable in
 1125 damages for any inadequacy, insufficiency, falsification, or
 1126 unauthorized modification of any item of the proof of mandatory
 1127 emergency payments ~~personal injury protection~~ insurance, proof
 1128 of property damage liability insurance, proof of combined bodily
 1129 liability insurance and property damage liability insurance, or
 1130 proof of financial responsibility insurance prior to, during, or
 1131 subsequent to the verification of the proof. The issuance of a
 1132 motor vehicle registration does not constitute prima facie
 1133 evidence or a presumption of insurance coverage.

1134 Section 15. Paragraph (b) of subsection (1) of section
 1135 320.0609, Florida Statutes, is amended to read:

1136 320.0609 Transfer and exchange of registration license
 1137 plates; transfer fee.—

1138 (1)

1139 (b) The transfer of a license plate from a vehicle
 1140 disposed of to a newly acquired vehicle does not constitute a
 1141 new registration. The application for transfer shall be accepted
 1142 without requiring proof of mandatory emergency payments ~~personal~~
 1143 ~~injury protection~~ or liability insurance.

1144 Section 16. Subsection (3) of section 320.27, Florida
 1145 Statutes, is amended to read:

1146 320.27 Motor vehicle dealers.—

1147 (3) APPLICATION AND FEE.—The application for the license
 1148 shall be in such form as may be prescribed by the department and
 1149 shall be subject to such rules with respect thereto as may be so
 1150 prescribed by it. Such application shall be verified by oath or
 1151 affirmation and shall contain a full statement of the name and
 1152 birth date of the person or persons applying therefor; the name
 1153 of the firm or copartnership, with the names and places of
 1154 residence of all members thereof, if such applicant is a firm or
 1155 copartnership; the names and places of residence of the
 1156 principal officers, if the applicant is a body corporate or
 1157 other artificial body; the name of the state under whose laws
 1158 the corporation is organized; the present and former place or
 1159 places of residence of the applicant; and prior business in
 1160 which the applicant has been engaged and the location thereof.
 1161 Such application shall describe the exact location of the place
 1162 of business and shall state whether the place of business is
 1163 owned by the applicant and when acquired, or, if leased, a true
 1164 copy of the lease shall be attached to the application. The
 1165 applicant shall certify that the location provides an adequately
 1166 equipped office and is not a residence; that the location
 1167 affords sufficient unoccupied space upon and within which
 1168 adequately to store all motor vehicles offered and displayed for
 1169 sale; and that the location is a suitable place where the
 1170 applicant can in good faith carry on such business and keep and
 1171 maintain books, records, and files necessary to conduct such

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1172 business, which will be available at all reasonable hours to
 1173 inspection by the department or any of its inspectors or other
 1174 employees. The applicant shall certify that the business of a
 1175 motor vehicle dealer is the principal business which shall be
 1176 conducted at that location. Such application shall contain a
 1177 statement that the applicant is either franchised by a
 1178 manufacturer of motor vehicles, in which case the name of each
 1179 motor vehicle that the applicant is franchised to sell shall be
 1180 included, or an independent (nonfranchised) motor vehicle
 1181 dealer. Such application shall contain such other relevant
 1182 information as may be required by the department, including
 1183 evidence that the applicant is insured under a garage liability
 1184 insurance policy or a general liability insurance policy coupled
 1185 with a business automobile policy, which shall include, at a
 1186 minimum, \$25,000 combined single-limit liability coverage
 1187 including bodily injury and property damage protection and
 1188 \$10,000 mandatory emergency payments ~~personal injury protection~~.
 1189 Franchise dealers must submit a garage liability insurance
 1190 policy, and all other dealers must submit a garage liability
 1191 insurance policy or a general liability insurance policy coupled
 1192 with a business automobile policy. Such policy shall be for the
 1193 license period, and evidence of a new or continued policy shall
 1194 be delivered to the department at the beginning of each license
 1195 period. Upon making initial application, the applicant shall pay
 1196 to the department a fee of \$300 in addition to any other fees
 1197 now required by law; upon making a subsequent renewal
 1198 application, the applicant shall pay to the department a fee of
 1199 \$75 in addition to any other fees now required by law. Upon

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1200 making an application for a change of location, the person shall
 1201 pay a fee of \$50 in addition to any other fees now required by
 1202 law. The department shall, in the case of every application for
 1203 initial licensure, verify whether certain facts set forth in the
 1204 application are true. Each applicant, general partner in the
 1205 case of a partnership, or corporate officer and director in the
 1206 case of a corporate applicant, must file a set of fingerprints
 1207 with the department for the purpose of determining any prior
 1208 criminal record or any outstanding warrants. The department
 1209 shall submit the fingerprints to the Department of Law
 1210 Enforcement for state processing and forwarding to the Federal
 1211 Bureau of Investigation for federal processing. The actual cost
 1212 of state and federal processing shall be borne by the applicant
 1213 and is in addition to the fee for licensure. The department may
 1214 issue a license to an applicant pending the results of the
 1215 fingerprint investigation, which license is fully revocable if
 1216 the department subsequently determines that any facts set forth
 1217 in the application are not true or correctly represented.

1218 Section 17. Paragraph (j) of subsection (3) of section
 1219 320.771, Florida Statutes, is amended to read:

1220 320.771 License required of recreational vehicle dealers.—

1221 (3) APPLICATION.—The application for such license shall be
 1222 in the form prescribed by the department and subject to such
 1223 rules as may be prescribed by it. The application shall be
 1224 verified by oath or affirmation and shall contain:

1225 (j) A statement that the applicant is insured under a
 1226 garage liability insurance policy, which shall include, at a
 1227 minimum, \$25,000 combined single-limit liability coverage,

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1228 including bodily injury and property damage protection, and
 1229 \$10,000 mandatory emergency payments ~~personal injury protection~~,
 1230 if the applicant is to be licensed as a dealer in, or intends to
 1231 sell, recreational vehicles.

1232
 1233 The department shall, if it deems necessary, cause an
 1234 investigation to be made to ascertain if the facts set forth in
 1235 the application are true and shall not issue a license to the
 1236 applicant until it is satisfied that the facts set forth in the
 1237 application are true.

1238 Section 18. Paragraph (a) of subsection (8) of section
 1239 322.34, Florida Statutes, is amended to read:

1240 322.34 Driving while license suspended, revoked, canceled,
 1241 or disqualified.—

1242 (8) (a) Upon the arrest of a person for the offense of
 1243 driving while the person's driver's license or driving privilege
 1244 is suspended or revoked, the arresting officer shall determine:

1245 1. Whether the person's driver's license is suspended or
 1246 revoked.

1247 2. Whether the person's driver's license has remained
 1248 suspended or revoked since a conviction for the offense of
 1249 driving with a suspended or revoked license.

1250 3. Whether the suspension or revocation was made under s.
 1251 316.646 or s. 627.7473 ~~627.733~~, relating to failure to maintain
 1252 required security, or under s. 322.264, relating to habitual
 1253 traffic offenders.

1254 4. Whether the driver is the registered owner or coowner
 1255 of the vehicle.

1256 Section 19. Subsection (1) and paragraph (c) of subsection
 1257 (9) of section 324.021, Florida Statutes, are amended to read:

1258 324.021 Definitions; minimum insurance required.—The
 1259 following words and phrases when used in this chapter shall, for
 1260 the purpose of this chapter, have the meanings respectively
 1261 ascribed to them in this section, except in those instances
 1262 where the context clearly indicates a different meaning:

1263 (1) MOTOR VEHICLE.—Every self-propelled vehicle which is
 1264 designed and required to be licensed for use upon a highway,
 1265 including trailers and semitrailers designed for use with such
 1266 vehicles, except traction engines, road rollers, farm tractors,
 1267 power shovels, and well drillers, and every vehicle which is
 1268 propelled by electric power obtained from overhead wires but not
 1269 operated upon rails, but not including any bicycle or moped.
 1270 However, the term "motor vehicle" shall not include any motor
 1271 vehicle as defined in s. 627.7472(8) ~~627.732(3)~~ when the owner
 1272 of such vehicle has complied with the requirements of ss.
 1273 627.747-627.7477 ~~627.730-627.7405~~, inclusive, unless the
 1274 provisions of s. 324.051 apply; and, in such case, the
 1275 applicable proof of insurance provisions of s. 320.02 apply.

1276 (9) OWNER; OWNER/LESSOR.—

1277 (c) Application.—

1278 1. The limits on liability in subparagraphs (b)2. and 3.
 1279 do not apply to an owner of motor vehicles that are used for
 1280 commercial activity in the owner's ordinary course of business,
 1281 other than a rental company that rents or leases motor vehicles.
 1282 For purposes of this paragraph, the term "rental company"
 1283 includes only an entity that is engaged in the business of

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1284 renting or leasing motor vehicles to the general public and that
 1285 rents or leases a majority of its motor vehicles to persons with
 1286 no direct or indirect affiliation with the rental company. The
 1287 term also includes a motor vehicle dealer that provides
 1288 temporary replacement vehicles to its customers for up to 10
 1289 days. The term "rental company" also includes:

1290 a. A related rental or leasing company that is a
 1291 subsidiary of the same parent company as that of the renting or
 1292 leasing company that rented or leased the vehicle.

1293 b. The holder of a motor vehicle title or an equity
 1294 interest in a motor vehicle title if the title or equity
 1295 interest is held pursuant to or to facilitate an asset-backed
 1296 securitization of a fleet of motor vehicles used solely in the
 1297 business of renting or leasing motor vehicles to the general
 1298 public and under the dominion and control of a rental company,
 1299 as described in this subparagraph, in the operation of such
 1300 rental company's business.

1301 2. Furthermore, with respect to commercial motor vehicles
 1302 as defined in s. 627.7472 ~~627.732~~, the limits on liability in
 1303 subparagraphs (b)2. and 3. do not apply if, at the time of the
 1304 incident, the commercial motor vehicle is being used in the
 1305 transportation of materials found to be hazardous for the
 1306 purposes of the Hazardous Materials Transportation Authorization
 1307 Act of 1994, as amended, 49 U.S.C. ss. 5101 et seq., and that is
 1308 required pursuant to such act to carry placards warning others
 1309 of the hazardous cargo, unless at the time of lease or rental
 1310 either:

1311 a. The lessee indicates in writing that the vehicle will

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1312 not be used to transport materials found to be hazardous for the
 1313 purposes of the Hazardous Materials Transportation Authorization
 1314 Act of 1994, as amended, 49 U.S.C. ss. 5101 et seq.; or

1315 b. The lessee or other operator of the commercial motor
 1316 vehicle has in effect insurance with limits of at least
 1317 \$5,000,000 combined property damage and bodily injury liability.

1318 Section 20. Subsection (1) and paragraph (a) of subsection
 1319 (2) of section 324.0221, Florida Statutes, are amended to read:

1320 324.0221 Reports by insurers to the department; suspension
 1321 of driver's license and vehicle registrations; reinstatement.—

1322 (1) (a) Each insurer that has issued a policy providing
 1323 mandatory emergency payments ~~personal injury protection~~ coverage
 1324 or property damage liability coverage shall report the renewal,
 1325 cancellation, or nonrenewal thereof to the department within 45
 1326 days after the effective date of each renewal, cancellation, or
 1327 nonrenewal. Upon the issuance of a policy providing mandatory
 1328 emergency payments ~~personal injury protection~~ coverage or
 1329 property damage liability coverage to a named insured not
 1330 previously insured by the insurer during that calendar year, the
 1331 insurer shall report the issuance of the new policy to the
 1332 department within 30 days. The report shall be in the form and
 1333 format and contain any information required by the department
 1334 and must be provided in a format that is compatible with the
 1335 data processing capabilities of the department. The department
 1336 may adopt rules regarding the form and documentation required.
 1337 Failure by an insurer to file proper reports with the department
 1338 as required by this subsection or rules adopted with respect to
 1339 the requirements of this subsection constitutes a violation of

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1340 the Florida Insurance Code. These records shall be used by the
1341 department only for enforcement and regulatory purposes,
1342 including the generation by the department of data regarding
1343 compliance by owners of motor vehicles with the requirements for
1344 financial responsibility coverage.

1345 (b) With respect to an insurance policy providing
1346 mandatory emergency payments ~~personal injury protection~~ coverage
1347 or property damage liability coverage, each insurer shall notify
1348 the named insured, or the first-named insured in the case of a
1349 commercial fleet policy, in writing that any cancellation or
1350 nonrenewal of the policy will be reported by the insurer to the
1351 department. The notice must also inform the named insured that
1352 failure to maintain mandatory emergency payments ~~personal injury~~
1353 ~~protection~~ coverage and property damage liability coverage on a
1354 motor vehicle when required by law may result in the loss of
1355 registration and driving privileges in this state and inform the
1356 named insured of the amount of the reinstatement fees required
1357 by this section. This notice is for informational purposes only,
1358 and an insurer is not civilly liable for failing to provide this
1359 notice.

1360 (2) The department shall suspend, after due notice and an
1361 opportunity to be heard, the registration and driver's license
1362 of any owner or registrant of a motor vehicle with respect to
1363 which security is required under ss. 324.022 and 627.7473
1364 ~~627.733~~ upon:

1365 (a) The department's records showing that the owner or
1366 registrant of such motor vehicle did not have in full force and
1367 effect when required security that complies with the

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1368 requirements of ss. 324.022 and 627.7473 ~~627.733~~; or
 1369 Section 21. Paragraph (a) of subsection (1) of section
 1370 324.032, Florida Statutes, is amended to read:
 1371 324.032 Manner of proving financial responsibility; for-
 1372 hire passenger transportation vehicles.—Notwithstanding the
 1373 provisions of s. 324.031:
 1374 (1) (a) A person who is either the owner or a lessee
 1375 required to maintain insurance under s. 627.7473(1)(b)
 1376 ~~627.733(1)(b)~~ and who operates one or more taxicabs, limousines,
 1377 jitneys, or any other for-hire passenger transportation vehicles
 1378 may prove financial responsibility by furnishing satisfactory
 1379 evidence of holding a motor vehicle liability policy, but with
 1380 minimum limits of \$125,000/250,000/50,000.
 1381
 1382 Upon request by the department, the applicant must provide the
 1383 department at the applicant's principal place of business in
 1384 this state access to the applicant's underlying financial
 1385 information and financial statements that provide the basis of
 1386 the certified public accountant's certification. The applicant
 1387 shall reimburse the requesting department for all reasonable
 1388 costs incurred by it in reviewing the supporting information.
 1389 The maximum amount of self-insurance permissible under this
 1390 subsection is \$300,000 and must be stated on a per-occurrence
 1391 basis, and the applicant shall maintain adequate excess
 1392 insurance issued by an authorized or eligible insurer licensed
 1393 or approved by the Office of Insurance Regulation. All risks
 1394 self-insured shall remain with the owner or lessee providing it,
 1395 and the risks are not transferable to any other person, unless a

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1396 policy complying with subsection (1) is obtained.

1397 Section 22. Subsection (2) of section 324.171, Florida
 1398 Statutes, is amended to read:

1399 324.171 Self-insurer.—

1400 (2) The self-insurance certificate shall provide limits of
 1401 liability insurance in the amounts specified under s. 324.021(7)
 1402 or s. 627.7415 and shall provide mandatory emergency payments
 1403 ~~personal injury protection~~ coverage under s. 627.7473(3)(b)
 1404 ~~627.733(3)(b)~~.

1405 Section 23. Paragraph (g) of subsection (1) of section
 1406 400.9935, Florida Statutes, is amended to read:

1407 400.9935 Clinic responsibilities.—

1408 (1) Each clinic shall appoint a medical director or clinic
 1409 director who shall agree in writing to accept legal
 1410 responsibility for the following activities on behalf of the
 1411 clinic. The medical director or the clinic director shall:

1412 (g) Conduct systematic reviews of clinic billings to
 1413 ensure that the billings are not fraudulent or unlawful. Upon
 1414 discovery of an unlawful charge, the medical director or clinic
 1415 director shall take immediate corrective action. If the clinic
 1416 performs only the technical component of magnetic resonance
 1417 imaging, static radiographs, computed tomography, or positron
 1418 emission tomography, and provides the professional
 1419 interpretation of such services, in a fixed facility that is
 1420 accredited by the Joint Commission on Accreditation of
 1421 Healthcare Organizations or the Accreditation Association for
 1422 Ambulatory Health Care, and the American College of Radiology;
 1423 and if, in the preceding quarter, the percentage of scans

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1424 performed by that clinic which was billed to all mandatory
 1425 emergency payments ~~personal injury protection~~ insurance carriers
 1426 was less than 15 percent, the chief financial officer of the
 1427 clinic may, in a written acknowledgment provided to the agency,
 1428 assume the responsibility for the conduct of the systematic
 1429 reviews of clinic billings to ensure that the billings are not
 1430 fraudulent or unlawful.

1431 Section 24. Subsection (28) of section 409.901, Florida
 1432 Statutes, is amended to read:

1433 409.901 Definitions; ss. 409.901-409.920.—As used in ss.
 1434 409.901-409.920, except as otherwise specifically provided, the
 1435 term:

1436 (28) "Third-party benefit" means any benefit that is or
 1437 may be available at any time through contract, court award,
 1438 judgment, settlement, agreement, or any arrangement between a
 1439 third party and any person or entity, including, without
 1440 limitation, a Medicaid recipient, a provider, another third
 1441 party, an insurer, or the agency, for any Medicaid-covered
 1442 injury, illness, goods, or services, including costs of medical
 1443 services related thereto, for personal injury or for death of
 1444 the recipient, but specifically excluding policies of life
 1445 insurance on the recipient, unless available under terms of the
 1446 policy to pay medical expenses prior to death. The term
 1447 includes, without limitation, collateral, as defined in this
 1448 section, health insurance, any benefit under a health
 1449 maintenance organization, a preferred provider arrangement, a
 1450 prepaid health clinic, liability insurance, uninsured motorist
 1451 insurance or mandatory emergency payments ~~personal injury~~

1452 ~~protection~~ coverage, medical benefits under workers'
 1453 compensation, and any obligation under law or equity to provide
 1454 medical support.

1455 Section 25. Paragraph (f) of subsection (11) of section
 1456 409.910, Florida Statutes, is amended to read:

1457 409.910 Responsibility for payments on behalf of Medicaid-
 1458 eligible persons when other parties are liable.-

1459 (11) The agency may, as a matter of right, in order to
 1460 enforce its rights under this section, institute, intervene in,
 1461 or join any legal or administrative proceeding in its own name
 1462 in one or more of the following capacities: individually, as
 1463 subrogee of the recipient, as assignee of the recipient, or as
 1464 lienholder of the collateral.

1465 (f) Notwithstanding any provision in this section to the
 1466 contrary, in the event of an action in tort against a third
 1467 party in which the recipient or his or her legal representative
 1468 is a party which results in a judgment, award, or settlement
 1469 from a third party, the amount recovered shall be distributed as
 1470 follows:

1471 1. After attorney's fees and taxable costs as defined by
 1472 the Florida Rules of Civil Procedure, one-half of the remaining
 1473 recovery shall be paid to the agency up to the total amount of
 1474 medical assistance provided by Medicaid.

1475 2. The remaining amount of the recovery shall be paid to
 1476 the recipient.

1477 3. For purposes of calculating the agency's recovery of
 1478 medical assistance benefits paid, the fee for services of an
 1479 attorney retained by the recipient or his or her legal

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1480 representative shall be calculated at 25 percent of the
 1481 judgment, award, or settlement.

1482 4. Notwithstanding any provision of this section to the
 1483 contrary, the agency shall be entitled to all medical coverage
 1484 benefits up to the total amount of medical assistance provided
 1485 by Medicaid. For purposes of this paragraph, "medical coverage"
 1486 means any benefits under health insurance, a health maintenance
 1487 organization, a preferred provider arrangement, or a prepaid
 1488 health clinic, and the portion of benefits designated for
 1489 medical payments under coverage for workers' compensation,
 1490 mandatory emergency payments ~~personal injury protection~~, and
 1491 casualty.

1492 Section 26. Paragraph (k) of subsection (2) of section
 1493 456.057, Florida Statutes, is amended to read:

1494 456.057 Ownership and control of patient records; report
 1495 or copies of records to be furnished.-

1496 (2) As used in this section, the terms "records owner,"
 1497 "health care practitioner," and "health care practitioner's
 1498 employer" do not include any of the following persons or
 1499 entities; furthermore, the following persons or entities are not
 1500 authorized to acquire or own medical records, but are authorized
 1501 under the confidentiality and disclosure requirements of this
 1502 section to maintain those documents required by the part or
 1503 chapter under which they are licensed or regulated:

1504 ~~(k) Persons or entities practicing under s. 627.736(7).~~

1505 Section 27. Paragraphs (ee) and (ff) of subsection (1) of
 1506 section 456.072, Florida Statutes, are amended to read:

1507 456.072 Grounds for discipline; penalties; enforcement.-

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1508 (1) The following acts shall constitute grounds for which
 1509 the disciplinary actions specified in subsection (2) may be
 1510 taken:

1511 (ee) With respect to making a mandatory emergency payments
 1512 ~~personal injury protection~~ claim as required by s. 627.7475
 1513 ~~627.736~~, intentionally submitting a claim, statement, or bill
 1514 that has been "upcoded" as defined in s. 627.7472 ~~627.732~~.

1515 (ff) With respect to making a mandatory emergency payments
 1516 ~~personal injury protection~~ claim as required by s. 627.7475
 1517 ~~627.736~~, intentionally submitting a claim, statement, or bill
 1518 for payment of services that were not rendered.

1519 Section 28. Paragraph (o) of subsection (1) of section
 1520 626.9541, Florida Statutes, is amended to read:

1521 626.9541 Unfair methods of competition and unfair or
 1522 deceptive acts or practices defined.—

1523 (1) UNFAIR METHODS OF COMPETITION AND UNFAIR OR DECEPTIVE
 1524 ACTS.—The following are defined as unfair methods of competition
 1525 and unfair or deceptive acts or practices:

1526 (o) Illegal dealings in premiums; excess or reduced
 1527 charges for insurance.—

1528 1. Knowingly collecting any sum as a premium or charge for
 1529 insurance, which is not then provided, or is not in due course
 1530 to be provided, subject to acceptance of the risk by the
 1531 insurer, by an insurance policy issued by an insurer as
 1532 permitted by this code.

1533 2. Knowingly collecting as a premium or charge for
 1534 insurance any sum in excess of or less than the premium or
 1535 charge applicable to such insurance, in accordance with the

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1536 applicable classifications and rates as filed with and approved
1537 by the office, and as specified in the policy; or, in cases when
1538 classifications, premiums, or rates are not required by this
1539 code to be so filed and approved, premiums and charges collected
1540 from a Florida resident in excess of or less than those
1541 specified in the policy and as fixed by the insurer. This
1542 provision shall not be deemed to prohibit the charging and
1543 collection, by surplus lines agents licensed under part VIII of
1544 this chapter, of the amount of applicable state and federal
1545 taxes, or fees as authorized by s. 626.916(4), in addition to
1546 the premium required by the insurer or the charging and
1547 collection, by licensed agents, of the exact amount of any
1548 discount or other such fee charged by a credit card facility in
1549 connection with the use of a credit card, as authorized by
1550 subparagraph (q)3., in addition to the premium required by the
1551 insurer. This subparagraph shall not be construed to prohibit
1552 collection of a premium for a universal life or a variable or
1553 indeterminate value insurance policy made in accordance with the
1554 terms of the contract.

1555 3.a. Imposing or requesting an additional premium for a
1556 policy of motor vehicle liability, mandatory emergency payments
1557 ~~personal injury protection~~, medical payment, or collision
1558 insurance or any combination thereof or refusing to renew the
1559 policy solely because the insured was involved in a motor
1560 vehicle accident unless the insurer's file contains information
1561 from which the insurer in good faith determines that the insured
1562 was substantially at fault in the accident.

1563 b. An insurer which imposes and collects such a surcharge

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1564 or which refuses to renew such policy shall, in conjunction with
1565 the notice of premium due or notice of nonrenewal, notify the
1566 named insured that he or she is entitled to reimbursement of
1567 such amount or renewal of the policy under the conditions listed
1568 below and will subsequently reimburse him or her or renew the
1569 policy, if the named insured demonstrates that the operator
1570 involved in the accident was:

1571 (I) Lawfully parked;

1572 (II) Reimbursed by, or on behalf of, a person responsible
1573 for the accident or has a judgment against such person;

1574 (III) Struck in the rear by another vehicle headed in the
1575 same direction and was not convicted of a moving traffic
1576 violation in connection with the accident;

1577 (IV) Hit by a "hit-and-run" driver, if the accident was
1578 reported to the proper authorities within 24 hours after
1579 discovering the accident;

1580 (V) Not convicted of a moving traffic violation in
1581 connection with the accident, but the operator of the other
1582 automobile involved in such accident was convicted of a moving
1583 traffic violation;

1584 (VI) Finally adjudicated not to be liable by a court of
1585 competent jurisdiction;

1586 (VII) In receipt of a traffic citation which was dismissed
1587 or nolle prossed; or

1588 (VIII) Not at fault as evidenced by a written statement
1589 from the insured establishing facts demonstrating lack of fault
1590 which are not rebutted by information in the insurer's file from
1591 which the insurer in good faith determines that the insured was

1592 substantially at fault.

1593 c. In addition to the other provisions of this
 1594 subparagraph, an insurer may not fail to renew a policy if the
 1595 insured has had only one accident in which he or she was at
 1596 fault within the current 3-year period. However, an insurer may
 1597 nonrenew a policy for reasons other than accidents in accordance
 1598 with s. 627.728. This subparagraph does not prohibit nonrenewal
 1599 of a policy under which the insured has had three or more
 1600 accidents, regardless of fault, during the most recent 3-year
 1601 period.

1602 4. Imposing or requesting an additional premium for, or
 1603 refusing to renew, a policy for motor vehicle insurance solely
 1604 because the insured committed a noncriminal traffic infraction
 1605 as described in s. 318.14 unless the infraction is:

1606 a. A second infraction committed within an 18-month
 1607 period, or a third or subsequent infraction committed within a
 1608 36-month period.

1609 b. A violation of s. 316.183, when such violation is a
 1610 result of exceeding the lawful speed limit by more than 15 miles
 1611 per hour.

1612 5. Upon the request of the insured, the insurer and
 1613 licensed agent shall supply to the insured the complete proof of
 1614 fault or other criteria which justifies the additional charge or
 1615 cancellation.

1616 6. No insurer shall impose or request an additional
 1617 premium for motor vehicle insurance, cancel or refuse to issue a
 1618 policy, or refuse to renew a policy because the insured or the
 1619 applicant is a handicapped or physically disabled person, so

1620 long as such handicap or physical disability does not
 1621 substantially impair such person's mechanically assisted driving
 1622 ability.

1623 7. No insurer may cancel or otherwise terminate any
 1624 insurance contract or coverage, or require execution of a
 1625 consent to rate endorsement, during the stated policy term for
 1626 the purpose of offering to issue, or issuing, a similar or
 1627 identical contract or coverage to the same insured with the same
 1628 exposure at a higher premium rate or continuing an existing
 1629 contract or coverage with the same exposure at an increased
 1630 premium.

1631 8. No insurer may issue a nonrenewal notice on any
 1632 insurance contract or coverage, or require execution of a
 1633 consent to rate endorsement, for the purpose of offering to
 1634 issue, or issuing, a similar or identical contract or coverage
 1635 to the same insured at a higher premium rate or continuing an
 1636 existing contract or coverage at an increased premium without
 1637 meeting any applicable notice requirements.

1638 9. No insurer shall, with respect to premiums charged for
 1639 motor vehicle insurance, unfairly discriminate solely on the
 1640 basis of age, sex, marital status, or scholastic achievement.

1641 10. Imposing or requesting an additional premium for motor
 1642 vehicle comprehensive or uninsured motorist coverage solely
 1643 because the insured was involved in a motor vehicle accident or
 1644 was convicted of a moving traffic violation.

1645 11. No insurer shall cancel or issue a nonrenewal notice
 1646 on any insurance policy or contract without complying with any
 1647 applicable cancellation or nonrenewal provision required under

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1648 the Florida Insurance Code.

1649 12. No insurer shall impose or request an additional
 1650 premium, cancel a policy, or issue a nonrenewal notice on any
 1651 insurance policy or contract because of any traffic infraction
 1652 when adjudication has been withheld and no points have been
 1653 assessed pursuant to s. 318.14(9) and (10). However, this
 1654 subparagraph does not apply to traffic infractions involving
 1655 accidents in which the insurer has incurred a loss due to the
 1656 fault of the insured.

1657 Section 29. Subsection (1) of section 627.06501, Florida
 1658 Statutes, is amended to read:

1659 627.06501 Insurance discounts for certain persons
 1660 completing driver improvement course.-

1661 (1) Any rate, rating schedule, or rating manual for the
 1662 liability, mandatory emergency payments ~~personal injury~~
 1663 ~~protection~~, and collision coverages of a motor vehicle insurance
 1664 policy filed with the office may provide for an appropriate
 1665 reduction in premium charges as to such coverages when the
 1666 principal operator on the covered vehicle has successfully
 1667 completed a driver improvement course approved and certified by
 1668 the Department of Highway Safety and Motor Vehicles which is
 1669 effective in reducing crash or violation rates, or both, as
 1670 determined pursuant to s. 318.1451(5). Any discount, not to
 1671 exceed 10 percent, used by an insurer is presumed to be
 1672 appropriate unless credible data demonstrates otherwise.

1673 Section 30. Subsection (1) of section 627.0652, Florida
 1674 Statutes, is amended to read:

1675 627.0652 Insurance discounts for certain persons

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1676 completing safety course.-

1677 (1) Any rates, rating schedules, or rating manuals for the
 1678 liability, mandatory emergency payments ~~personal-injury~~
 1679 ~~protection~~, and collision coverages of a motor vehicle insurance
 1680 policy filed with the office shall provide for an appropriate
 1681 reduction in premium charges as to such coverages when the
 1682 principal operator on the covered vehicle is an insured 55 years
 1683 of age or older who has successfully completed a motor vehicle
 1684 accident prevention course approved by the Department of Highway
 1685 Safety and Motor Vehicles. Any discount used by an insurer is
 1686 presumed to be appropriate unless credible data demonstrates
 1687 otherwise.

1688 Section 31. Subsections (1) and (3) of section 627.0653,
 1689 Florida Statutes, are amended to read:

1690 627.0653 Insurance discounts for specified motor vehicle
 1691 equipment.-

1692 (1) Any rates, rating schedules, or rating manuals for the
 1693 liability, mandatory emergency payments ~~personal-injury~~
 1694 ~~protection~~, and collision coverages of a motor vehicle insurance
 1695 policy filed with the office shall provide a premium discount if
 1696 the insured vehicle is equipped with factory-installed, four-
 1697 wheel antilock brakes.

1698 (3) Any rates, rating schedules, or rating manuals for
 1699 mandatory emergency payments ~~personal-injury protection~~ coverage
 1700 and medical payments coverage, if offered, of a motor vehicle
 1701 insurance policy filed with the office shall provide a premium
 1702 discount if the insured vehicle is equipped with one or more air
 1703 bags which are factory installed.

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1704 Section 32. Section 627.4132, Florida Statutes, is amended
 1705 to read:

1706 627.4132 Stacking of coverages prohibited.—If an insured
 1707 or named insured is protected by any type of motor vehicle
 1708 insurance policy for liability, mandatory emergency payments
 1709 ~~personal injury protection~~, or other coverage, the policy shall
 1710 provide that the insured or named insured is protected only to
 1711 the extent of the coverage she or he has on the vehicle involved
 1712 in the accident. However, if none of the insured's or named
 1713 insured's vehicles is involved in the accident, coverage is
 1714 available only to the extent of coverage on any one of the
 1715 vehicles with applicable coverage. Coverage on any other
 1716 vehicles shall not be added to or stacked upon that coverage.
 1717 This section does not apply:

1718 (1) To uninsured motorist coverage which is separately
 1719 governed by s. 627.727.

1720 (2) To reduce the coverage available by reason of
 1721 insurance policies insuring different named insureds.

1722 Section 33. Subsection (6) of section 627.6482, Florida
 1723 Statutes, is amended to read:

1724 627.6482 Definitions.—As used in ss. 627.648–627.6498, the
 1725 term:

1726 (6) "Health insurance" means any hospital and medical
 1727 expense incurred policy, minimum premium plan, stop-loss
 1728 coverage, health maintenance organization contract, prepaid
 1729 health clinic contract, multiple-employer welfare arrangement
 1730 contract, or fraternal benefit society health benefits contract,
 1731 whether sold as an individual or group policy or contract. The

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1732 term does not include any policy covering medical payment
 1733 coverage or mandatory emergency payments ~~personal injury~~
 1734 ~~protection~~ coverage in a motor vehicle policy, coverage issued
 1735 as a supplement to liability insurance, or workers'
 1736 compensation.

1737 Section 34. Section 627.7263, Florida Statutes, is amended
 1738 to read:

1739 627.7263 Rental and leasing driver's insurance to be
 1740 primary; exception.—

1741 (1) The valid and collectible liability insurance or
 1742 mandatory emergency payments ~~personal injury protection~~
 1743 insurance providing coverage for the lessor of a motor vehicle
 1744 for rent or lease is primary unless otherwise stated in at least
 1745 10-point type on the face of the rental or lease agreement. Such
 1746 insurance is primary for the limits of liability and mandatory
 1747 emergency payments ~~personal injury protection~~ coverage as
 1748 required by ss. 324.021(7) and 627.7475 ~~627.736~~.

1749 (2) If the lessee's coverage is to be primary, the rental
 1750 or lease agreement must contain the following language, in at
 1751 least 10-point type:

1752 "The valid and collectible liability insurance and mandatory
 1753 emergency payments ~~personal injury protection~~ insurance of any
 1754 authorized rental or leasing driver is primary for the limits of
 1755 liability and mandatory emergency payments ~~personal injury~~
 1756 ~~protection~~ coverage required by ss. 324.021(7) and 627.7475
 1757 ~~627.736~~, Florida Statutes."

1758 Section 35. Subsections (1) and (7) of section 627.727,
 1759 Florida Statutes, are amended to read:

1760 627.727 Motor vehicle insurance; uninsured and
 1761 underinsured vehicle coverage; insolvent insurer protection.—
 1762 (1) No motor vehicle liability insurance policy which
 1763 provides bodily injury liability coverage shall be delivered or
 1764 issued for delivery in this state with respect to any
 1765 specifically insured or identified motor vehicle registered or
 1766 principally garaged in this state unless uninsured motor vehicle
 1767 coverage is provided therein or supplemental thereto for the
 1768 protection of persons insured thereunder who are legally
 1769 entitled to recover damages from owners or operators of
 1770 uninsured motor vehicles because of bodily injury, sickness, or
 1771 disease, including death, resulting therefrom. However, the
 1772 coverage required under this section is not applicable when, or
 1773 to the extent that, an insured named in the policy makes a
 1774 written rejection of the coverage on behalf of all insureds
 1775 under the policy. When a motor vehicle is leased for a period of
 1776 1 year or longer and the lessor of such vehicle, by the terms of
 1777 the lease contract, provides liability coverage on the leased
 1778 vehicle, the lessee of such vehicle shall have the sole
 1779 privilege to reject uninsured motorist coverage or to select
 1780 lower limits than the bodily injury liability limits, regardless
 1781 of whether the lessor is qualified as a self-insurer pursuant to
 1782 s. 324.171. Unless an insured, or lessee having the privilege of
 1783 rejecting uninsured motorist coverage, requests such coverage or
 1784 requests higher uninsured motorist limits in writing, the
 1785 coverage or such higher uninsured motorist limits need not be
 1786 provided in or supplemental to any other policy which renews,
 1787 extends, changes, supersedes, or replaces an existing policy

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1788 | with the same bodily injury liability limits when an insured or
1789 | lessee had rejected the coverage. When an insured or lessee has
1790 | initially selected limits of uninsured motorist coverage lower
1791 | than her or his bodily injury liability limits, higher limits of
1792 | uninsured motorist coverage need not be provided in or
1793 | supplemental to any other policy which renews, extends, changes,
1794 | supersedes, or replaces an existing policy with the same bodily
1795 | injury liability limits unless an insured requests higher
1796 | uninsured motorist coverage in writing. The rejection or
1797 | selection of lower limits shall be made on a form approved by
1798 | the office. The form shall fully advise the applicant of the
1799 | nature of the coverage and shall state that the coverage is
1800 | equal to bodily injury liability limits unless lower limits are
1801 | requested or the coverage is rejected. The heading of the form
1802 | shall be in 12-point bold type and shall state: "You are
1803 | electing not to purchase certain valuable coverage which
1804 | protects you and your family or you are purchasing uninsured
1805 | motorist limits less than your bodily injury liability limits
1806 | when you sign this form. Please read carefully." If this form is
1807 | signed by a named insured, it will be conclusively presumed that
1808 | there was an informed, knowing rejection of coverage or election
1809 | of lower limits on behalf of all insureds. The insurer shall
1810 | notify the named insured at least annually of her or his options
1811 | as to the coverage required by this section. Such notice shall
1812 | be part of, and attached to, the notice of premium, shall
1813 | provide for a means to allow the insured to request such
1814 | coverage, and shall be given in a manner approved by the office.
1815 | Receipt of this notice does not constitute an affirmative waiver

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1816 of the insured's right to uninsured motorist coverage where the
1817 insured has not signed a selection or rejection form. The
1818 coverage described under this section shall be over and above,
1819 but shall not duplicate, the benefits available to an insured
1820 under any workers' compensation law, mandatory emergency
1821 payments ~~personal injury protection~~ benefits, disability
1822 benefits law, or similar law; under any automobile medical
1823 expense coverage; under any motor vehicle liability insurance
1824 coverage; or from the owner or operator of the uninsured motor
1825 vehicle or any other person or organization jointly or severally
1826 liable together with such owner or operator for the accident;
1827 and such coverage shall cover the difference, if any, between
1828 the sum of such benefits and the damages sustained, up to the
1829 maximum amount of such coverage provided under this section. The
1830 amount of coverage available under this section shall not be
1831 reduced by a setoff against any coverage, including liability
1832 insurance. Such coverage shall not inure directly or indirectly
1833 to the benefit of any workers' compensation or disability
1834 benefits carrier or any person or organization qualifying as a
1835 self-insurer under any workers' compensation or disability
1836 benefits law or similar law.

1837 (7) The legal liability of an uninsured motorist coverage
1838 insurer does not include damages in tort for pain, suffering,
1839 mental anguish, and inconvenience ~~unless the injury or disease~~
1840 ~~is described in one or more of paragraphs (a) (d) of s.~~
1841 ~~627.737(2).~~

1842 Section 36. Paragraph (a) of subsection (1) of section
1843 627.728, Florida Statutes, is amended to read:

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1844 627.728 Cancellations; nonrenewals.-

1845 (1) As used in this section, the term:

1846 (a) "Policy" means the bodily injury and property damage
 1847 liability, mandatory emergency payments ~~personal injury~~
 1848 ~~protection~~, medical payments, comprehensive, collision, and
 1849 uninsured motorist coverage portions of a policy of motor
 1850 vehicle insurance delivered or issued for delivery in this
 1851 state:

1852 1. Insuring a natural person as named insured or one or
 1853 more related individuals resident of the same household; and

1854 2. Insuring only a motor vehicle of the private passenger
 1855 type or station wagon type which is not used as a public or
 1856 livery conveyance for passengers or rented to others; or
 1857 insuring any other four-wheel motor vehicle having a load
 1858 capacity of 1,500 pounds or less which is not used in the
 1859 occupation, profession, or business of the insured other than
 1860 farming; other than any policy issued under an automobile
 1861 insurance assigned risk plan; insuring more than four
 1862 automobiles; or covering garage, automobile sales agency, repair
 1863 shop, service station, or public parking place operation
 1864 hazards.

1865
 1866 The term "policy" does not include a binder as defined in s.
 1867 627.420 unless the duration of the binder period exceeds 60
 1868 days.

1869 Section 37. Subsections (1), (6), and (7) and paragraph
 1870 (a) of subsection (5) of section 627.7295, Florida Statutes, are
 1871 amended to read:

1872 627.7295 Motor vehicle insurance contracts.—

1873 (1) As used in this section, the term:

1874 (a) "Policy" means a motor vehicle insurance policy that

1875 provides mandatory emergency payments ~~personal injury protection~~

1876 coverage, property damage liability coverage, or both.

1877 (b) "Binder" means a binder that provides motor vehicle

1878 mandatory emergency payments ~~personal injury protection~~ and

1879 property damage liability coverage.

1880 (5) (a) A licensed general lines agent may charge a per-

1881 policy fee not to exceed \$10 to cover the administrative costs

1882 of the agent associated with selling the motor vehicle insurance

1883 policy if the policy covers only mandatory emergency payments

1884 ~~personal injury protection~~ coverage as provided by s. 627.7475

1885 ~~627.736~~ and property damage liability coverage as provided by s.

1886 627.7275 and if no other insurance is sold or issued in

1887 conjunction with or collateral to the policy. The fee is not

1888 considered part of the premium.

1889 (6) If a motor vehicle owner's driver license, license

1890 plate, and registration have previously been suspended pursuant

1891 to s. 316.646 or s. 627.7473 ~~627.733~~, an insurer may cancel a

1892 new policy only as provided in s. 627.7275.

1893 (7) A policy of private passenger motor vehicle insurance

1894 or a binder for such a policy may be initially issued in this

1895 state only if, before the effective date of such binder or

1896 policy, the insurer or agent has collected from the insured an

1897 amount equal to 2 months' premium. An insurer, agent, or premium

1898 finance company may not, directly or indirectly, take any action

1899 resulting in the insured having paid from the insured's own

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1900 funds an amount less than the 2 months' premium required by this
 1901 subsection. This subsection applies without regard to whether
 1902 the premium is financed by a premium finance company or is paid
 1903 pursuant to a periodic payment plan of an insurer or an
 1904 insurance agent. This subsection does not apply if an insured or
 1905 member of the insured's family is renewing or replacing a policy
 1906 or a binder for such policy written by the same insurer or a
 1907 member of the same insurer group. This subsection does not apply
 1908 to an insurer that issues private passenger motor vehicle
 1909 coverage primarily to active duty or former military personnel
 1910 or their dependents. This subsection does not apply if all
 1911 policy payments are paid pursuant to a payroll deduction plan or
 1912 an automatic electronic funds transfer payment plan from the
 1913 policyholder. This subsection and subsection (4) do not apply if
 1914 all policy payments to an insurer are paid pursuant to an
 1915 automatic electronic funds transfer payment plan from an agent,
 1916 a managing general agent, or a premium finance company and if
 1917 the policy includes, at a minimum, mandatory emergency payments
 1918 ~~personal injury protection~~ pursuant to ss. 627.747-627.7477
 1919 ~~627.730-627.7405~~; motor vehicle property damage liability
 1920 pursuant to s. 627.7275; and bodily injury liability in at least
 1921 the amount of \$10,000 because of bodily injury to, or death of,
 1922 one person in any one accident and in the amount of \$20,000
 1923 because of bodily injury to, or death of, two or more persons in
 1924 any one accident. This subsection and subsection (4) do not
 1925 apply if an insured has had a policy in effect for at least 6
 1926 months, the insured's agent is terminated by the insurer that
 1927 issued the policy, and the insured obtains coverage on the

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1928 policy's renewal date with a new company through the terminated
 1929 agent.

1930 Section 38. Section 627.8405, Florida Statutes, is amended
 1931 to read:

1932 627.8405 Prohibited acts; financing companies.—No premium
 1933 finance company shall, in a premium finance agreement or other
 1934 agreement, finance the cost of or otherwise provide for the
 1935 collection or remittance of dues, assessments, fees, or other
 1936 periodic payments of money for the cost of:

1937 (1) A membership in an automobile club. The term
 1938 "automobile club" means a legal entity which, in consideration
 1939 of dues, assessments, or periodic payments of money, promises
 1940 its members or subscribers to assist them in matters relating to
 1941 the ownership, operation, use, or maintenance of a motor
 1942 vehicle; however, this definition of "automobile club" does not
 1943 include persons, associations, or corporations which are
 1944 organized and operated solely for the purpose of conducting,
 1945 sponsoring, or sanctioning motor vehicle races, exhibitions, or
 1946 contests upon racetracks, or upon racecourses established and
 1947 marked as such for the duration of such particular events. The
 1948 words "motor vehicle" used herein have the same meaning as
 1949 defined in chapter 320.

1950 (2) An accidental death and dismemberment policy sold in
 1951 combination with a mandatory emergency payments ~~personal injury~~
 1952 ~~protection~~ and property damage only policy.

1953 (3) Any product not regulated under the provisions of this
 1954 insurance code.

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1956 This section also applies to premium financing by any insurance
 1957 agent or insurance company under part XVI. The commission shall
 1958 adopt rules to assure disclosure, at the time of sale, of
 1959 coverages financed with mandatory emergency payments ~~personal~~
 1960 ~~injury protection~~ and shall prescribe the form of such
 1961 disclosure.

1962 Section 39. Subsection (1) of section 627.915, Florida
 1963 Statutes, is amended to read:

1964 627.915 Insurer experience reporting.—

1965 (1) Each insurer transacting private passenger automobile
 1966 insurance in this state shall report certain information
 1967 annually to the office. The information will be due on or before
 1968 July 1 of each year. The information shall be divided into the
 1969 following categories: bodily injury liability; property damage
 1970 liability; uninsured motorist; mandatory emergency payments
 1971 ~~personal injury protection benefits~~; medical payments;
 1972 comprehensive and collision. The information given shall be on
 1973 direct insurance writings in the state alone and shall represent
 1974 total limits data. The information set forth in paragraphs (a)-
 1975 (f) is applicable to voluntary private passenger and Joint
 1976 Underwriting Association private passenger writings and shall be
 1977 reported for each of the latest 3 calendar-accident years, with
 1978 an evaluation date of March 31 of the current year. The
 1979 information set forth in paragraphs (g)-(j) is applicable to
 1980 voluntary private passenger writings and shall be reported on a
 1981 calendar-accident year basis ultimately seven times at seven
 1982 different stages of development.

1983 (a) Premiums earned for the latest 3 calendar-accident

1984 years.

1985 (b) Loss development factors and the historic development

1986 of those factors.

1987 (c) Policyholder dividends incurred.

1988 (d) Expenses for other acquisition and general expense.

1989 (e) Expenses for agents' commissions and taxes, licenses,

1990 and fees.

1991 (f) Profit and contingency factors as utilized in the

1992 insurer's automobile rate filings for the applicable years.

1993 (g) Losses paid.

1994 (h) Losses unpaid.

1995 (i) Loss adjustment expenses paid.

1996 (j) Loss adjustment expenses unpaid.

1997 Section 40. Paragraph (d) of subsection (2) and paragraph

1998 (d) of subsection (3) of section 628.909, Florida Statutes, are

1999 amended to read:

2000 628.909 Applicability of other laws.—

2001 (2) The following provisions of the Florida Insurance Code

2002 shall apply to captive insurers who are not industrial insured

2003 captive insurers to the extent that such provisions are not

2004 inconsistent with this part:

2005 (d) Sections 627.747-627.7477 ~~627.730-627.7405~~, when

2006 mandatory emergency payments ~~no-fault~~ coverage is provided.

2007 (3) The following provisions of the Florida Insurance Code

2008 shall apply to industrial insured captive insurers to the extent

2009 that such provisions are not inconsistent with this part:

2010 (d) Sections 627.747-627.7477 ~~627.730-627.7405~~ when no-

2011 fault coverage is provided.

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2012 Section 41. Subsections (2) and (6) and paragraphs (a),
 2013 (c), and (d) of subsection (7) of section 705.184, Florida
 2014 Statutes, are amended to read:

2015 705.184 Derelict or abandoned motor vehicles on the
 2016 premises of public-use airports.—

2017 (2) The airport director or the director's designee shall
 2018 contact the Department of Highway Safety and Motor Vehicles to
 2019 notify that department that the airport has possession of the
 2020 abandoned or derelict motor vehicle and to determine the name
 2021 and address of the owner of the motor vehicle, the insurance
 2022 company insuring the motor vehicle, notwithstanding the
 2023 provisions of s. 627.7475 ~~627.736~~, and any person who has filed
 2024 a lien on the motor vehicle. Within 7 business days after
 2025 receipt of the information, the director or the director's
 2026 designee shall send notice by certified mail, return receipt
 2027 requested, to the owner of the motor vehicle, the insurance
 2028 company insuring the motor vehicle, notwithstanding the
 2029 provisions of s. 627.7475 ~~627.736~~, and all persons of record
 2030 claiming a lien against the motor vehicle. The notice shall
 2031 state the fact of possession of the motor vehicle, that charges
 2032 for reasonable towing, storage, and parking fees, if any, have
 2033 accrued and the amount thereof, that a lien as provided in
 2034 subsection (6) will be claimed, that the lien is subject to
 2035 enforcement pursuant to law, that the owner or lienholder, if
 2036 any, has the right to a hearing as set forth in subsection (4),
 2037 and that any motor vehicle which, at the end of 30 calendar days
 2038 after receipt of the notice, has not been removed from the
 2039 airport upon payment in full of all accrued charges for

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2040 reasonable towing, storage, and parking fees, if any, may be
 2041 disposed of as provided in s. 705.182(2)(a), (b), (d), or (e),
 2042 including, but not limited to, the motor vehicle being sold free
 2043 of all prior liens after 35 calendar days after the time the
 2044 motor vehicle is stored if any prior liens on the motor vehicle
 2045 are more than 5 years of age or after 50 calendar days after the
 2046 time the motor vehicle is stored if any prior liens on the motor
 2047 vehicle are 5 years of age or less.

2048 (6) The airport pursuant to this section or, if used, a
 2049 licensed independent wrecker company pursuant to s. 713.78 shall
 2050 have a lien on an abandoned or derelict motor vehicle for all
 2051 reasonable towing, storage, and accrued parking fees, if any,
 2052 except that no storage fee shall be charged if the motor vehicle
 2053 is stored less than 6 hours. As a prerequisite to perfecting a
 2054 lien under this section, the airport director or the director's
 2055 designee must serve a notice in accordance with subsection (2)
 2056 on the owner of the motor vehicle, the insurance company
 2057 insuring the motor vehicle, notwithstanding the provisions of s.
 2058 627.7475 ~~627.736~~, and all persons of record claiming a lien
 2059 against the motor vehicle. If attempts to notify the owner, the
 2060 insurance company insuring the motor vehicle, notwithstanding
 2061 the provisions of s. 627.7475 ~~627.736~~, or lienholders are not
 2062 successful, the requirement of notice by mail shall be
 2063 considered met. Serving of the notice does not dispense with
 2064 recording the claim of lien.

2065 (7) (a) For the purpose of perfecting its lien under this
 2066 section, the airport shall record a claim of lien which shall
 2067 state:

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2068 | 1. The name and address of the airport.
 2069 | 2. The name of the owner of the motor vehicle, the
 2070 | insurance company insuring the motor vehicle, notwithstanding
 2071 | the provisions of s. 627.7475 ~~627.736~~, and all persons of record
 2072 | claiming a lien against the motor vehicle.
 2073 | 3. The costs incurred from reasonable towing, storage, and
 2074 | parking fees, if any.
 2075 | 4. A description of the motor vehicle sufficient for
 2076 | identification.
 2077 | (c) The claim of lien shall be sufficient if it is in
 2078 | substantially the following form:
 2079 | CLAIM OF LIEN
 2080 | State of
 2081 | County of
 2082 | Before me, the undersigned notary public, personally appeared
 2083 |, who was duly sworn and says that he/she is the
 2084 | of, whose address is.....; and that the
 2085 | following described motor vehicle:
 2086 | ...(Description of motor vehicle)...
 2087 | owned by, whose address is, has accrued
 2088 | \$..... in fees for a reasonable tow, for storage, and for
 2089 | parking, if applicable; that the lienor served its notice to the
 2090 | owner, the insurance company insuring the motor vehicle
 2091 | notwithstanding the provisions of s. 627.7475 ~~627.736~~, Florida
 2092 | Statutes, and all persons of record claiming a lien against the
 2093 | motor vehicle on, ...(year)..., by.....
 2094 | ...(Signature)...
 2095 | Sworn to (or affirmed) and subscribed before me this day of

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2096 |, ...(year)..., by ...(name of person making statement)....
 2097 | ...(Signature of Notary Public).....(Print, Type, or Stamp
 2098 | Commissioned name of Notary Public)...

2099 | Personally Known....OR Produced....as identification.

2100 | However, the negligent inclusion or omission of any information
 2101 | in this claim of lien which does not prejudice the owner does
 2102 | not constitute a default that operates to defeat an otherwise
 2103 | valid lien.

2104 | (d) The claim of lien shall be served on the owner of the
 2105 | motor vehicle, the insurance company insuring the motor vehicle,
 2106 | notwithstanding the provisions of s. 627.7475 ~~627.736~~, and all
 2107 | persons of record claiming a lien against the motor vehicle. If
 2108 | attempts to notify the owner, the insurance company insuring the
 2109 | motor vehicle notwithstanding the provisions of s. 627.7475
 2110 | ~~627.736~~, or lienholders are not successful, the requirement of
 2111 | notice by mail shall be considered met. The claim of lien shall
 2112 | be so served before recordation.

2113 | Section 42. Paragraphs (a), (b), and (c) of subsection (4)
 2114 | of section 713.78, Florida Statutes, are amended to read:

2115 | 713.78 Liens for recovering, towing, or storing vehicles
 2116 | and vessels.—

2117 | (4) (a) Any person regularly engaged in the business of
 2118 | recovering, towing, or storing vehicles or vessels who comes
 2119 | into possession of a vehicle or vessel pursuant to subsection
 2120 | (2), and who claims a lien for recovery, towing, or storage
 2121 | services, shall give notice to the registered owner, the
 2122 | insurance company insuring the vehicle notwithstanding the
 2123 | provisions of s. 627.7475 ~~627.736~~, and to all persons claiming a

2124 | lien thereon, as disclosed by the records in the Department of
 2125 | Highway Safety and Motor Vehicles or of a corresponding agency
 2126 | in any other state.

2127 | (b) Whenever any law enforcement agency authorizes the
 2128 | removal of a vehicle or vessel or whenever any towing service,
 2129 | garage, repair shop, or automotive service, storage, or parking
 2130 | place notifies the law enforcement agency of possession of a
 2131 | vehicle or vessel pursuant to s. 715.07(2)(a)2., the law
 2132 | enforcement agency of the jurisdiction where the vehicle or
 2133 | vessel is stored shall contact the Department of Highway Safety
 2134 | and Motor Vehicles, or the appropriate agency of the state of
 2135 | registration, if known, within 24 hours through the medium of
 2136 | electronic communications, giving the full description of the
 2137 | vehicle or vessel. Upon receipt of the full description of the
 2138 | vehicle or vessel, the department shall search its files to
 2139 | determine the owner's name, the insurance company insuring the
 2140 | vehicle or vessel, and whether any person has filed a lien upon
 2141 | the vehicle or vessel as provided in s. 319.27(2) and (3) and
 2142 | notify the applicable law enforcement agency within 72 hours.
 2143 | The person in charge of the towing service, garage, repair shop,
 2144 | or automotive service, storage, or parking place shall obtain
 2145 | such information from the applicable law enforcement agency
 2146 | within 5 days after the date of storage and shall give notice
 2147 | pursuant to paragraph (a). The department may release the
 2148 | insurance company information to the requestor notwithstanding
 2149 | the provisions of s. 627.7475 ~~627.736~~.

2150 | (c) Notice by certified mail shall be sent within 7
 2151 | business days after the date of storage of the vehicle or vessel

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2152 | to the registered owner, the insurance company insuring the
2153 | vehicle notwithstanding the provisions of s. 627.7475 ~~627.736~~,
2154 | and all persons of record claiming a lien against the vehicle or
2155 | vessel. It shall state the fact of possession of the vehicle or
2156 | vessel, that a lien as provided in subsection (2) is claimed,
2157 | that charges have accrued and the amount thereof, that the lien
2158 | is subject to enforcement pursuant to law, and that the owner or
2159 | lienholder, if any, has the right to a hearing as set forth in
2160 | subsection (5), and that any vehicle or vessel which remains
2161 | unclaimed, or for which the charges for recovery, towing, or
2162 | storage services remain unpaid, may be sold free of all prior
2163 | liens after 35 days if the vehicle or vessel is more than 3
2164 | years of age or after 50 days if the vehicle or vessel is 3
2165 | years of age or less.

2166 | Section 43. This act shall take effect July 1, 2014.