

By Senator Lee

20-01083B-17

20171766\_\_

1                                   A bill to be entitled  
2       An act relating to motor vehicle insurance; repealing  
3       ss. 627.730, 627.731, 627.7311, 627.732, 627.733,  
4       627.734, 627.736, 627.737, 627.739, 627.7401,  
5       627.7403, and 627.7405, F.S., which compose the  
6       Florida Motor Vehicle No-Fault Law; repealing s.  
7       627.7407, F.S., relating to application of the Florida  
8       Motor Vehicle No-Fault Law; creating s. 627.7265,  
9       F.S.; defining terms; requiring certain motor vehicle  
10      liability insurance policies to include specified  
11      medical payments coverage; prohibiting an insurer from  
12      offering medical payments coverage with a deductible;  
13      providing construction; authorizing an insurer to  
14      exclude medical payment benefits under certain  
15      circumstances; specifying requirements, limitations,  
16      and exclusions for medical payments coverage benefits;  
17      requiring rulemaking by the Financial Services  
18      Commission; providing requirements, procedures,  
19      conditions, exclusions, prohibited acts, and  
20      construction relating to an insurer's payment of  
21      medical payments coverage benefits; specifying  
22      requirements and procedures for, and conditions and  
23      limitations on, the reimbursement of certain  
24      providers' charges for medical care under medical  
25      payments coverage; providing that reimbursements may  
26      be limited according to a specified schedule of  
27      maximum charges; providing construction; providing  
28      that insurers or insureds are not required to pay  
29      certain claims or charges; requiring the Department of

20-01083B-17

20171766\_\_

30 Health to adopt certain rules; specifying procedures,  
31 forms, and requirements for providers in furnishing  
32 statements of charges and other statements and bills  
33 to insurers; providing construction; specifying  
34 disclosure and informed consent requirements for  
35 certain entities providing medical services; requiring  
36 the commission to adopt rules; requiring insurers to  
37 investigate certain claims for improper billing and  
38 providing procedures and requirements for such  
39 investigations; prohibiting a certain act by an  
40 insurer with the intent to deny reimbursement;  
41 requiring certain entities to be licensed as clinics  
42 to receive reimbursement under medical payments  
43 coverage; providing exceptions; requiring insurers to  
44 provide named insureds with a specified form notifying  
45 the insureds of their right to receive medical  
46 payments coverage; providing requirements for the  
47 notice and for providing such notice; providing  
48 requirements, procedures, and prohibited acts related  
49 to discovery of facts about an insured person who  
50 makes a medical payments coverage claim; requiring  
51 such person to provide specified information to an  
52 insurer upon request; providing procedures that apply  
53 in the event of a dispute over discovery of facts;  
54 providing requirements, prohibitions, and construction  
55 relating to mental and physical examinations of  
56 injured persons covered by medical payments coverage;  
57 providing applicability of provisions relating to  
58 attorney fees; requiring that a specified

20-01083B-17

20171766\_\_

59 prelitigation demand letter be provided to an insurer  
60 before an action for benefits may be filed; providing  
61 requirements for delivering a demand letter to the  
62 insurer; requiring an insurer to file certain  
63 information designating an authorized representative  
64 with the Office of Insurance Regulation; prohibiting  
65 an action against an insurer if the insurer, within a  
66 specified time, pays specified amounts or provides a  
67 written statement agreeing to pay specified amounts  
68 for future treatment; requiring certain civil action  
69 claims to be brought in a single action unless good  
70 cause is shown; providing that insurers who  
71 repeatedly, and as a general business practice, fail  
72 to pay certain valid claims are subject to penalties  
73 for unfair or deceptive trade practices; authorizing  
74 the Department of Legal Affairs to investigate and  
75 initiate actions for such violations; providing an  
76 insurer with a civil cause of action against certain  
77 persons convicted of or pleading guilty or nolo  
78 contendere to certain violations; specifying  
79 recoverable damages; requiring an insurer, when a  
80 claim is filed, to provide a specified fraud advisory  
81 notice to an insured or the person who is the subject  
82 of the claim; providing construction relating to  
83 certain nonreimbursable claims; authorizing electronic  
84 transmittal of certain documents; authorizing an  
85 insurer to include in its policies a specified right  
86 of subrogation for medical payments benefits;  
87 providing construction; amending s. 316.646, F.S.;

20-01083B-17

20171766\_\_

88 revising applicability of a requirement to have  
89 immediate possession of proof of maintenance of  
90 certain security; amending s. 320.02, F.S.; revising  
91 the motor vehicle insurance coverages that an  
92 applicant must show to register certain vehicles with  
93 the Department of Highway Safety and Motor Vehicles;  
94 deleting a requirement that specified information be  
95 included on a certain insurance proof-of-purchase  
96 card; revising construction; conforming a provision to  
97 changes made by the act; amending s. 320.27, F.S.;  
98 revising requirements for furnishing certain insurance  
99 coverage information on an application for a motor  
100 vehicle dealer; revising insurance coverage  
101 requirements for certain motor vehicle dealers;  
102 conforming a provision to changes made by the act;  
103 amending s. 320.771, F.S.; revising garage liability  
104 coverage requirements for a recreational vehicle  
105 dealer license applicant; amending s. 324.011, F.S.;  
106 revising legislative intent; amending s. 324.021,  
107 F.S.; revising definitions of the terms "motor  
108 vehicle" and "proof of financial responsibility";  
109 revising, at specified timeframes, minimum coverage  
110 requirements for proof of financial responsibility;  
111 defining the term "for-hire passenger transportation  
112 vehicle"; conforming a cross-reference; amending s.  
113 324.022, F.S.; revising, at specified timeframes,  
114 minimum liability coverage requirements for motor  
115 vehicle owners and operators; revising authorized  
116 methods for meeting such requirements; revising the

20-01083B-17

20171766\_\_

117 vehicles that are excluded from the definition of the  
118 term "motor vehicle" and providing security  
119 requirements for certain excluded vehicles; deleting  
120 the definition of the term "owner"; conforming  
121 provisions to changes made by the act; conforming  
122 cross-references; amending s. 324.031, F.S.; revising  
123 applicability of a provision authorizing certain  
124 methods of proving financial responsibility; revising,  
125 at specified timeframes, the amount of a certificate  
126 of deposit that is required for a specified method of  
127 proof of financial responsibility; revising insurance  
128 coverage requirements for a person electing to use  
129 such method; amending s. 324.032, F.S.; revising  
130 applicability of the minimum requirements of financial  
131 responsibility for for-hire passenger transportation  
132 vehicles; revising such requirements; revising a  
133 requirement for a motor vehicle liability policy that  
134 is obtained to comply with such requirements;  
135 conforming a cross-reference; amending s. 324.071,  
136 F.S.; revising the fee for reinstating an owner's or  
137 operator's license or registration that has been  
138 suspended for specified reasons; amending s. 324.151,  
139 F.S.; revising requirements for a motor vehicle  
140 liability policy that serves as proof of financial  
141 responsibility for certain operators or owners;  
142 authorizing an insurer to exclude liability coverage  
143 in the policy under certain circumstances; defining  
144 terms; amending s. 324.161, F.S.; revising  
145 requirements for a certificate of deposit that is

20-01083B-17

20171766\_\_

146 required if a person elects a certain method of  
147 providing financial responsibility; amending s.  
148 324.171, F.S.; revising, at specified timeframes, the  
149 minimum net worth requirements that qualify certain  
150 persons as self-insurers; conforming provisions to  
151 changes made by the act; amending s. 324.251, F.S.;  
152 revising the short title and an effective date;  
153 amending s. 400.9905, F.S.; revising the definition of  
154 the term "clinic"; amending s. 409.901, F.S.; revising  
155 the definition of the term "third-party benefit";  
156 amending s. 409.910, F.S.; revising the definition of  
157 the term "medical coverage"; amending s. 456.072,  
158 F.S.; revising applicability of certain grounds for  
159 discipline, relating to medical payments coverage  
160 claims rather than personal injury protection claims,  
161 for certain health professions; amending s. 626.9541,  
162 F.S.; revising the types of insurance coverage  
163 applicable to certain prohibited acts; conforming a  
164 cross-reference; amending s. 626.989, F.S.; revising  
165 the definition of the term "fraudulent insurance act";  
166 amending s. 627.0652, F.S.; revising the coverages of  
167 a motor vehicle insurance policy which must provide a  
168 premium charge reduction under certain circumstances;  
169 amending s. 627.0653, F.S.; revising the coverages of  
170 a motor vehicle insurance policy which must or may  
171 provide a premium discount under certain  
172 circumstances; amending s. 627.4132, F.S.; revising  
173 the coverages of a motor vehicle policy which must  
174 provide a specified limitation; amending s. 627.727,

20-01083B-17

20171766\_\_

175 F.S.; revising the legal liability of an uninsured  
176 motorist coverage insurer; conforming a provision to  
177 changes made by the act; amending s. 627.7275, F.S.;  
178 revising applicability and required coverages for a  
179 motor vehicle insurance policy; conforming provisions  
180 to changes made by the act; amending s. 627.7295,  
181 F.S.; revising the definitions of the terms "policy"  
182 and "binder"; revising the coverages of a motor  
183 vehicle insurance policy for which a licensed general  
184 lines agent may charge a specified fee; revising  
185 applicability; conforming a cross-reference; amending  
186 s. 627.7415, F.S.; revising, at specified intervals,  
187 the minimum levels of certain liability insurance for  
188 commercial motor vehicles; amending s. 627.8405, F.S.;  
189 revising the coverages of a policy sold in conjunction  
190 with an accidental death and dismemberment policy and  
191 prohibiting a premium finance company from taking  
192 certain acts relating to such policies; revising  
193 coverages that are the subject of certain disclosure  
194 rules by the commission; amending s. 817.234, F.S.;  
195 revising the applicability of certain criminal acts of  
196 insurance fraud, from personal injury protection  
197 insurance to medical payments coverage; amending ss.  
198 318.18, 320.0609, 322.251, 322.34, 324.0221, 400.991,  
199 400.9935, 456.057, 627.06501, 627.7263, 627.728,  
200 627.915, 628.909, 705.184, and 713.78, F.S.;  
201 conforming provisions to changes made by the act;  
202 amending ss. 324.051 and 324.091, F.S.; making  
203 technical changes; amending s. 324.023, F.S.;

20-01083B-17

20171766\_\_

204 conforming cross-references; defining the term  
 205 "minimum security requirements"; providing  
 206 applicability and construction; providing requirements  
 207 and procedures relating to motor vehicle insurance  
 208 policies providing personal injury protection as of  
 209 the effective date of the act; requiring an insurer to  
 210 provide, by a specified date, a specified notice to  
 211 policyholders relating to requirements under the act;  
 212 providing for construction relating to suspensions for  
 213 failure to maintain required security in effect before  
 214 the effective date of the act; providing a directive  
 215 to the Division of Law Revision and Information;  
 216 providing effective dates.

217

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

219

220 Section 1. Sections 627.730, 627.731, 627.7311, 627.732,  
 221 627.733, 627.734, 627.736, 627.737, 627.739, 627.7401, 627.7403,  
 222 and 627.7405, Florida Statutes, which compose the Florida Motor  
 223 Vehicle No-Fault Law, are repealed.

224 Section 2. Section 627.7407, Florida Statutes, is repealed.

225 Section 3. Section 627.7265, Florida Statutes, is created  
 226 to read:

227 627.7265 Motor vehicle insurance; medical payments  
 228 coverage.—

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

230 (a) "Broker" means a person who does not possess a license  
 231 under chapter 395, chapter 400, chapter 429, chapter 458,  
 232 chapter 459, chapter 460, chapter 461, or chapter 641, who



20-01083B-17

20171766\_\_

233 charges or receives compensation for any use of medical  
234 equipment and who is not the 100 percent owner or the 100  
235 percent lessee of such equipment. For purposes of this section,  
236 such owner or lessee may be an individual, a corporation, a  
237 partnership, or any other entity and any of its 100-percent-  
238 owned affiliates and subsidiaries. As used in this subsection,  
239 the term "lessee" means a long-term lessee under a capital or  
240 operating lease, but does not include a part-time lessee. The  
241 term "broker" does not include a hospital or physician  
242 management company whose medical equipment is ancillary to the  
243 practices managed; a debt collection agency; an entity that has  
244 contracted with the insurer to obtain a discounted rate for such  
245 services; a management company that has contracted to provide  
246 general management services for a licensed physician or health  
247 care facility and whose compensation is not materially affected  
248 by the usage or frequency of usage of medical equipment; or an  
249 entity that is 100-percent-owned by one or more hospitals or  
250 physicians. The term "broker" does not include a person or  
251 entity that certifies, upon request of an insurer, that:  
252 1. It is a clinic licensed under ss. 400.990-400.995;  
253 2. It is a 100-percent-owner of medical equipment; and  
254 3. The owner's only part-time lease of medical equipment  
255 for medical payments coverage patients is on a temporary basis  
256 not to exceed 30 days in a 12-month period, and such lease is  
257 solely for the purposes of necessary repair or maintenance of  
258 the 100-percent-owned medical equipment or pending the arrival  
259 and installation of the newly purchased or a replacement for the  
260 100-percent-owned medical equipment, or for patients for whom,  
261 because of physical size or claustrophobia, it is determined by

20-01083B-17

20171766\_\_

262 the medical director or clinical director to be medically  
263 necessary that the test be performed in medical equipment that  
264 is open-style. The leased medical equipment cannot be used by  
265 patients who are not patients of the registered clinic for  
266 medical treatment services. Any person or entity making a false  
267 certification under this subsection commits insurance fraud as  
268 described in s. 817.234. However, the 30-day period provided in  
269 this subparagraph may be extended for an additional 60 days as  
270 applicable to magnetic resonance imaging equipment, if the owner  
271 certifies that the extension otherwise complies with this  
272 subparagraph.

273 (b) "Entity wholly owned" means a proprietorship, group  
274 practice, partnership, or corporation that provides health care  
275 services rendered by licensed health care practitioners and in  
276 which licensed health care practitioners are the business owners  
277 of all aspects of the business entity, including, but not  
278 limited to, being reflected as the business owners on the title  
279 or lease of the physical facility, filing taxes as the business  
280 owners, being account holders on the entity's bank account,  
281 being listed as the principals on all incorporation documents  
282 required by this state, and having ultimate authority over all  
283 personnel and compensation decisions relating to the entity.  
284 However, this term does not include an entity that is wholly  
285 owned, directly or indirectly, by a hospital licensed under  
286 chapter 395.

287 (c) "Hospital" means a facility that, at the time medical  
288 care was rendered, was licensed under chapter 395.

289 (d) "Incident," with respect to services considered as  
290 incident to a physician's professional service for a physician

20-01083B-17

20171766\_\_

291 licensed under chapter 458, chapter 459, chapter 460, or chapter  
292 461, if not furnished in a hospital, means such services must be  
293 an integral, even if incidental, part of a covered physician's  
294 service.

295 (e) "Knowingly" means that a person has actual knowledge of  
296 information, acts in deliberate ignorance of the truth or  
297 falsity of the information, or acts in reckless disregard of the  
298 information. Proof of specific intent to defraud is not  
299 required.

300 (f) "Lawful" or "lawfully" means in substantial compliance  
301 with all relevant applicable criminal, civil, and administrative  
302 requirements of state and federal law related to the provision  
303 of medical care.

304 (g) "Medical care" means any medical service, medical  
305 treatment, medical supply, medical transportation, prescription  
306 drug, or emergency services and care as defined in s.  
307 395.002(9).

308 (h) "Medically necessary" means medical care that a prudent  
309 physician or other qualified health care professional would  
310 provide for the purpose of preventing, diagnosing, or treating  
311 an illness, injury, disease, or symptom in a manner that is:

312 1. In accordance with generally accepted standards of  
313 medical practice;

314 2. Clinically appropriate in terms of type, frequency,  
315 extent, site, and duration; and

316 3. Not primarily for the convenience of the patient,  
317 physician, or other health care provider.

318 (i) "Motor vehicle" means a self-propelled vehicle with  
319 four or more wheels which is designed and required to be

20-01083B-17

20171766\_\_

320 licensed for use on the highways of this state, and any trailer  
321 or semitrailer designed for use with such vehicle. The term does  
322 not include:

323 1. A mobile home; or

324 2. A motor vehicle that is used in mass transit, other than  
325 public school transportation; that is designed to transport more  
326 than five passengers exclusive of the operator of the motor  
327 vehicle; and that is owned by a municipality, a transit  
328 authority, or a political subdivision of the state.

329 (j) "Named insured" means a person identified in a policy  
330 by name as an insured under the policy.

331 (k) "Newly acquired vehicle" means a motor vehicle owned by  
332 a named insured or resident relative of the named insured which  
333 was acquired 30 or less days before an accident.

334 (l) "Properly completed" means providing truthful,  
335 substantially complete, and substantially accurate responses as  
336 to all material elements to each applicable request for  
337 information or for a statement, by a means that may lawfully be  
338 provided and that complies with this section or as agreed by the  
339 parties.

340 (m) "Resident relative" means a person related to a named  
341 insured by any degree by blood, marriage, or adoption, including  
342 a ward or foster child, who usually makes his or her home in the  
343 same family unit as the named insured, regardless of whether the  
344 resident relative temporarily lives elsewhere.

345 (n) "Temporary substitute vehicle" means a motor vehicle as  
346 defined in s. 320.01(1) which is not owned by the named insured  
347 and which is temporarily used with the permission of the owner  
348 as a substitute for the owned motor vehicle designated on the

20-01083B-17

20171766\_\_

349 policy when the owned vehicle is withdrawn from normal use  
350 because of breakdown, repair, servicing, loss, or destruction.

351 (o) "Unbundled" means an action that submits a billing code  
352 that is properly billed under one billing code, but that has  
353 been separated into two or more billing codes, which would  
354 result in payment greater in amount than would be paid using one  
355 billing code.

356 (p) "Upcoded" means an action that submits a billing code  
357 that would result in payment greater in amount than would be  
358 paid using a billing code that accurately describes the services  
359 performed. The term does not include an otherwise lawful bill by  
360 a magnetic resonance imaging facility, which globally combines  
361 both technical and professional components, if the amount of the  
362 global bill is not more than for the components if billed  
363 separately; however, payment of such a bill constitutes payment  
364 in full for all components of such service.

365 (2) REQUIRED SECURITY.-

366 (a) A motor vehicle liability insurance policy that is  
367 furnished as proof of financial responsibility pursuant to s.  
368 324.031 must include medical payments coverage as provided in  
369 this section. The medical payments coverage must protect the  
370 named insured, resident relatives, persons operating the insured  
371 motor vehicle, passengers in the insured motor vehicle, and  
372 other persons who are struck by the insured motor vehicle and  
373 suffer bodily injury while not an occupant of a self-propelled  
374 motor vehicle, to a limit of at least \$5,000 per person for  
375 medical expense incurred due to bodily injury, sickness, or  
376 disease arising out of the ownership, maintenance, or use of a  
377 motor vehicle.

20-01083B-17

20171766\_\_

378 (b) An insurer may not offer medical payments coverage with  
379 a deductible to an applicant or policyholder.

380 (c) This section may not be construed to limit any other  
381 coverage made available by an insurer.

382 (3) AUTHORIZED EXCLUSIONS.—Notwithstanding any other  
383 requirement herein, an insurer may exclude medical payment  
384 benefits:

385 (a) For injury sustained by the named insured or a resident  
386 relative while occupying another motor vehicle owned by the  
387 named insured and not insured under the policy, unless such  
388 vehicle qualifies as a newly acquired vehicle or temporary  
389 substitute vehicle.

390 (b) For injury sustained by any person operating the  
391 insured motor vehicle without the express or implied consent of  
392 the insured.

393 (c) For any person who intentionally causes injury to  
394 himself or herself.

395 (d) For any person injured while committing a felony.

396 (4) REQUIRED BENEFITS.—

397 (a) Medical payments coverage must provide reimbursement of  
398 medically necessary medical, surgical, X-ray, dental, and  
399 rehabilitative services, including prosthetic devices and  
400 ambulance, hospital, and nursing services, if the individual  
401 receives initial services and care pursuant to subparagraph 1.  
402 within 14 days after the motor vehicle accident. Medical  
403 payments coverage provides reimbursement only for:

404 1. Initial services and care that are lawfully provided,  
405 supervised, ordered, or prescribed by a physician licensed under  
406 chapter 458 or chapter 459, a dentist licensed under chapter

20-01083B-17

20171766\_\_

407 466, or a chiropractic physician licensed under chapter 460; or  
408 that are provided in a hospital or in a facility that owns, or  
409 is wholly owned by, a hospital. Initial services and care may  
410 also be provided by a person or entity licensed under part III  
411 of chapter 401 which provides emergency transportation and  
412 treatment.

413 2. Upon referral by a provider described in subparagraph  
414 1., followup services and care consistent with the underlying  
415 medical diagnosis rendered pursuant to subparagraph 1. which may  
416 be provided, supervised, ordered, or prescribed only by a  
417 physician licensed under chapter 458 or chapter 459; a  
418 chiropractic physician licensed under chapter 460; a dentist  
419 licensed under chapter 466; or, to the extent permitted by  
420 applicable law and under the supervision of such physician,  
421 osteopathic physician, chiropractic physician, or dentist, by a  
422 physician assistant licensed under chapter 458 or chapter 459 or  
423 an advanced registered nurse practitioner licensed under chapter  
424 464. Followup services and care may also be provided by the  
425 following persons or entities:

426 a. A hospital or ambulatory surgical center licensed under  
427 chapter 395.

428 b. An entity wholly owned by one or more physicians  
429 licensed under chapter 458 or chapter 459, chiropractic  
430 physicians licensed under chapter 460, or dentists licensed  
431 under chapter 466, or by such practitioners and the spouse,  
432 parent, child, or sibling of such practitioners.

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

435 d. A physical therapist licensed under chapter 486, based

20-01083B-17

20171766\_\_

436 upon a referral by a provider described in this subparagraph.

437 e. A health care clinic licensed under part X of chapter  
438 400 which is accredited by an accrediting organization whose  
439 standards incorporate comparable regulations required by this  
440 state, or which:

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

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

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

450 (A) General medicine.

451 (B) Radiography.

452 (C) Orthopedic medicine.

453 (D) Physical medicine.

454 (E) Physical therapy.

455 (F) Physical rehabilitation.

456 (G) Prescribing or dispensing outpatient prescription  
457 medication.

458 (H) Laboratory services.

459 (b) Medical benefits do not include massage as defined in  
460 s. 480.033 or acupuncture as defined in s. 457.102, regardless  
461 of the person, entity, or licensee providing massage or  
462 acupuncture, and a licensed massage therapist or licensed  
463 acupuncturist may not be reimbursed for medical benefits under  
464 this section.



20-01083B-17

20171766

465 (c) The commission shall adopt by rule the form specified  
466 in sub-subparagraph (a)2.b., sub-subparagraph (a)2.c., or sub-  
467 subparagraph (a)2.e. which must be used by an insurer and a  
468 health care provider to document that the health care provider  
469 meets the criteria of this paragraph. Such rule must include a  
470 requirement for a sworn statement or affidavit.

471 (5) PAYMENT OF BENEFITS.—

472 (a) Benefits due from an insurer under medical payments  
473 coverage are primary to any health insurance benefit of a person  
474 injured in a motor vehicle accident and apply to any coinsurance  
475 or deductible amount required by the injured person's health  
476 insurance policy, except that:

477 1. Benefits received under any workers' compensation law  
478 must be credited against medical payments coverage benefits and  
479 must be due and payable as loss accrues.

480 2. When the Agency for Health Care Administration provides,  
481 pays, or becomes liable for medical assistance under the  
482 Medicaid program related to injury, sickness, disease, or death  
483 arising out of the ownership, maintenance, or use of a motor  
484 vehicle, medical payments benefits are subject to the provisions  
485 of the Medicaid Program, and, within 30 days after receiving  
486 notice that the Medicaid program paid such benefits, the insurer  
487 must repay the full amount of the benefits to the Medicaid  
488 program.

489 (b) Medical payments coverage benefits payable under this  
490 section are overdue if they are not paid within 30 days after  
491 the insurer is furnished with written notice of the fact and the  
492 amount of a covered loss. However:

493 1. If written notice of the entire claim is not furnished

20-01083B-17

20171766\_\_

494 to the insurer, any partial amount supported by written notice  
495 is overdue if it is not paid within 30 days after the notice is  
496 furnished to the insurer. The remainder of the claim, or any  
497 part thereof, which is subsequently supported by written notice  
498 is overdue if not paid within 30 days after the notice is  
499 furnished to the insurer.

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

511 3. If an insurer pays only a portion of a claim or rejects  
512 a claim due to an alleged error in the claim, the insurer, at  
513 the time of the partial payment or rejection, must provide an  
514 itemized specification or explanation of benefits due to the  
515 specified error. Upon receiving the specification or  
516 explanation, the person making the claim, at his or her option  
517 and without waiving any other legal remedy for payment, has 15  
518 days to submit a revised claim. The submission of a revised  
519 claim is considered a timely submission of written notice of a  
520 claim.

521 4. Notwithstanding the fact that written notice has been  
522 furnished to the insurer, payment is not overdue if the insurer

20-01083B-17

20171766\_\_

523 has reasonable proof that the insurer is not responsible for the  
524 payment.

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

531 6. This paragraph does not preclude or limit the ability of  
532 the insurer to assert that the claim was unrelated, was not  
533 medically necessary, or was unreasonable or that the amount of  
534 the charge was in excess of that permitted under, or is in  
535 violation of, subsection (6). Such assertion may be made at any  
536 time, including after payment of the claim or after the 30-day  
537 period for payment specified in this paragraph.

538 (c) All overdue payments bear simple interest at the rate  
539 established under s. 55.03 or the rate established in the  
540 insurance contract, whichever is greater, for the quarter in  
541 which the payment became overdue, calculated from the date the  
542 insurer was furnished with written notice of the amount of  
543 covered loss. Interest is due at the time payment of the overdue  
544 claim is made.

545 (d) It is a violation of the Florida Insurance Code for an  
546 insurer to fail to timely provide benefits as required by this  
547 section with such frequency as to constitute a general business  
548 practice.

549 (e) If two or more insurers are liable for paying medical  
550 payments coverage benefits for the same injury to any one  
551 person, the maximum payable benefits are as specified in

20-01083B-17

20171766\_\_

552 subsection (2), and the 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) Benefits are not due or payable to or on behalf of an  
557 insured person if that person has committed, by a material act  
558 or omission, insurance fraud relating to medical payments  
559 coverage under his or her policy if the fraud is admitted to in  
560 a sworn statement by the insured or established in a court of  
561 competent jurisdiction. Any insurance fraud voids all coverage  
562 arising from the claim related to such fraud under the medical  
563 payments coverage of the insured person who committed the fraud,  
564 regardless of whether a portion of the insured person's claim  
565 may be legitimate, and any benefits paid before the discovery of  
566 the fraud is recoverable by the insurer in its entirety from the  
567 person who committed insurance fraud. The prevailing party is  
568 entitled to its costs and attorney fees in any action in which  
569 it prevails in an insurer's action to enforce its right of  
570 recovery under this paragraph.

571 (g) If an insurer has a reasonable belief that a fraudulent  
572 insurance act, for the purposes of s. 626.989 or s. 817.234, has  
573 been committed, the insurer must notify the claimant in writing  
574 and within 30 days after submission of the claim that the claim  
575 is being investigated for suspected fraud. Beginning at the end  
576 of the initial 30-day period, the insurer has an additional 60  
577 days to conduct its fraud investigation. No later than 90 days  
578 after the submission of the claim, the insurer shall deny the  
579 claim or pay the claim with simple interest as provided in  
580 paragraph (c). Interest is assessed from the day the claim is

20-01083B-17

20171766\_\_

581 submitted until the day the claim is paid. All claims denied for  
582 suspected fraudulent insurance acts shall be reported to the  
583 Division of Investigative and Forensic Services.

584 (h) An insurer shall create and maintain for each insured a  
585 log of medical payments benefits paid by the insurer on behalf  
586 of the insured. The insurer shall provide to the insured a copy  
587 of the log within 30 days after receiving a request for the log  
588 from the insured.

589 (6) CHARGES FOR CARE OF INJURED PERSONS.—

590 (a) A physician, hospital, clinic, or other person or  
591 institution lawfully providing medical care to an injured person  
592 for a bodily injury covered by medical payments coverage may  
593 charge the insurer and injured party only a reasonable amount  
594 pursuant to this section for the medical care provided, and the  
595 insurer providing such coverage may pay such charges directly to  
596 such person or institution lawfully providing such medical care  
597 if the insured receiving such care, or his or her guardian, has  
598 countersigned the properly completed invoice, bill, or claim  
599 form approved by the office upon which such charges are to be  
600 paid for as having actually been provided, to the best knowledge  
601 of the insured or his or her guardian. However, such charges may  
602 not exceed the amount the person or institution customarily  
603 charges for like medical care. In determining whether a charge  
604 for a particular service, treatment, supply, or prescription is  
605 reasonable, consideration may be given to evidence of usual and  
606 customary charges and payments accepted by the provider involved  
607 in the dispute; reimbursement levels in the community and  
608 various federal and state medical fee schedules applicable to  
609 motor vehicle and other insurance coverages; and other

20-01083B-17

20171766\_\_

610 information relevant to the reasonableness of the reimbursement  
611 for the service, treatment, supply, or prescription.

612 1. The insurer may limit reimbursement to the following  
613 schedule of maximum charges:

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

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

619 c. For emergency services and care, as defined in s.  
620 395.002, provided in a facility licensed under chapter 395 and  
621 rendered by a physician or dentist, and related hospital  
622 inpatient services rendered by a physician or dentist, the usual  
623 and customary charges in the community.

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

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

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

634 (I) The participating physician's fee schedule of Medicare  
635 Part B, except as provided in sub-sub-subparagraphs (II) and  
636 (III).

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

20-01083B-17

20171766\_\_

639 laboratories.

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

643

644 However, if such services, supplies, or care is not reimbursable  
645 under Medicare Part B as provided in this sub-subparagraph, the  
646 insurer may limit reimbursement to 80 percent of the maximum  
647 reimbursable allowance under workers' compensation. Services,  
648 supplies, or care that is not reimbursable under Medicare or  
649 workers' compensation is not required to be reimbursed by the  
650 insurer.

651 2. For purposes of subparagraph 1., the applicable fee  
652 schedule or payment limitation under Medicare is the fee  
653 schedule or payment limitation in effect on March 1 of the  
654 service year in which the services, supplies, or care is  
655 rendered and for the area in which such services, supplies, or  
656 care is rendered. The applicable fee schedule or payment  
657 limitation applies to services, supplies, or care rendered  
658 during that service year notwithstanding any subsequent change  
659 made to the fee schedule or payment limitation; however, it may  
660 not be less than the allowable amount under the applicable  
661 schedule of Medicare Part B for 2007 for medical services,  
662 supplies, and care subject to Medicare Part B. For purposes of  
663 this subparagraph, the term "service year" means the period from  
664 March 1 through the end of February of the following year.

665 3. For purposes of subparagraph 1., the applicable fee  
666 schedule or payment limitation under workers' compensation is  
667 determined under s. 440.13 and rules adopted thereunder which

20-01083B-17

20171766\_\_

668 are in effect at the time such services, supplies, or care is  
669 provided.

670 4. Subparagraph 1. does not authorize the insurer to apply  
671 any limitation on the number of treatments or other utilization  
672 limits that apply under Medicare or workers' compensation. An  
673 insurer that applies the allowable payment limitations of  
674 subparagraph 1. must reimburse a provider who lawfully provided  
675 medical care under the scope of his or her license, regardless  
676 of whether the provider is entitled to reimbursement under  
677 Medicare or workers' compensation due to restrictions or  
678 limitations on the types or discipline of health care providers  
679 who may be reimbursed for particular procedures or procedure  
680 codes. However, subparagraph 1. does not prohibit an insurer  
681 from using the Medicare coding policies and payment  
682 methodologies of the federal Centers for Medicare and Medicaid  
683 Services, including applicable modifiers, to determine the  
684 appropriate amount of reimbursement for medical services,  
685 supplies, or care, if the coding policy or payment methodology  
686 does not constitute a utilization limit.

687 5. If an insurer limits payment as authorized by  
688 subparagraph 1., the person providing such medical care may not  
689 bill or attempt to collect from the insured any amount in excess  
690 of such limits, except for amounts that are not covered by the  
691 insured's medical payments coverage due to the maximum policy  
692 limits.

693 6. An insurer may limit payment as authorized by this  
694 paragraph only if the insurance policy includes a notice at the  
695 time of issuance or renewal that the insurer may limit payment  
696 pursuant to the schedule of charges specified in this paragraph.



20-01083B-17

20171766\_\_

697 A policy form approved by the office satisfies this requirement.  
698 If a provider submits a charge for an amount less than the  
699 amount allowed under subparagraph 1., the insurer may pay the  
700 amount of the charge submitted.

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

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

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

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

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

711 e. For medical care billed by a physician and not provided  
712 in a hospital unless such care is rendered by the physician or  
713 is incident to his or her professional services and is included  
714 on the physician's bill, including documentation verifying that  
715 the physician is responsible for the medical care that was  
716 rendered and billed; or

717 f. For any treatment or service that is upcoded or that is  
718 unbundled when such treatment or services should be bundled. To  
719 facilitate prompt payment of lawful services, an insurer may  
720 change codes that it determines have been improperly or  
721 incorrectly upcoded or unbundled and may make payment based on  
722 the changed codes, without affecting the right of the provider  
723 to dispute the change by the insurer, if, before doing so, the  
724 insurer contacts the health care provider and discusses the  
725 reasons for the insurer's change and the health care provider's

20-01083B-17

20171766\_\_

726 reason for the coding, or makes a reasonable good faith effort  
727 to do so, as documented in the insurer's file.

728 2. The Department of Health, in consultation with the  
729 appropriate professional licensing boards, shall adopt by rule a  
730 list of diagnostic tests deemed not to be medically necessary  
731 for use in the treatment of persons sustaining bodily injury  
732 covered by medical payments benefits under this section. The  
733 list must be revised from time to time as determined by the  
734 Department of Health in consultation with the respective  
735 professional licensing boards. Inclusion of a test on the list  
736 must be based on a lack of demonstrated medical value and a  
737 level of general acceptance by the relevant provider community  
738 and may not be dependent on results entirely upon subjective  
739 patient response. Notwithstanding its inclusion on a fee  
740 schedule in this subsection, an insurer or insured is not  
741 required to pay any charges or reimburse claims for an invalid  
742 diagnostic test as determined by the Department of Health.

743 (c) With respect to any medical care other than medical  
744 services billed by a hospital or other provider for emergency  
745 services and care, as defined in s. 395.002, or inpatient  
746 services rendered at a hospital-owned facility, the statement of  
747 charges must be furnished to the insurer by the provider. The  
748 statement may not include, and the insurer is not required to  
749 pay, charges for treatment or services rendered more than 35  
750 days before the postmark date or electronic transmission date of  
751 the statement, except for past due amounts previously billed on  
752 a timely basis under this paragraph and except that, if the  
753 provider submits to the insurer a notice of initiation of  
754 treatment within 21 days after its first examination or

20-01083B-17

20171766\_\_

755 treatment of the claimant, the statement may include charges for  
756 treatment or services rendered up to, but not more than, 75 days  
757 before the postmark date of the statement. The injured party is  
758 not liable for, and the provider may not bill the injured party  
759 for, charges that are unpaid because of the provider's failure  
760 to comply with this paragraph. Any agreement requiring the  
761 injured person or insured to pay for such charges is  
762 unenforceable.

763 1. If the insured fails to furnish the provider with the  
764 correct name and address of the insured's medical payments  
765 coverage insurer, the provider has 35 days from the date the  
766 provider obtains the correct information to furnish the insurer  
767 with a statement of the charges. The insurer is not required to  
768 pay for such charges unless the provider includes with the  
769 statement documentary evidence that was provided by the insured  
770 during the 35-day period demonstrating that the provider  
771 reasonably relied on erroneous information from the insured, and  
772 either:

773 a. A denial letter from the incorrect insurer; or  
774 b. Proof of mailing, which may include an affidavit under  
775 penalty of perjury, reflecting timely mailing to the incorrect  
776 address or insurer.

777 2. For emergency services and care rendered in a hospital  
778 emergency department or for transport and treatment rendered by  
779 an ambulance provider licensed pursuant to part III of chapter  
780 401, the provider is not required to furnish the statement of  
781 charges within the time periods established by this paragraph,  
782 and the insurer is not deemed to have been furnished with notice  
783 of the amount of covered loss for purposes of paragraph (5) (b)

20-01083B-17

20171766\_\_

784 until it receives a statement, or a copy thereof, complying with  
785 paragraph (d) which specifically identifies the place of service  
786 to be a hospital emergency department or an ambulance in  
787 accordance with billing standards recognized by the federal  
788 Centers for Medicare and Medicaid Services.

789 (d) All statements and bills for medical services rendered  
790 by a physician, hospital, clinic, or other person or institution  
791 must be submitted to the insurer on a properly completed Centers  
792 for Medicare and Medicaid Services Form CMS-1500, a UB-92 form,  
793 or any other standard form approved by the office and adopted by  
794 the commission for purposes of this paragraph. All billings for  
795 such services rendered by providers must, to the extent  
796 applicable, comply with the Form CMS-1500 instructions, the  
797 codes established by the American Medical Association (AMA)  
798 Current Procedural Terminology Editorial Panel, and the  
799 Healthcare Common Procedure Coding System (HCPCS) and must  
800 follow the Physicians' Current Procedural Terminology (CPT), the  
801 HCPCS in effect for the year in which services are rendered, and  
802 the International Classification of Diseases (ICD) adopted by  
803 the United States Department of Health and Human Services in  
804 effect for the year in which services are rendered. All  
805 providers, other than hospitals, must include on the applicable  
806 claim form the professional license number of the provider in  
807 the line or space provided for "Signature of Physician or  
808 Supplier, Including Degrees or Credentials." The guidance for  
809 determining compliance with applicable CPT and HCPCS coding must  
810 be provided by the CPT or the HCPCS in effect for the year in  
811 which services were rendered, the Office of the Inspector  
812 General, Physicians Compliance Guidelines, and other

20-01083B-17

20171766\_\_

813 authoritative treatises designated by rule by the Agency for  
814 Health Care Administration. A statement of medical services may  
815 not include charges for medical services of a person or entity  
816 that performed such services without possessing the valid  
817 licenses required to perform such services. For purposes of  
818 paragraph (5) (b), an insurer is not considered to have been  
819 furnished with notice of the amount of covered loss or medical  
820 bills due unless the statements or bills comply with this  
821 paragraph and are properly completed in their entirety as to all  
822 material provisions, with all relevant information being  
823 provided therein.

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

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

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

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

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

20-01083B-17

20171766\_\_

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

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

852 3. A countersignature by the insured or his or her guardian  
853 is not required for the reading of diagnostic tests or other  
854 services that are of such a nature that they are not required to  
855 be performed in the presence of the insured.

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

859 5. The original completed disclosure and acknowledgment  
860 form must be furnished to the insurer pursuant to paragraph  
861 (5) (b) and may not be electronically furnished.

862 6. The disclosure and acknowledgment form is not required  
863 for emergency services and care as defined in s. 395.002 which  
864 are billed by a provider and which are rendered in a hospital  
865 emergency department, or for transport and treatment rendered by  
866 an ambulance provider licensed pursuant to part III of chapter  
867 401.

868 7. The commission shall adopt by rule a standard disclosure  
869 and acknowledgment form to be used to fulfill the requirements  
870 of this paragraph.

20-01083B-17

20171766\_\_

871 8. As used in this paragraph, the terms "countersign" and  
872 "countersignature" mean a second or verifying signature, as on a  
873 previously signed document. The statement "signature on file" or  
874 any similar statement does not constitute a countersignature.

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

885 (f) Upon written notification by any person, an insurer  
886 shall investigate any claim of improper billing by a physician  
887 or other medical provider. The insurer shall determine if the  
888 insured was properly billed for only the medical care that the  
889 insured actually received. If the insurer determines that the  
890 insured has been improperly billed, the insurer must notify the  
891 insured, the person making the written notification, and the  
892 provider of its findings and reduce the amount of payment to the  
893 provider by the amount determined to be improperly billed. If a  
894 reduction is made due to a written notification by any person,  
895 the insurer must pay to the person 20 percent of the amount of  
896 the reduction, up to \$500. If the provider is arrested due to  
897 the improper billing, the insurer must pay to the person 40  
898 percent of the amount of the reduction, up to \$500.

899 (g) An insurer may not systematically downcode with the

20-01083B-17

20171766\_\_

900 intent to deny reimbursement otherwise due. Such action  
901 constitutes a material misrepresentation under s. 626.9541(1)(i)  
902 2.

903 (h) An entity excluded from the definition of the term  
904 "clinic" in s. 400.9905 must be deemed a clinic and must be  
905 licensed under part X of chapter 400 in order to receive  
906 reimbursement under medical payments coverage. However, this  
907 licensing requirement does not apply to:

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

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

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

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

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

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

926 7. An entity that is certified under 42 C.F.R. part 485,  
927 subpart H; or

928 8. An entity that is owned by a publicly traded



20-01083B-17

20171766\_\_

929 corporation, either directly or indirectly through its  
930 subsidiaries, which has \$250 million or more in total annual  
931 sales of health care services provided by licensed health care  
932 practitioners, if one or more of the persons responsible for the  
933 operations of the entity are health care practitioners who are  
934 licensed in this state and who are responsible for supervising  
935 the business activities of the entity and the entity's  
936 compliance with state law for purposes of this section.

937 (7) NOTIFICATION TO INSUREDS OF RIGHTS.—

938 (a) The commission shall adopt by rule a form for  
939 notification to an insured of his or her right to receive  
940 medical payments coverage. Such notice must include:

941 1. A description of the benefits provided by medical  
942 payments coverage, when payments are due, how benefits are  
943 coordinated with other insurance benefits that the insured may  
944 have, penalties and interest that may be imposed on insurers for  
945 failure to make timely payments of benefits, and rights of  
946 parties regarding disputes as to benefits.

947 2. The following statement in at least 12-point type:

948

949 BILLING REQUIREMENTS.—Florida law provides that with  
950 respect to any treatment or services, other than  
951 certain hospital and emergency services, the statement  
952 of charges furnished to the insurer by the provider  
953 may not include, and the insurer and the injured party  
954 are not required to pay, charges for treatment or  
955 services rendered more than 35 days before the  
956 postmark date of the statement, except for past due  
957 amounts previously billed on a timely basis and except

20-01083B-17

20171766\_\_

958 that, if the provider submits to the insurer a notice  
959 of initiation of treatment within 21 days after its  
960 first examination or treatment of the claimant, the  
961 statement may include charges for treatment or  
962 services rendered up to, but not more than, 75 days  
963 before the postmark date of the statement.

964  
965 3. An advisory informing the insured that, pursuant to s.  
966 626.9892, the department may pay rewards of up to \$25,000 to  
967 persons providing information leading to the arrest and  
968 conviction of persons committing crimes investigated by the  
969 Division of Investigative and Forensic Services arising from  
970 violations of s. 440.105, s. 624.15, s. 626.9541, s. 626.989, or  
971 s. 817.234.

972 4. An advisory informing the insured that, pursuant to sub-  
973 subparagraph (6)(e)1.e., if the insured notifies the insurer of  
974 a billing error, the insured may be entitled to a certain  
975 percentage of a reduction in the amount paid by the insured's  
976 motor vehicle insurer.

977 5. A notice that solicitation of a person injured in a  
978 motor vehicle crash for purposes of filing medical payments  
979 coverage or tort claims could be a violation of s. 817.234, s.  
980 817.505, or the rules regulating The Florida Bar and should be  
981 immediately reported to the Division of Investigative and  
982 Forensic Services if such conduct has taken place.

983 (b) An insurer issuing a policy in this state providing  
984 medical payments coverage benefits must mail or deliver the  
985 notice as specified in paragraph (a) to the named insured within  
986 21 days after receiving from the insured notice of an automobile

20-01083B-17

20171766\_\_

987 accident or claim involving personal injury to an insured who is  
988 covered under the policy. The office may allow an insurer  
989 additional time to provide the notice specified in paragraph  
990 (a), not to exceed 30 days, upon a showing by the insurer that  
991 an emergency justifies an extension of time.

992 (c) The notice required by this subsection does not alter  
993 or modify the terms of the insurance contract or other  
994 requirements of this section.

995 (8) DISCOVERY OF FACTS ABOUT AN INJURED PERSON; DISPUTES.-

996 (a) A person making a claim under medical payments coverage  
997 must, if requested by the insurer against whom the claim has  
998 been made, furnish a written report of the history, condition,  
999 treatment, dates, and costs of such treatment of the injured  
1000 person and why the items identified by the insurer were  
1001 reasonable in amount and medically necessary, together with a  
1002 sworn statement that the medical care rendered was reasonable  
1003 and necessary with respect to the bodily injury sustained and  
1004 identifying which portion of the expenses for such medical care  
1005 was incurred as a result of such bodily injury. If requested by  
1006 the insurer, the person making the claim under medical payments  
1007 coverage must also produce, and allow the inspection and copying  
1008 of, his, her, or its records regarding the history, condition,  
1009 treatment, dates, and costs of such treatment of the injured  
1010 person. Such sworn statement must read as follows: "Under  
1011 penalty of perjury, I declare that I have read the foregoing,  
1012 and the facts alleged are true, to the best of my knowledge and  
1013 belief." A cause of action for violation of the physician-  
1014 patient privilege or invasion of the right of privacy may not be  
1015 brought against any physician, hospital, clinic, or other

20-01083B-17

20171766\_\_

1016 medical institution complying with this section. The person  
1017 requesting such records and such sworn statement shall pay all  
1018 reasonable costs connected therewith. If an insurer makes a  
1019 written request for documentation or information under this  
1020 paragraph within 30 days after having received notice of the  
1021 amount of a covered loss under paragraph (5) (b), the amount or  
1022 the partial amount that is the subject of the insurer's inquiry  
1023 is overdue if the insurer does not pay in accordance with  
1024 paragraph (5) (b) or within 10 days after the insurer's receipt  
1025 of the requested documentation or information, whichever occurs  
1026 later. As used in this paragraph, the term "receipt" includes,  
1027 but is not limited to, inspection and copying pursuant to this  
1028 paragraph. An insurer that requests documentation or information  
1029 pertaining to reasonableness of charges or medical necessity  
1030 under this paragraph without a reasonable basis for such  
1031 requests as a general business practice is engaging in an unfair  
1032 trade practice under the Florida Insurance Code.

1033 (b) In the event of a dispute regarding an insurer's right  
1034 to discovery of facts under this section, the insurer may  
1035 petition a court of competent jurisdiction to enter an order  
1036 permitting such discovery. The order may be made only on motion  
1037 for good cause shown and upon notice to all persons having an  
1038 interest and must specify the time, place, manner, conditions,  
1039 and scope of the discovery. In order to protect against  
1040 annoyance, embarrassment, or oppression, as justice requires,  
1041 the court may enter an order refusing discovery or specifying  
1042 conditions of discovery and may order payment of costs and  
1043 expenses of the proceeding, including reasonable fees for the  
1044 appearance of attorneys at the proceedings, as justice requires.

20-01083B-17

20171766\_\_

1045 (c) Upon request, the injured person must be furnished a  
1046 copy of all information obtained by the insurer under this  
1047 section, and pay a reasonable charge, if required by the  
1048 insurer.

1049 (d) An insured may not unreasonably withhold notice to an  
1050 insurer of the existence of a claim.

1051 (e) In a dispute between the insured and the insurer, or  
1052 between an assignee of the insured's rights and the insurer,  
1053 upon request, the insurer must notify the insured or the  
1054 assignee that the policy limits under this section have been  
1055 reached within 15 days after the limits have been reached.

1056 (f) In any civil action to recover medical payments  
1057 benefits brought against an insurer by a claimant pursuant to  
1058 this section, all claims related to the same health care  
1059 provider for the same injured person must be brought in one  
1060 action, unless good cause is shown why such claims should be  
1061 brought separately.

1062 (g) An insured seeking medical payments coverage benefits,  
1063 including an omnibus insured, must comply with the terms of the  
1064 policy, which include, but are not limited to, submitting to an  
1065 examination under oath. The scope of questioning during the  
1066 examination under oath is limited to relevant information or  
1067 information that could reasonably be expected to lead to  
1068 relevant information. Compliance with this paragraph is a  
1069 condition precedent to receiving benefits. An insurer that, as a  
1070 general business practice as determined by the office, requests  
1071 an examination under oath of an insured or an omnibus insured  
1072 without a reasonable basis is subject to s. 626.9541.

1073 (9) MENTAL AND PHYSICAL EXAMINATION OF INJURED PERSON;

20-01083B-17

20171766\_\_

1074 REPORTS.—

1075 (a) Whenever the mental or physical condition of an injured  
1076 person covered by medical payments coverage is material to any  
1077 claim that has been or may be made for past or future medical  
1078 payments coverage benefits, such person must, upon the request  
1079 of an insurer, submit to a mental or physical examination by a  
1080 physician or physicians. The costs of any examination requested  
1081 by an insurer must be borne entirely by the insurer. Such  
1082 examination must be conducted within the municipality where the  
1083 insured is receiving treatment; in a location reasonably  
1084 accessible to the insured, which, for purposes of this  
1085 paragraph, means any location within the municipality in which  
1086 the insured resides; or any location within 10 miles by road of  
1087 the insured's residence, if such location is within the county  
1088 in which the insured resides. If the examination is to be  
1089 conducted in a location reasonably accessible to the insured and  
1090 if there is no qualified physician to conduct the examination in  
1091 a location reasonably accessible to the insured, such  
1092 examination must be conducted in an area of the closest  
1093 proximity to the insured's residence. Insurers may include  
1094 reasonable provisions in medical payments coverage insurance  
1095 policies for mental and physical examination of those claiming  
1096 medical payments coverage insurance benefits. An insurer may not  
1097 withdraw payment of a treating physician without the consent of  
1098 the injured person covered by medical payments coverage unless  
1099 the insurer first obtains a valid report by a Florida physician  
1100 licensed under the same chapter as the treating physician whose  
1101 treatment authorization is sought to be withdrawn, stating that  
1102 treatment was not reasonable, related, or necessary. For

20-01083B-17

20171766\_\_

1103 purposes of this paragraph, a valid report is one that is  
1104 prepared and signed by the physician examining the injured  
1105 person or reviewing the treatment records of the injured person;  
1106 that is factually supported by the examination and treatment  
1107 records, if reviewed; and that has not been modified by anyone  
1108 other than the physician. The physician preparing the report  
1109 must be in active practice unless the physician is physically  
1110 disabled. As used in this paragraph, the term "active practice"  
1111 means that during the 3 years immediately preceding the date of  
1112 the physical examination or review of the treatment records, the  
1113 physician must have devoted professional time to the active  
1114 clinical practice of evaluation, diagnosis, or treatment of  
1115 medical conditions, or to the instruction of students in an  
1116 accredited health professional school or accredited residency  
1117 program, or a clinical research program that is affiliated with  
1118 an accredited health professional school, a teaching hospital,  
1119 or an accredited residency program. The physician preparing a  
1120 report at the request of an insurer and the physicians rendering  
1121 expert opinions on behalf of persons claiming medical payments  
1122 coverage benefits, or on behalf of an insured through an  
1123 attorney or another entity, shall maintain, for at least 3  
1124 years, copies of all examination reports as medical records and  
1125 shall maintain, for at least 3 years, records of all payments  
1126 for the examinations and reports. An insurer or any person  
1127 acting at the direction of or on behalf of an insurer may not  
1128 materially change an opinion in a report prepared under this  
1129 paragraph or direct the physician preparing the report to change  
1130 such opinion. The denial of a payment as the result of such a  
1131 changed opinion constitutes a material misrepresentation under

20-01083B-17

20171766\_\_

1132 s. 626.9541(1)(i)2.; however, this provision does not preclude  
1133 the insurer from calling to the attention of the physician  
1134 errors of fact in the report based upon information in the claim  
1135 file.

1136 (b) If requested by the person examined, a party causing an  
1137 examination to be made shall deliver to him or her a copy of  
1138 every written report concerning the examination rendered by an  
1139 examining physician, at least one of which reports must set out  
1140 the examining physician's findings and conclusions in detail.  
1141 After such request and delivery, the party causing the  
1142 examination to be made is entitled, upon request, to receive  
1143 from the person examined every written report available to him  
1144 or her or his or her representative concerning any examination,  
1145 previously or thereafter made, of the same mental or physical  
1146 condition. By requesting and obtaining a report of the  
1147 examination so ordered, or by taking the deposition of the  
1148 examiner, the person examined waives any privilege he or she may  
1149 have, in relation to the claim for benefits, regarding the  
1150 testimony of every other person who has examined, or may  
1151 thereafter examine, him or her in respect to the same mental or  
1152 physical condition. If a person unreasonably refuses to submit  
1153 to, or fails to appear at, an examination, the personal injury  
1154 protection carrier is no longer liable for subsequent personal  
1155 injury protection benefits. An insured's refusal to submit to or  
1156 failure to appear at two examinations raises a rebuttable  
1157 presumption that the insured's refusal or failure was  
1158 unreasonable.

1159 (10) APPLICABILITY OF PROVISION REGULATING ATTORNEY FEES.—  
1160 With respect to any dispute under this section between the



20-01083B-17

20171766\_\_

1161 insured and the insurer or between an assignee of an insured's  
1162 rights and the insurer, ss. 627.428 and 768.79 apply except as  
1163 provided in subsections (11) and (12) and except that any  
1164 attorney fees recovered must:

- 1165 (a) Comply with prevailing professional standards;  
1166 (b) Not overstate or inflate the number of hours reasonably  
1167 necessary for a case of comparable skill or complexity; and  
1168 (c) Represent legal services that are reasonable and  
1169 necessary to achieve the result obtained.

1170  
1171 Upon request by either party, a judge must make written  
1172 findings, substantiated by evidence presented at trial or any  
1173 hearings associated therewith, that any award of attorney fees  
1174 complies with this subsection. Notwithstanding s. 627.428,  
1175 attorney fees recovered under this section must be calculated  
1176 without regard to a contingency risk multiplier.

1177 (11) DEMAND LETTER.—

1178 (a) As a condition precedent to filing any action for  
1179 benefits under this section, written notice of an intent to  
1180 initiate litigation must be provided to the insurer. Such notice  
1181 may not be sent until the claim is overdue, including any  
1182 additional time the insurer has to pay the claim pursuant to  
1183 paragraph (5) (b).

1184 (b) The notice must state with specificity:

1185 1. "This is a demand letter under s. 627.7265, Florida  
1186 Statutes."

1187 2. The name of the insured for whom such benefits are being  
1188 sought, including a copy of the assignment giving rights to the  
1189 claimant if the claimant is not the insured.

20-01083B-17

20171766\_\_

1190       3. The claim number or policy number upon which the claim  
1191 was originally submitted to the insurer.

1192       4. To the extent applicable, the name of any medical  
1193 provider who rendered to an insured the treatment, services,  
1194 accommodations, or supplies that form the basis of such claim;  
1195 and an itemized statement specifying each exact amount, the date  
1196 of treatment, service, or accommodation, and the type of benefit  
1197 claimed to be due. To the extent that the demand involves an  
1198 insurer's withdrawal of payment for future treatment not yet  
1199 rendered, the claimant shall attach a copy of the insurer's  
1200 notice withdrawing such payment and an itemized statement of the  
1201 type, frequency, and duration of future treatment claimed to be  
1202 reasonable and medically necessary.

1203       (c) Each notice required by this subsection must be  
1204 delivered to the insurer by certified or registered mail, return  
1205 receipt requested. Such postal costs must be reimbursed by the  
1206 insurer, if requested by the claimant in the notice, when the  
1207 insurer pays the claim. Such notice must be sent to the person  
1208 and address specified by the insurer for the purposes of  
1209 receiving notices under this subsection. Each licensed insurer,  
1210 whether domestic, foreign, or alien, shall file with the office  
1211 the name and address of the designated person to whom notices  
1212 must be sent, which the office shall make available on its  
1213 website. The person whose name and address is on file with the  
1214 office pursuant to s. 624.422 is deemed the authorized  
1215 representative to accept notice pursuant to this subsection if  
1216 no other designation has been made.

1217       (d) If, within 30 days after receipt of notice by the  
1218 insurer, the overdue claim specified in the notice is paid by

20-01083B-17

20171766\_\_

1219 the insurer together with applicable interest and a penalty of  
1220 10 percent of the overdue amount paid by the insurer, subject to  
1221 a maximum penalty of \$250, an action may not be brought against  
1222 the insurer. If the demand involves an insurer's withdrawal of  
1223 payment for future treatment not yet rendered, an action may not  
1224 be brought against the insurer if, within 30 days after its  
1225 receipt of the notice, the insurer mails to the person filing  
1226 the notice a written statement of the insurer's agreement to pay  
1227 for such treatment in accordance with the notice and to pay a  
1228 penalty of 10 percent, subject to a maximum penalty of \$250,  
1229 when it pays for such future treatment in accordance with the  
1230 requirements of this section. To the extent the insurer  
1231 determines not to pay any amount demanded, the penalty is not  
1232 payable in any subsequent action. For purposes of this  
1233 subsection, payment or the insurer's agreement must be treated  
1234 as being made on the date a draft or other valid instrument that  
1235 is equivalent to payment, or the insurer's written statement of  
1236 agreement, is placed in the United States mail in a properly  
1237 addressed, postpaid envelope or, if not so posted, on the date  
1238 of delivery. The insurer is not obligated to pay any attorney  
1239 fees if the insurer pays the claim or mails its agreement to pay  
1240 for future treatment within the time prescribed by this  
1241 subsection.

1242 (e) The applicable statute of limitation for an action  
1243 under this section is tolled for 30 business days by the mailing  
1244 of the notice required by this subsection.

1245 (12) ALL CLAIMS BROUGHT IN A SINGLE ACTION.—In any civil  
1246 action to recover medical payments coverage benefits brought by  
1247 a claimant pursuant to this section against an insurer, all

20-01083B-17

20171766\_\_

1248 claims related to the same health care provider for the same  
1249 injured person must be brought in one action unless good cause  
1250 is shown why such claims should be brought separately. If the  
1251 court determines that a civil action is filed for a claim that  
1252 should have been brought in a prior civil action, the court may  
1253 not award attorney fees to the claimant.

1254 (13) FAILURE TO PAY VALID CLAIMS; UNFAIR OR DECEPTIVE  
1255 PRACTICE.—

1256 (a) An insurer is engaging in a prohibited unfair or  
1257 deceptive practice that is subject to the penalties provided in  
1258 s. 626.9521, and the office has the powers and duties specified  
1259 in ss. 626.9561-626.9601, if the insurer, with such frequency so  
1260 as to indicate a general business practice, fails to pay valid  
1261 claims for medical payments coverage or fails to pay valid  
1262 claims until receipt of the notice required under subsection  
1263 (11).

1264 (b) Notwithstanding s. 501.212, the Department of Legal  
1265 Affairs may investigate and initiate actions for a violation of  
1266 this subsection, including, but not limited to, the powers and  
1267 duties specified in part II of chapter 501.

1268 (14) CIVIL ACTION FOR INSURANCE FRAUD.—An insurer has a  
1269 cause of action against any person convicted of, or who,  
1270 regardless of adjudication of guilt, pleads guilty or nolo  
1271 contendere to, insurance fraud under s. 817.234, patient  
1272 brokering under s. 817.505, or kickbacks under s. 456.054,  
1273 associated with a claim for medical payments coverage benefits  
1274 in accordance with this section. An insurer prevailing in an  
1275 action brought under this subsection may recover compensatory,  
1276 consequential, and punitive damages subject to the requirements

20-01083B-17

20171766\_\_

1277 and limitations of part II of chapter 768 and attorney fees and  
1278 costs incurred in litigating a cause of action against any  
1279 person convicted of, or who, regardless of adjudication of  
1280 guilt, pleads guilty or nolo contendere to, insurance fraud  
1281 under s. 817.234, patient brokering under s. 817.505, or  
1282 kickbacks under s. 456.054, associated with a claim for medical  
1283 payments coverage benefits in accordance with this section.

1284 (15) FRAUD ADVISORY NOTICE.—Upon receiving notice of a  
1285 claim under this section, an insurer shall provide a notice to  
1286 the insured or to a person for whom a claim for reimbursement  
1287 for diagnosis or treatment of injuries has been filed, advising  
1288 that:

1289 (a) Pursuant to s. 626.9892, the department may pay rewards  
1290 of up to \$25,000 to persons who provide information leading to  
1291 the arrest and conviction of persons committing crimes  
1292 investigated by the Division of Investigative and Forensic  
1293 Services arising from violations of s. 440.105, s. 624.15, s.  
1294 626.9541, s. 626.989, or s. 817.234.

1295 (b) Solicitation of a person injured in a motor vehicle  
1296 crash for purposes of filing medical payments coverage or tort  
1297 claims could be a violation of s. 817.234, s. 817.505, or the  
1298 rules regulating The Florida Bar and should be immediately  
1299 reported to the Division of Investigative and Forensic Services  
1300 if such conduct has taken place.

1301 (16) NONREIMBURSABLE CLAIMS.—Claims generated as a result  
1302 of activities that are unlawful pursuant to s. 817.505 are not  
1303 reimbursable.

1304 (17) SECURE ELECTRONIC DATA TRANSFER.—Except as otherwise  
1305 provided in subparagraph (6) (e)5., a notice, documentation,

20-01083B-17

20171766\_\_

1306 transmission, or communication of any kind required or  
1307 authorized under this section may be transmitted electronically  
1308 if it is transmitted by secure electronic data transfer that is  
1309 consistent with state and federal privacy and security laws.

1310 (18) INSURER'S RIGHT OF SUBROGATION.—

1311 (a) A medical payments insurer may include a provision in  
1312 its policy which permits subrogation for medical payments  
1313 benefits it paid if the expenses giving rise to the payments  
1314 were caused by the wrongful act or omission of another. However,  
1315 this subrogation right is inferior to the rights of the injured  
1316 insured, and is available only after all the insured's damages  
1317 have been recovered and the insured has been made whole. An  
1318 insured who obtains a recovery from a third party of the full  
1319 amount of the damages sustained and delivers a release or  
1320 satisfaction that impairs a medical payments insurer's  
1321 subrogation right is liable to the insurer for repayment of  
1322 medical payments benefits, less any expenses of acquiring the  
1323 recovery, including a prorated share of attorney fees and costs,  
1324 and shall hold that net recovery in trust to be delivered to the  
1325 medical payments insurer.

1326 (b) The insurer does not have a right of subrogation for  
1327 medical payments coverage benefits paid for the insured if the  
1328 tortfeasor who caused the motor vehicle accident is also an  
1329 insured under the policy that paid the medical payments  
1330 benefits.

1331 Section 4. Subsection (1) of section 316.646, Florida  
1332 Statutes, is amended to read:

1333 316.646 Security required; proof of security and display  
1334 thereof.—

20-01083B-17

20171766\_\_

1335           (1) An owner of a motor vehicle required to be registered  
1336 in this state and an operator of a motor vehicle licensed in  
1337 this state ~~Any person required by s. 324.022 to maintain~~  
1338 ~~property damage liability security, required by s. 324.023 to~~  
1339 ~~maintain liability security for bodily injury or death, or~~  
1340 ~~required by s. 627.733 to maintain personal injury protection~~  
1341 ~~security on a motor vehicle~~ shall have in his or her immediate  
1342 possession at all times while operating such motor vehicle  
1343 proper proof of maintenance of the ~~required~~ security required  
1344 under s. 324.021(7).

1345           (a) Such proof must ~~shall~~ be in a uniform paper or  
1346 electronic format, as prescribed by the department, a valid  
1347 insurance policy, an insurance policy binder, a certificate of  
1348 insurance, or such other proof as may be prescribed by the  
1349 department.

1350           (b)1. The act of presenting to a law enforcement officer an  
1351 electronic device displaying proof of insurance in an electronic  
1352 format does not constitute consent for the officer to access any  
1353 information on the device other than the displayed proof of  
1354 insurance.

1355           2. The person who presents the device to the officer  
1356 assumes the liability for any resulting damage to the device.

1357           Section 5. Paragraphs (a) and (d) of subsection (5) of  
1358 section 320.02, Florida Statutes, are amended to read:

1359           320.02 Registration required; application for registration;  
1360 forms.—

1361           (5) (a) Proof that bodily injury liability coverage and  
1362 property damage liability coverage ~~personal injury protection~~  
1363 ~~benefits~~ have been purchased if required under s. 324.022, s.

20-01083B-17

20171766\_\_

1364 324.032, or s. 627.742, that medical payments coverage has been  
1365 purchased if required under s. 627.7265 ~~s. 627.733, that~~  
1366 ~~property damage liability coverage has been purchased as~~  
1367 ~~required under s. 324.022, that bodily injury liability or death~~  
1368 coverage has been purchased if required under s. 324.023, and  
1369 that combined bodily liability insurance and property damage  
1370 liability insurance have been purchased if required under s.  
1371 627.7415 must ~~shall~~ be provided in the manner prescribed by law  
1372 by the applicant at the time of application for registration of  
1373 any motor vehicle that is subject to such requirements. The  
1374 issuing agent may not ~~shall refuse to~~ issue registration if such  
1375 proof of purchase is not provided. Insurers shall furnish  
1376 uniform proof-of-purchase cards in a paper or electronic format  
1377 in a form prescribed by the department and include the name of  
1378 the insured's insurance company, the coverage identification  
1379 number, and the make, year, and vehicle identification number of  
1380 the vehicle insured. The card must contain a statement notifying  
1381 the applicant of the penalty specified under s. 316.646(4). The  
1382 card or insurance policy, insurance policy binder, or  
1383 certificate of insurance or a photocopy of any of these; an  
1384 affidavit containing the name of the insured's insurance  
1385 company, the insured's policy number, and the make and year of  
1386 the vehicle insured; or such other proof as may be prescribed by  
1387 the department constitutes ~~shall constitute~~ sufficient proof of  
1388 purchase. If an affidavit is provided as proof, it must be in  
1389 substantially the following form:

1390

1391 Under penalty of perjury, I ... (Name of insured)... do hereby  
1392 certify that I have ... (bodily injury liability and Personal



20-01083B-17

20171766\_\_

1393 ~~Injury Protection,~~ property damage liability coverage, and  
 1394 medical payments coverage, and, if required, ~~Bodily Injury~~  
 1395 ~~Liability)~~... Insurantee currently in effect with ...(Name of  
 1396 insurance company)... under ...(policy number)... covering  
 1397 ...(make, year, and vehicle identification number of  
 1398 vehicle).... ...(Signature of Insured)...

1399

1400 Such affidavit must include the following warning:

1401

1402 WARNING: GIVING FALSE INFORMATION IN ORDER TO OBTAIN A VEHICLE  
 1403 REGISTRATION CERTIFICATE IS A CRIMINAL OFFENSE UNDER FLORIDA  
 1404 LAW. ANYONE GIVING FALSE INFORMATION ON THIS AFFIDAVIT IS  
 1405 SUBJECT TO PROSECUTION.

1406

1407 If an application is made through a licensed motor vehicle  
 1408 dealer as required under s. 319.23, the original or a  
 1409 photostatic copy of such card, insurance policy, insurance  
 1410 policy binder, or certificate of insurance or the original  
 1411 affidavit from the insured must ~~shall~~ be forwarded by the dealer  
 1412 to the tax collector of the county or the Department of Highway  
 1413 Safety and Motor Vehicles for processing. By executing the  
 1414 ~~aforesaid~~ affidavit, a ~~no~~ licensed motor vehicle dealer is not  
 1415 ~~will be~~ liable in damages for any inadequacy, insufficiency, or  
 1416 falsification of any statement contained therein. ~~A card must~~  
 1417 ~~also indicate the existence of any bodily injury liability~~  
 1418 ~~insurance voluntarily purchased.~~

1419

1420 (d) The verifying of ~~proof of personal injury protection~~  
 1421 ~~insurance, proof of property damage liability insurance, proof~~  
 1422 ~~of combined bodily liability insurance and property damage~~

20-01083B-17

20171766\_\_

1422 ~~liability insurance, or~~ proof of financial responsibility  
 1423 ~~insurance~~ and the issuance or failure to issue the motor vehicle  
 1424 registration under ~~the provisions of~~ this chapter may not be  
 1425 construed in any court as a warranty of the reliability or  
 1426 accuracy of the evidence of such proof, or that the provisions  
 1427 of any insurance policy furnished as proof of financial  
 1428 responsibility comply with state law. ~~Neither~~ The department or  
 1429 ~~nor~~ any tax collector is not liable in damages for any  
 1430 inadequacy, insufficiency, falsification, or unauthorized  
 1431 modification of any item of ~~the proof of personal injury~~  
 1432 ~~protection insurance, proof of property damage liability~~  
 1433 ~~insurance, proof of combined bodily liability insurance and~~  
 1434 ~~property damage liability insurance, or~~ proof of financial  
 1435 responsibility before ~~insurance prior to,~~ during, or subsequent  
 1436 to the verification of the proof. The issuance of a motor  
 1437 vehicle registration does not constitute prima facie evidence or  
 1438 a presumption of insurance coverage.

1439 Section 6. Subsection (3) of section 320.27, Florida  
 1440 Statutes, is amended to read:

1441 320.27 Motor vehicle dealers.—

1442 (3) APPLICATION AND FEE.—~~The application for the license~~  
 1443 application must shall be in such form as may be prescribed by  
 1444 the department and is shall be subject to such rules ~~with~~  
 1445 ~~respect thereto~~ as may be so prescribed by the department it.  
 1446 Such application must shall be verified by oath or affirmation  
 1447 and must shall contain a full statement of the name and birth  
 1448 date of the person or persons applying for the license therefor;  
 1449 the name of the firm or copartnership, with the names and places  
 1450 of residence of all members ~~thereof~~, if such applicant is a firm

20-01083B-17

20171766\_\_

1451 or copartnership; the names and places of residence of the  
1452 principal officers, if the applicant is a body corporate or  
1453 other artificial body; the name of the state under whose laws  
1454 the corporation is organized; the present and former place or  
1455 places of residence of the applicant; and the prior business in  
1456 which the applicant has been engaged and its ~~the~~ location  
1457 ~~thereof~~. The ~~Such~~ application must ~~shall~~ describe the exact  
1458 location of the place of business and must ~~shall~~ state whether  
1459 the place of business is owned by the applicant and when  
1460 acquired, or, if leased, a true copy of the lease must ~~shall~~ be  
1461 attached to the application. The applicant shall certify that  
1462 the location provides an adequately equipped office and is not a  
1463 residence; that the location affords sufficient unoccupied space  
1464 upon and within which adequately to store all motor vehicles  
1465 offered and displayed for sale; and that the location is a  
1466 suitable place where the applicant can in good faith carry on  
1467 such business and keep and maintain books, records, and files  
1468 necessary to conduct such business, which must ~~shall~~ be  
1469 available at all reasonable hours to inspection by the  
1470 department or any of its inspectors or other employees. The  
1471 applicant shall certify that the business of a motor vehicle  
1472 dealer is the principal business that will ~~which shall~~ be  
1473 conducted at that location. The application must ~~shall~~ contain a  
1474 statement that the applicant is either franchised by a  
1475 manufacturer of motor vehicles, in which case the name of each  
1476 motor vehicle that the applicant is franchised to sell must  
1477 ~~shall~~ be included, or an independent (nonfranchised) motor  
1478 vehicle dealer. The application must ~~shall~~ contain other  
1479 relevant information as may be required by the department. The

20-01083B-17

20171766\_\_

1480 applicant must furnish, including evidence, in a form approved  
1481 by the department, that the applicant is insured under a garage  
1482 liability insurance policy or a general liability insurance  
1483 policy coupled with a business automobile policy with the  
1484 liability coverage required by this subsection, which shall  
1485 include, at a minimum, \$25,000 combined single-limit liability  
1486 coverage including bodily injury and property damage protection  
1487 and \$10,000 personal injury protection. However, a salvage motor  
1488 vehicle dealer as defined in subparagraph (1)(c)5. is exempt  
1489 from the requirements for garage liability insurance and medical  
1490 payments coverage insurance and personal injury protection  
1491 insurance on those vehicles that cannot be legally operated on  
1492 roads, highways, or streets in this state. Franchise dealers  
1493 must submit a garage liability insurance policy, and all other  
1494 dealers must submit a garage liability insurance policy or a  
1495 general liability insurance policy coupled with a business  
1496 automobile policy. Such policy must shall be for the license  
1497 period and must include, at a minimum, \$70,000 combined single-  
1498 limit bodily injury and property damage liability coverage that  
1499 conforms to the requirements of s. 324.151., and Evidence of a  
1500 new or continued policy must shall be delivered to the  
1501 department at the beginning of each license period. Upon making  
1502 an initial application, the applicant shall pay to the  
1503 department a fee of \$300 in addition to any other fees required  
1504 by law. Applicants may choose to extend the licensure period for  
1505 1 additional year for a total of 2 years. An initial applicant  
1506 shall pay to the department a fee of \$300 for the first year and  
1507 \$75 for the second year, in addition to any other fees required  
1508 by law. An applicant for renewal shall pay to the department \$75

20-01083B-17

20171766\_\_

1509 for a 1-year renewal or \$150 for a 2-year renewal, in addition  
1510 to any other fees required by law. Upon making an application  
1511 for a change of location, the applicant ~~person~~ shall pay a fee  
1512 of \$50 in addition to any other fees now required by law. The  
1513 department shall, in the case of every application for initial  
1514 licensure, verify whether certain facts set forth in the  
1515 application are true. Each applicant, general partner in the  
1516 case of a partnership, or corporate officer and director in the  
1517 case of a corporate applicant, shall ~~must~~ file a set of  
1518 fingerprints with the department for the purpose of determining  
1519 any prior criminal record or any outstanding warrants. The  
1520 department shall submit the fingerprints to the Department of  
1521 Law Enforcement for state processing and forwarding to the  
1522 Federal Bureau of Investigation for federal processing. The  
1523 actual cost of state and federal processing must ~~shall~~ be borne  
1524 by the applicant and is in addition to the fee for licensure.  
1525 The department may issue a license to an applicant pending the  
1526 results of the fingerprint investigation, which license is fully  
1527 revocable if the department subsequently determines that any  
1528 facts set forth in the application are not true or correctly  
1529 represented.

1530 Section 7. Paragraph (j) of subsection (3) of section  
1531 320.771, Florida Statutes, is amended to read:

1532 320.771 License required of recreational vehicle dealers.—

1533 (3) APPLICATION.—The application for such license shall be  
1534 in the form prescribed by the department and subject to such  
1535 rules as may be prescribed by it. The application shall be  
1536 verified by oath or affirmation and shall contain:

1537 (j) A statement that the applicant is insured under a

20-01083B-17

20171766\_\_

1538 garage liability insurance policy, which must ~~shall~~ include, at  
1539 a minimum, \$70,000 ~~\$25,000~~ combined single-limit bodily injury  
1540 and property liability coverage, ~~including bodily injury and~~  
1541 ~~property damage protection, and \$10,000 personal injury~~  
1542 ~~protection,~~ if the applicant is to be licensed as a dealer in,  
1543 or intends to sell, recreational vehicles.

1544

1545 The department shall, if it deems necessary, cause an  
1546 investigation to be made to ascertain if the facts set forth in  
1547 the application are true and shall not issue a license to the  
1548 applicant until it is satisfied that the facts set forth in the  
1549 application are true.

1550 Section 8. Section 324.011, Florida Statutes, is amended to  
1551 read:

1552 324.011 Legislative intent and purpose of chapter.—It is  
1553 the intent of this chapter to ensure that the privilege of  
1554 owning or operating a motor vehicle in this state be exercised  
1555 ~~recognize the existing privilege to own or operate a motor~~  
1556 ~~vehicle on the public streets and highways of this state when~~  
1557 ~~such vehicles are used with due consideration for~~ others' safety  
1558 ~~others~~ and their property, ~~and~~ to promote safety, and to provide  
1559 financial security requirements for ~~such~~ owners and ~~or~~ operators  
1560 whose responsibility it is to recompense others for injury to  
1561 person or property caused by the operation of a motor vehicle.  
1562 Therefore, this chapter requires that owners and operators of  
1563 motor vehicles establish, maintain, and it is required herein  
1564 ~~that the operator of a motor vehicle involved in a crash or~~  
1565 ~~convicted of certain traffic offenses meeting the operative~~  
1566 ~~provisions of s. 324.051(2) shall respond for such damages and~~

20-01083B-17

20171766\_\_

1567 show proof of financial ability to respond for damages arising  
1568 out of the ownership, maintenance, or use of a motor vehicle in  
1569 future accidents as a requisite to owning or operating a motor  
1570 vehicle in this state ~~his or her future exercise of such~~  
1571 ~~privileges.~~

1572 Section 9. Subsections (1) and (7) and paragraph (c) of  
1573 subsection (9) of section 324.021, Florida Statutes, are  
1574 amended, and subsection (12) is added to that section, to read:

1575 324.021 Definitions; minimum insurance required.—The  
1576 following words and phrases when used in this chapter shall, for  
1577 the purpose of this chapter, have the meanings respectively  
1578 ascribed to them in this section, except in those instances  
1579 where the context clearly indicates a different meaning:

1580 (1) MOTOR VEHICLE.—Every self-propelled vehicle that ~~which~~  
1581 is designed and required to be licensed for use upon a highway,  
1582 including trailers and semitrailers designed for use with such  
1583 vehicles, except traction engines, road rollers, farm tractors,  
1584 power shovels, and well drillers, and every vehicle that ~~which~~  
1585 is propelled by electric power obtained from overhead wires but  
1586 not operated upon rails, but not including any bicycle or moped.  
1587 ~~However, the term "motor vehicle" shall not include any motor~~  
1588 ~~vehicle as defined in s. 627.732(3) when the owner of such~~  
1589 ~~vehicle has complied with the requirements of ss. 627.730-~~  
1590 ~~627.7405, inclusive, unless the provisions of s. 324.051 apply;~~  
1591 ~~and, in such case, the applicable proof of insurance provisions~~  
1592 ~~of s. 320.02 apply.~~

1593 (7) PROOF OF FINANCIAL RESPONSIBILITY.—~~That~~ Proof of  
1594 ability to respond in damages for liability on account of  
1595 crashes arising out of the ownership, maintenance, or use of a

20-01083B-17

20171766\_\_

1596 motor vehicle:

1597       (a) With respect to a motor vehicle that is not a  
1598 commercial motor vehicle, nonpublic sector bus, or for-hire  
1599 passenger transportation vehicle:

1600       1. Beginning on the effective date of this act, and  
1601 continuing through December 31, 2019, in the amount of:

1602       a. Twenty thousand dollars for ~~\$10,000~~ because of bodily  
1603 injury to, or the death of, one person in any one crash and,  
1604 ~~(b)~~ subject to such limits for one person, in the amount of of  
1605 ~~\$40,000~~ for ~~\$20,000~~ because of bodily injury to, or the death  
1606 of, two or more persons in any one crash; and

1607       b. Ten thousand dollars for damage to, or destruction of,  
1608 property of others in any one crash.

1609       2. Beginning January 1, 2020, and continuing through  
1610 December 31, 2021, in the amount of:

1611       a. Twenty-five thousand dollars for bodily injury to, or  
1612 the death of, one person in any one crash and, subject to such  
1613 limits for one person, in the amount of \$50,000 for bodily  
1614 injury to, or the death of, two or more persons in any one  
1615 crash; and

1616       b. Ten thousand dollars for damage to, or destruction of,  
1617 property of others in any one crash.

1618       3. Beginning January 1, 2022, and continuing thereafter, in  
1619 the amount of:

1620       a. Thirty thousand dollars for bodily injury to, or the  
1621 death of, one person in any one crash and, subject to such  
1622 limits for one person, in the amount of \$60,000 for bodily  
1623 injury to, or the death of, two or more persons in any one  
1624 crash; and



20-01083B-17

20171766\_\_

1625 b. (e) Ten thousand dollars for damage ~~In the amount of~~  
 1626 ~~\$10,000 because of injury to, or destruction of, property of~~  
 1627 ~~others in any one crash.; and~~

1628 (b) (d) With respect to commercial motor vehicles and  
 1629 ~~nonpublic sector buses, in the amounts specified in s. 627.7415~~  
 1630 ~~ss. 627.7415 and 627.742, respectively.~~

1631 (c) With respect to nonpublic sector buses, in the amounts  
 1632 specified in s. 627.742.

1633 (d) With respect to for-hire passenger transportation  
 1634 vehicles, in the amounts specified in s. 324.032.

1635 (9) OWNER; OWNER/LESSOR.—

1636 (c) *Application.*—

1637 1. The limits on liability in subparagraphs (b)2. and 3. do  
 1638 not apply to an owner of motor vehicles that are used for  
 1639 commercial activity in the owner's ordinary course of business,  
 1640 other than a rental company that rents or leases motor vehicles.  
 1641 For purposes of this paragraph, the term "rental company"  
 1642 includes only an entity that is engaged in the business of  
 1643 renting or leasing motor vehicles to the general public and that  
 1644 rents or leases a majority of its motor vehicles to persons with  
 1645 no direct or indirect affiliation with the rental company. The  
 1646 term also includes a motor vehicle dealer that provides  
 1647 temporary replacement vehicles to its customers for up to 10  
 1648 days. The term "rental company" also includes:

1649 a. A related rental or leasing company that is a subsidiary  
 1650 of the same parent company as that of the renting or leasing  
 1651 company that rented or leased the vehicle.

1652 b. The holder of a motor vehicle title or an equity  
 1653 interest in a motor vehicle title if the title or equity

20-01083B-17

20171766\_\_

1654 interest is held pursuant to or to facilitate an asset-backed  
1655 securitization of a fleet of motor vehicles used solely in the  
1656 business of renting or leasing motor vehicles to the general  
1657 public and under the dominion and control of a rental company,  
1658 as described in this subparagraph, in the operation of such  
1659 rental company's business.

1660 2. Furthermore, with respect to commercial motor vehicles  
1661 as defined in s. 207.002 or s. 320.01 ~~s. 627.732~~, the limits on  
1662 liability in subparagraphs (b)2. and 3. do not apply if, at the  
1663 time of the incident, the commercial motor vehicle is being used  
1664 in the transportation of materials found to be hazardous for the  
1665 purposes of the Hazardous Materials Transportation Authorization  
1666 Act of 1994, as amended, 49 U.S.C. ss. 5101 et seq., and that is  
1667 required pursuant to such act to carry placards warning others  
1668 of the hazardous cargo, unless at the time of lease or rental  
1669 either:

1670 a. The lessee indicates in writing that the vehicle will  
1671 not be used to transport materials found to be hazardous for the  
1672 purposes of the Hazardous Materials Transportation Authorization  
1673 Act of 1994, as amended, 49 U.S.C. ss. 5101 et seq.; or

1674 b. The lessee or other operator of the commercial motor  
1675 vehicle has in effect insurance with limits of at least  
1676 \$5,000,000 combined property damage and bodily injury liability.

1677 (12) FOR-HIRE PASSENGER TRANSPORTATION VEHICLE.—Every "for-  
1678 hire vehicle" as defined in s. 320.01(15) which is offered or  
1679 used to provide transportation for persons, including taxicabs,  
1680 limousines, and jitneys.

1681 Section 10. Section 324.022, Florida Statutes, is amended  
1682 to read:

20-01083B-17

20171766\_\_

1683 324.022 Financial responsibility requirements ~~for property~~  
1684 ~~damage.~~—

1685 (1) (a) Every owner ~~or operator~~ of a motor vehicle required  
1686 to be registered in this state and every operator of a motor  
1687 vehicle who is licensed in this state shall establish and  
1688 continuously maintain the ability to respond in damages for  
1689 liability on account of accidents arising out of the ownership,  
1690 maintenance, or use of the motor vehicle in the amount of:

1691 1. Beginning on the effective date of this act, and  
1692 continuing through December 31, 2019:

1693 a. Twenty thousand dollars for bodily injury to, or the  
1694 death of, one person in any one crash and, subject to such  
1695 limits for one person, in the amount of \$40,000 for bodily  
1696 injury to, or the death of, two or more persons in any one  
1697 crash; and

1698 b. Ten thousand dollars for damage to, or destruction of,  
1699 property of others in any one crash.

1700 2. Beginning January 1, 2020, and continuing through  
1701 December 31, 2021:

1702 a. Twenty-five thousand dollars for bodily injury to, or  
1703 the death of, one person in any one crash and, subject to such  
1704 limits for one person, in the amount of \$50,000 for bodily  
1705 injury to, or the death of, two or more persons in any one  
1706 crash; and

1707 b. Ten thousand dollars for damage to, or destruction of,  
1708 property of others in any one crash.

1709 3. Beginning January 1, 2022, and continuing thereafter:

1710 a. Thirty thousand dollars for bodily injury to, or the  
1711 death of, one person in any one crash and, subject to such

20-01083B-17

20171766\_\_

1712 limits for one person, in the amount of \$60,000 for bodily  
1713 injury to, or the death of, two or more persons in any one  
1714 crash; and

1715 b. Ten thousand dollars for ~~\$10,000 because of~~ damage to,  
1716 or destruction of, property of others in any one crash.

1717 (b) The requirements of paragraph (a) ~~this section~~ may be  
1718 met by one of the methods established in s. 324.031; by self-  
1719 insuring as authorized by s. 768.28(16); or by maintaining  
1720 medical payments coverage under s. 627.7265 and a motor vehicle  
1721 liability insurance policy that ~~an insurance policy providing~~  
1722 ~~coverage for property damage liability in the amount of at least~~  
1723 ~~\$10,000 because of damage to, or destruction of, property of~~  
1724 ~~others in any one accident arising out of the use of the motor~~  
1725 ~~vehicle. The requirements of this section may also be met by~~  
1726 ~~having a policy which provides~~ combined property damage  
1727 liability and bodily injury liability coverage for any one crash  
1728 arising out of the ownership, maintenance, or use of a motor  
1729 vehicle which conforms to the requirements of s. 324.151 in the  
1730 amount of:

1731 1. At least \$50,000 for every owner and operator subject to  
1732 the financial responsibility required in subparagraph (1)(a)1.

1733 2. At least \$60,000 for every owner and operator subject to  
1734 the financial responsibility required in subparagraph (1)(a)2.

1735 3. At least \$70,000 for every owner and operator subject to  
1736 the financial responsibility required in subparagraph (1)(a)3.  
1737 ~~\$30,000 for combined property damage liability and bodily injury~~  
1738 ~~liability for any one crash arising out of the use of the motor~~  
1739 ~~vehicle. The policy, with respect to coverage for property~~  
1740 ~~damage liability, must meet the applicable requirements of s.~~

20-01083B-17

20171766\_\_

1741 ~~324.151, subject to the usual policy exclusions that have been~~  
 1742 ~~approved in policy forms by the Office of Insurance Regulation.~~  
 1743 ~~No insurer shall have any duty to defend uncovered claims~~  
 1744 ~~irrespective of their joinder with covered claims.~~

1745 (2) As used in this section, the term:

1746 ~~(a)~~ "motor vehicle" means any self-propelled vehicle that  
 1747 has four or more wheels and that is of a type designed and  
 1748 required to be licensed for use on the highways of this state,  
 1749 and any trailer or semitrailer designed for use with such  
 1750 vehicle. The term does not include the following:

1751 (a)1. A mobile home as defined in s. 320.01.

1752 (b)2. A motor vehicle that is used in mass transit and  
 1753 designed to transport more than five passengers, exclusive of  
 1754 the operator of the motor vehicle, and that is owned by a  
 1755 municipality, transit authority, or political subdivision of the  
 1756 state.

1757 (c)3. A school bus as defined in s. 1006.25, which shall  
 1758 maintain security as required under s. 316.615.

1759 (d) A commercial motor vehicle as defined in s. 207.002 or  
 1760 s. 320.01, which shall maintain security as required under ss.  
 1761 324.031 and 627.7415.

1762 (e) A nonpublic sector bus, which shall maintain security  
 1763 as required under ss. 324.031 and 627.742.

1764 (f)4. A ~~vehicle providing~~ for-hire passenger transportation  
 1765 vehicle, which ~~that is subject to the provisions of s. 324.031.~~  
 1766 A ~~taxicab~~ shall maintain security as required under s. 324.032  
 1767 s. ~~324.032(1).~~

1768 ~~(b) "Owner" means the person who holds legal title to a~~  
 1769 ~~motor vehicle or the debtor or lessee who has the right to~~

20-01083B-17

20171766\_\_

1770 ~~possession of a motor vehicle that is the subject of a security~~  
1771 ~~agreement or lease with an option to purchase.~~

1772 (3) Each nonresident owner or registrant of a motor vehicle  
1773 that, whether operated or not, has been physically present  
1774 within this state for more than 90 days during the preceding 365  
1775 days shall maintain security as required by subsection (1),  
1776 which must be that is in effect continuously throughout the  
1777 period the motor vehicle remains within this state.

1778 (4) An ~~The~~ owner or registrant of a motor vehicle who is  
1779 ~~exempt from the requirements of this section if she or he is a~~  
1780 member of the United States Armed Forces and is called to or on  
1781 active duty outside the United States in an emergency situation  
1782 is exempt from this section while he or she. ~~The exemption~~  
1783 ~~provided by this subsection applies only as long as the member~~  
1784 ~~of the Armed Forces is on such active duty.~~ This exemption  
1785 ~~outside the United States and applies only while the vehicle~~  
1786 covered by the security is not operated by any person. Upon  
1787 receipt of a written request by the insured to whom the  
1788 exemption provided in this subsection applies, the insurer shall  
1789 cancel the coverages and return any unearned premium or suspend  
1790 the security required by this section. Notwithstanding s.  
1791 324.0221(2) ~~s. 324.0221(3)~~, the department may not suspend the  
1792 registration or operator's license of an ~~any~~ owner or registrant  
1793 of a motor vehicle during the time she or he qualifies for the  
1794 ~~an~~ exemption under this subsection. An ~~Any~~ owner or registrant  
1795 of a motor vehicle who qualifies for the ~~an~~ exemption under this  
1796 subsection shall immediately notify the department before ~~prior~~  
1797 ~~to~~ and at the end of the expiration of the exemption.

1798 Section 11. Section 324.031, Florida Statutes, is amended

20-01083B-17

20171766\_\_

1799 to read:

1800 324.031 Manner of proving financial responsibility.—

1801 ~~(1) The owner or operator of a taxicab, limousine, jitney,~~  
 1802 ~~or any other for-hire passenger transportation vehicle may prove~~  
 1803 ~~financial responsibility by providing satisfactory evidence of~~  
 1804 ~~holding a motor vehicle liability policy as defined in s.~~  
 1805 ~~324.021(8) or s. 324.151, which policy is issued by an insurance~~  
 1806 ~~carrier which is a member of the Florida Insurance Guaranty~~  
 1807 ~~Association. The operator or owner of a motor vehicle other than~~  
 1808 ~~a for-hire passenger transportation vehicle any other vehicle~~  
 1809 may prove his or her financial responsibility by:

1810 ~~(a) (1)~~ (a) Furnishing satisfactory evidence of holding a motor  
 1811 vehicle liability policy as defined in ss. 324.021(8) and  
 1812 324.151;

1813 ~~(b) (2)~~ (b) Furnishing a certificate of self-insurance showing a  
 1814 deposit of cash in accordance with s. 324.161; or

1815 ~~(c) (3)~~ (c) Furnishing a certificate of self-insurance issued by  
 1816 the department in accordance with s. 324.171.

1817 ~~(2) (a) Any person, including any firm, partnership,~~  
 1818 ~~association, corporation, or other person, other than a natural~~  
 1819 ~~person,~~ electing to use the method of proof specified in  
 1820 paragraph (1) (b) subsection (2) shall furnish a certificate of  
 1821 deposit equal to the number of vehicles owned times:

1822 1. Fifty thousand dollars, to a maximum of \$200,000, from  
 1823 January 1, 2018, through December 31, 2019.

1824 2. Sixty thousand dollars, to a maximum of \$240,000, from  
 1825 January 1, 2020, through December 31, 2021.

1826 3. Seventy thousand dollars, ~~\$30,000,~~ to a maximum of  
 1827 \$280,000, from January 1, 2022, and thereafter. ~~\$120,000;~~

20-01083B-17

20171766\_\_

1828        (b) In addition, any such person, other than a natural  
1829 person, shall maintain insurance providing coverage conforming  
1830 to the requirements of s. 324.151 in excess of the amount of the  
1831 certificate of deposit, with limits of at least:

1832        1. One hundred twenty-five thousand dollars for bodily  
1833 injury to, or the death of, one person in any one crash and,  
1834 subject to such limits for one person, in the amount of \$250,000  
1835 for bodily injury to, or the death of, two or more persons in  
1836 any one crash, and \$50,000 for damage to, or destruction of,  
1837 property of others in any one crash; or \$10,000/20,000/10,000 or  
1838 \$30,000 combined single limits, and such excess insurance shall  
1839 provide minimum limits of \$125,000/250,000/50,000 or \$300,000  
1840 combined single limits. These increased limits shall not affect  
1841 the requirements for proving financial responsibility under s.  
1842 324.032(1).

1843        2. Three hundred thousand dollars for combined bodily  
1844 injury liability and property damage liability for any one  
1845 crash.

1846        Section 12. Section 324.032, Florida Statutes, is amended  
1847 to read:

1848        324.032 ~~Manner of proving~~ Financial responsibility for  
1849 for-hire passenger transportation vehicles. Notwithstanding the  
1850 provisions of s. 324.031:

1851        (1) An owner, lessee, or operator of a for-hire passenger  
1852 transportation vehicle that is required to be registered in this  
1853 state shall establish and continuously maintain the ability to  
1854 respond in damages for liability on account of accidents arising  
1855 out of the ownership, maintenance, or use of the for-hire  
1856 passenger transportation vehicle, in the amount of:



20-01083B-17

20171766\_\_

1857           (a) One hundred twenty-five thousand dollars for bodily  
1858 injury to, or the death of, one person in any one crash and,  
1859 subject to such limits for one person, in the amount of \$250,000  
1860 for bodily injury to, or the death of, two or more persons in  
1861 any one crash; and ~~A person who is either the owner or a lessee~~  
1862 ~~required to maintain insurance under s. 627.733(1)(b) and who~~  
1863 ~~operates one or more taxicabs, limousines, jitneys, or any other~~  
1864 ~~for-hire passenger transportation vehicles may prove financial~~  
1865 ~~responsibility by furnishing satisfactory evidence of holding a~~  
1866 ~~motor vehicle liability policy, but with minimum limits of~~  
1867 ~~\$125,000/250,000/50,000.~~

1868           (b) Fifty thousand dollars for damage to, or destruction  
1869 of, property of others in any one crash ~~A person who is either~~  
1870 ~~the owner or a lessee required to maintain insurance under s.~~  
1871 ~~324.021(9)(b) and who operates limousines, jitneys, or any other~~  
1872 ~~for-hire passenger vehicles, other than taxicabs, may prove~~  
1873 ~~financial responsibility by furnishing satisfactory evidence of~~  
1874 ~~holding a motor vehicle liability policy as defined in s.~~  
1875 ~~324.031.~~

1876           (2) Except as provided in subsection (3), the requirements  
1877 of this section must be met by providing satisfactory evidence  
1878 of holding a motor vehicle liability policy conforming to the  
1879 requirements of s. 324.151 which is issued by an insurance  
1880 carrier that is a member of the Florida Insurance Guaranty  
1881 Association.

1882           (3) ~~(2)~~ ~~An owner or a lessee who is required to maintain~~  
1883 ~~insurance under s. 324.021(9)(b) and who operates at least 300~~  
1884 ~~taxicabs, limousines, jitneys, or any other for-hire passenger~~  
1885 ~~transportation vehicles may provide financial responsibility by~~

20-01083B-17

20171766\_\_

1886 complying with the provisions of s. 324.171, such compliance to  
1887 be demonstrated by maintaining at its principal place of  
1888 business an audited financial statement, prepared in accordance  
1889 with generally accepted accounting principles, and providing to  
1890 the department a certification issued by a certified public  
1891 accountant that the applicant's net worth is at least equal to  
1892 the requirements of s. 324.171 as determined by the Office of  
1893 Insurance Regulation of the Financial Services Commission,  
1894 including claims liabilities in an amount certified as adequate  
1895 by a Fellow of the Casualty Actuarial Society.

1896  
1897 Upon request by the department, the applicant shall ~~must~~ provide  
1898 the department at the applicant's principal place of business in  
1899 this state access to the applicant's underlying financial  
1900 information and financial statements that provide the basis of  
1901 the certified public accountant's certification. The applicant  
1902 shall reimburse the requesting department for all reasonable  
1903 costs incurred by it in reviewing the supporting information.  
1904 The maximum amount of self-insurance permissible under this  
1905 subsection is \$300,000 and must be stated on a per-occurrence  
1906 basis, and the applicant shall maintain adequate excess  
1907 insurance issued by an authorized or eligible insurer licensed  
1908 or approved by the Office of Insurance Regulation. All risks  
1909 self-insured shall remain with the owner or lessee providing it,  
1910 and the risks are not transferable to any other person, unless a  
1911 policy complying with subsections (1) and (2) ~~subsection (1)~~ is  
1912 obtained.

1913 Section 13. Section 324.071, Florida Statutes, is amended  
1914 to read:

20-01083B-17

20171766\_\_

1915           324.071 Reinstatement; renewal of license; reinstatement  
 1916 fee.—~~An~~ Any operator or owner whose license or registration has  
 1917 been suspended pursuant to s. 324.051(2), s. 324.072, s.  
 1918 324.081, or s. 324.121 may effect its reinstatement upon  
 1919 compliance with ~~the provisions of~~ s. 324.051(2) (a)3. or 4., or  
 1920 s. 324.081(2) and (3), as the case may be, and with one of the  
 1921 provisions of s. 324.031 and upon payment to the department of a  
 1922 nonrefundable reinstatement fee as specified in s. 324.0221 ~~of~~  
 1923 ~~\$15~~. Only one such fee may ~~shall~~ be paid by any one person  
 1924 regardless ~~irrespective~~ of the number of licenses and  
 1925 registrations to be then reinstated or issued to such person.  
 1926 ~~All~~ Such fees must ~~shall~~ be deposited to a department trust  
 1927 fund. ~~If~~ When the reinstatement of any license or registration  
 1928 is effected by compliance with s. 324.051(2) (a)3. or 4., the  
 1929 department may ~~shall~~ not renew the license or registration  
 1930 within ~~a period of~~ 3 years after ~~from~~ such reinstatement, nor  
 1931 may ~~shall~~ any other license or registration be issued in the  
 1932 name of such person, unless the operator continues ~~is continuing~~  
 1933 to comply with ~~one of the provisions of~~ s. 324.031.

1934           Section 14. Section 324.151, Florida Statutes, is amended  
 1935 to read:

1936           324.151 Motor vehicle liability policies; required  
 1937 provisions.—

1938           (1) A motor vehicle liability policy that serves as to be  
 1939 proof of financial responsibility under s. 324.031(1) must,  
 1940 ~~shall~~ be issued to owners and ~~or~~ operators of motor vehicles  
 1941 under the following provisions:

1942           (a) A motor vehicle ~~An owner's~~ liability insurance policy  
 1943 issued to an owner of a motor vehicle registered in this state

20-01083B-17

20171766\_\_

1944 ~~must shall~~ designate by explicit description or by appropriate  
1945 reference all motor vehicles with respect to which coverage is  
1946 thereby granted. The policy must ~~and shall~~ insure the person or  
1947 persons ~~owner~~ named therein and any resident relative of a named  
1948 insured ~~other person as operator using such motor vehicle or~~  
1949 ~~motor vehicles with the express or implied permission of such~~  
1950 ~~owner against loss~~ from the liability imposed by law for damage  
1951 arising out of the ownership, maintenance, or use of any such  
1952 motor vehicle except as otherwise provided in this section. The  
1953 policy must also insure any person operating an insured motor  
1954 vehicle with the express or implied permission of a named  
1955 insured against loss from the liability imposed by law for  
1956 damage arising out of the use of such vehicle. However, the  
1957 insurer may include provisions in its policy excluding liability  
1958 coverage for a motor vehicle not designated as an insured  
1959 vehicle on the policy, if such motor vehicle does not qualify as  
1960 a newly acquired vehicle, does not qualify as a temporary  
1961 substitute vehicle, and was owned by an insured or was furnished  
1962 for an insured's regular use for more than 30 consecutive days  
1963 before the event giving rise to the claim ~~or motor vehicles~~  
1964 ~~within the United States or the Dominion of Canada, subject to~~  
1965 ~~limits, exclusive of interest and costs with respect to each~~  
1966 ~~such motor vehicle as is provided for under s. 324.021(7).~~  
1967 Insurers may make available, with respect to property damage  
1968 liability coverage, a deductible amount not to exceed \$500. In  
1969 the event of a property damage loss covered by a policy  
1970 containing a property damage deductible provision, the insurer  
1971 shall pay to the third-party claimant the amount of any property  
1972 damage liability settlement or judgment, subject to policy

20-01083B-17

20171766\_\_

1973 limits, as if no deductible existed.

1974 (b) A motor vehicle liability insurance policy issued to a  
1975 person who does not own a motor vehicle registered in this state  
1976 and who is not already insured under a policy described in  
1977 paragraph (a) must ~~An operator's motor vehicle liability policy~~  
1978 ~~of insurance shall~~ insure the person or persons named therein  
1979 against loss from the liability imposed ~~upon him or her~~ by law  
1980 for damages arising out of the use ~~by the person~~ of any motor  
1981 vehicle not owned by him or her, unless the vehicle was  
1982 furnished for the named insured's regular use and was used by  
1983 the named insured for more than 30 consecutive days before the  
1984 event giving rise to the claim ~~with the same territorial limits~~  
1985 ~~and subject to the same limits of liability as referred to above~~  
1986 ~~with respect to an owner's policy of liability insurance.~~

1987 (c) All such motor vehicle liability policies must ~~shall~~  
1988 state the name and address of the named insured, the coverage  
1989 afforded by the policy, the premium charged therefor, the policy  
1990 period, the limits of liability, and must ~~shall~~ contain an  
1991 agreement or be endorsed that insurance is provided in  
1992 accordance with the coverage defined in this chapter ~~as respects~~  
1993 ~~bodily injury and death or property damage or both~~ and is  
1994 subject to all provisions of this chapter. The policies must  
1995 insure all persons covered under the liability coverage against  
1996 loss from the liability imposed by law for any litigation costs  
1997 or attorney fees in any civil action defended by the insurer  
1998 which arises out of the ownership, maintenance, or use of a  
1999 motor vehicle for which there is liability coverage under the  
2000 policy. The ~~Said~~ policies must ~~shall~~ also contain a provision  
2001 that the satisfaction by an insured of a judgment for such

20-01083B-17

20171766\_\_

injury or damage ~~may shall~~ not be a condition precedent to the right or duty of the insurance carrier to make payment on account of such injury or damage, and must shall also contain a provision that bankruptcy or insolvency of the insured or of the insured's estate ~~may shall~~ not relieve the insurance carrier of any of its obligations under the said policy. However, the policies may contain provisions excluding liability coverage for a vehicle being used outside of the United States or Canada at the time of the accident.

(2) ~~The provisions of~~ This section is shall not be applicable to any automobile liability policy unless and until it is furnished as proof of financial responsibility for the future pursuant to s. 324.031, and then only from and after the date said policy is so furnished.

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

(a) "Newly acquired vehicle" means a vehicle owned by a named insured or resident relative of the named insured which was acquired within 30 days before an accident.

(b) "Resident relative" means a person related to a named insured by any degree by blood, marriage, or adoption, including a ward or foster child, who usually makes his or her home in the same family unit as the named insured, whether or not he or she temporarily lives elsewhere.

(c) "Temporary substitute vehicle" means any motor vehicle as defined in s. 320.01(1) not owned by the named insured which is temporarily used with the permission of the owner as a substitute for the owned motor vehicle designated on the policy, when the owned vehicle is withdrawn from normal use because of breakdown, repair, servicing, loss, or destruction.

20-01083B-17

20171766\_\_

2031 Section 15. Section 324.161, Florida Statutes, is amended  
2032 to read:

2033 324.161 Proof of financial responsibility; deposit.—If a  
2034 person elects to prove his or her financial responsibility under  
2035 the method of proof specified in s. 324.031(1)(b), such person  
2036 must obtain proof of a certificate of deposit annually, in the  
2037 amount required under s. 324.031(2), from a financial  
2038 institution insured by the Federal Deposit Insurance Corporation  
2039 or the National Credit Union Administration. Proof of such  
2040 certificate of deposit ~~Annually, before any certificate of~~  
2041 ~~insurance may be issued to a person, including any firm,~~  
2042 ~~partnership, association, corporation, or other person, other~~  
2043 ~~than a natural person, proof of a certificate of deposit of~~  
2044 ~~\$30,000 issued and held by a financial institution must be~~  
2045 submitted to the department annually. A power of attorney will  
2046 be issued to and held by the department and may be executed upon  
2047 a judgment issued against such person making the deposit, for  
2048 damages for ~~because of~~ bodily injury to or death of any person  
2049 or for damages for ~~because of~~ injury to or destruction of  
2050 property resulting from the use or operation of any motor  
2051 vehicle occurring after such deposit was made. Money so  
2052 deposited is ~~shall~~ not be subject to attachment or execution  
2053 unless such attachment or execution arises ~~shall arise~~ out of a  
2054 lawsuit ~~suit~~ for such damages ~~as aforesaid~~.

2055 Section 16. Subsections (1) and (2) of section 324.171,  
2056 Florida Statutes, are amended to read:

2057 324.171 Self-insurer.—

2058 (1) A ~~Any~~ person may qualify as a self-insurer by obtaining  
2059 a certificate of self-insurance from the department. ~~which may,~~

20-01083B-17

20171766\_\_

2060 ~~in its discretion and~~ Upon application of such a person, the  
2061 department may issue a ~~said~~ certificate of self-insurance if the  
2062 applicant when such person has satisfied the requirements of  
2063 this section ~~to qualify as a self-insurer under this section:~~

2064 (a) A private individual with private passenger vehicles  
2065 must shall possess a net unencumbered worth: ~~of~~

2066 1. Beginning January 1, 2018, through December 31, 2019, of  
2067 at least \$80,000.

2068 2. Beginning January 1, 2020, through December 31, 2021, of  
2069 at least \$100,000.

2070 3. Beginning January 1, 2022, and thereafter, of at least  
2071 \$120,000 ~~\$40,000.~~

2072 (b) A person, including any firm, partnership, association,  
2073 corporation, or other person, other than a natural person, must  
2074 shall:

2075 1. Possess a net unencumbered worth: ~~of~~

2076 a. Beginning January 1, 2018, through December 31, 2019, of  
2077 at least \$80,000 for the first motor vehicle and \$40,000 for  
2078 each additional motor vehicle.

2079 b. Beginning January 1, 2020, through December 31, 2021, of  
2080 at least \$100,000 for the first motor vehicle and \$50,000 for  
2081 each additional motor vehicle.

2082 c. Beginning January 1, 2022, and thereafter, of at least  
2083 \$120,000 ~~\$40,000~~ for the first motor vehicle and \$60,000 ~~\$20,000~~  
2084 for each additional motor vehicle; or

2085 2. Maintain sufficient net worth, in an amount determined  
2086 by the department, to be financially responsible for potential  
2087 losses. The department shall annually determine the minimum net  
2088 worth sufficient to satisfy this subparagraph ~~as determined~~



20-01083B-17

20171766\_\_

2089 annually by the department, pursuant to rules adopted  
 2090 ~~promulgated~~ by the department, with the assistance of the Office  
 2091 of Insurance Regulation of the Financial Services Commission, ~~to~~  
 2092 ~~be financially responsible for potential losses~~. The rules must  
 2093 consider any ~~shall take into consideration~~ excess insurance  
 2094 carried by the applicant. The department's determination must  
 2095 ~~shall~~ be based upon reasonable actuarial principles considering  
 2096 the frequency, severity, and loss development of claims incurred  
 2097 by casualty insurers writing coverage on the type of motor  
 2098 vehicles for which a certificate of self-insurance is desired.

2099 (c) The owner of a commercial motor vehicle, as defined in  
 2100 s. 207.002 or s. 320.01, may qualify as a self-insurer subject  
 2101 to the standards provided ~~for~~ in subparagraph (b)2.

2102 (2) The self-insurance certificate must ~~shall~~ provide  
 2103 limits of liability insurance in the amounts specified under s.  
 2104 324.021(7) ~~or s. 627.7415~~ and ~~shall provide personal injury~~  
 2105 ~~protection coverage under s. 627.733(3)(b)~~.

2106 Section 17. Section 324.251, Florida Statutes, is amended  
 2107 to read:

2108 324.251 Short title.—This chapter may be cited as the  
 2109 "Financial Responsibility Law of 2017 1955" and is ~~shall become~~  
 2110 effective at 12:01 a.m., January 1, 2018 ~~October 1, 1955~~.

2111 Section 18. Subsection (4) of section 400.9905, Florida  
 2112 Statutes, is amended to read:

2113 400.9905 Definitions.—

2114 (4) "Clinic" means an entity where health care services are  
 2115 provided to individuals and which tenders charges for  
 2116 reimbursement for such services, including a mobile clinic and a  
 2117 portable equipment provider. As used in this part, the term does

20-01083B-17

20171766\_\_

2118 not include and the licensure requirements of this part do not  
2119 apply to:

2120 (a) Entities licensed or registered by the state under  
2121 chapter 395; entities licensed or registered by the state and  
2122 providing only health care services within the scope of services  
2123 authorized under their respective licenses under ss. 383.30-  
2124 383.335, chapter 390, chapter 394, chapter 397, this chapter  
2125 except part X, chapter 429, chapter 463, chapter 465, chapter  
2126 466, chapter 478, part I of chapter 483, chapter 484, or chapter  
2127 651; end-stage renal disease providers authorized under 42  
2128 C.F.R. part 405, subpart U; providers certified under 42 C.F.R.  
2129 part 485, subpart B or subpart H; or any entity that provides  
2130 neonatal or pediatric hospital-based health care services or  
2131 other health care services by licensed practitioners solely  
2132 within a hospital licensed under chapter 395.

2133 (b) Entities that own, directly or indirectly, entities  
2134 licensed or registered by the state pursuant to chapter 395;  
2135 entities that own, directly or indirectly, entities licensed or  
2136 registered by the state and providing only health care services  
2137 within the scope of services authorized pursuant to their  
2138 respective licenses under ss. 383.30-383.335, chapter 390,  
2139 chapter 394, chapter 397, this chapter except part X, chapter  
2140 429, chapter 463, chapter 465, chapter 466, chapter 478, part I  
2141 of chapter 483, chapter 484, or chapter 651; end-stage renal  
2142 disease providers authorized under 42 C.F.R. part 405, subpart  
2143 U; providers certified under 42 C.F.R. part 485, subpart B or  
2144 subpart H; or any entity that provides neonatal or pediatric  
2145 hospital-based health care services by licensed practitioners  
2146 solely within a hospital licensed under chapter 395.

20-01083B-17

20171766\_\_

2147 (c) Entities that are owned, directly or indirectly, by an  
2148 entity licensed or registered by the state pursuant to chapter  
2149 395; entities that are owned, directly or indirectly, by an  
2150 entity licensed or registered by the state and providing only  
2151 health care services within the scope of services authorized  
2152 pursuant to their respective licenses under ss. 383.30-383.335,  
2153 chapter 390, chapter 394, chapter 397, this chapter except part  
2154 X, chapter 429, chapter 463, chapter 465, chapter 466, chapter  
2155 478, part I of chapter 483, chapter 484, or chapter 651; end-  
2156 stage renal disease providers authorized under 42 C.F.R. part  
2157 405, subpart U; providers certified under 42 C.F.R. part 485,  
2158 subpart B or subpart H; or any entity that provides neonatal or  
2159 pediatric hospital-based health care services by licensed  
2160 practitioners solely within a hospital under chapter 395.

2161 (d) Entities that are under common ownership, directly or  
2162 indirectly, with an entity licensed or registered by the state  
2163 pursuant to chapter 395; entities that are under common  
2164 ownership, directly or indirectly, with an entity licensed or  
2165 registered by the state and providing only health care services  
2166 within the scope of services authorized pursuant to their  
2167 respective licenses under ss. 383.30-383.335, chapter 390,  
2168 chapter 394, chapter 397, this chapter except part X, chapter  
2169 429, chapter 463, chapter 465, chapter 466, chapter 478, part I  
2170 of chapter 483, chapter 484, or chapter 651; end-stage renal  
2171 disease providers authorized under 42 C.F.R. part 405, subpart  
2172 U; providers certified under 42 C.F.R. part 485, subpart B or  
2173 subpart H; or any entity that provides neonatal or pediatric  
2174 hospital-based health care services by licensed practitioners  
2175 solely within a hospital licensed under chapter 395.

20-01083B-17

20171766\_\_

2176 (e) An entity that is exempt from federal taxation under 26  
2177 U.S.C. s. 501(c)(3) or (4), an employee stock ownership plan  
2178 under 26 U.S.C. s. 409 that has a board of trustees at least  
2179 two-thirds of which are Florida-licensed health care  
2180 practitioners and provides only physical therapy services under  
2181 physician orders, any community college or university clinic,  
2182 and any entity owned or operated by the federal or state  
2183 government, including agencies, subdivisions, or municipalities  
2184 thereof.

2185 (f) A sole proprietorship, group practice, partnership, or  
2186 corporation that provides health care services by physicians  
2187 covered by s. 627.419, that is directly supervised by one or  
2188 more of such physicians, and that is wholly owned by one or more  
2189 of those physicians or by a physician and the spouse, parent,  
2190 child, or sibling of that physician.

2191 (g) A sole proprietorship, group practice, partnership, or  
2192 corporation that provides health care services by licensed  
2193 health care practitioners under chapter 457, chapter 458,  
2194 chapter 459, chapter 460, chapter 461, chapter 462, chapter 463,  
2195 chapter 466, chapter 467, chapter 480, chapter 484, chapter 486,  
2196 chapter 490, chapter 491, or part I, part III, part X, part  
2197 XIII, or part XIV of chapter 468, or s. 464.012, and that is  
2198 wholly owned by one or more licensed health care practitioners,  
2199 or the licensed health care practitioners set forth in this  
2200 paragraph and the spouse, parent, child, or sibling of a  
2201 licensed health care practitioner if one of the owners who is a  
2202 licensed health care practitioner is supervising the business  
2203 activities and is legally responsible for the entity's  
2204 compliance with all federal and state laws. However, a health

20-01083B-17

20171766\_\_

2205 care practitioner may not supervise services beyond the scope of  
2206 the practitioner's license, except that, for the purposes of  
2207 this part, a clinic owned by a licensee in s. 456.053(3)(b)  
2208 which provides only services authorized pursuant to s.  
2209 456.053(3)(b) may be supervised by a licensee specified in s.  
2210 456.053(3)(b).

2211 (h) Clinical facilities affiliated with an accredited  
2212 medical school at which training is provided for medical  
2213 students, residents, or fellows.

2214 (i) Entities that provide only oncology or radiation  
2215 therapy services by physicians licensed under chapter 458 or  
2216 chapter 459 or entities that provide oncology or radiation  
2217 therapy services by physicians licensed under chapter 458 or  
2218 chapter 459 which are owned by a corporation whose shares are  
2219 publicly traded on a recognized stock exchange.

2220 (j) Clinical facilities affiliated with a college of  
2221 chiropractic accredited by the Council on Chiropractic Education  
2222 at which training is provided for chiropractic students.

2223 (k) Entities that provide licensed practitioners to staff  
2224 emergency departments or to deliver anesthesia services in  
2225 facilities licensed under chapter 395 and that derive at least  
2226 90 percent of their gross annual revenues from the provision of  
2227 such services. Entities claiming an exemption from licensure  
2228 under this paragraph must provide documentation demonstrating  
2229 compliance.

2230 (l) Orthotic, prosthetic, pediatric cardiology, or  
2231 perinatology clinical facilities or anesthesia clinical  
2232 facilities that are not otherwise exempt under paragraph (a) or  
2233 paragraph (k) and that are a publicly traded corporation or are

20-01083B-17

20171766\_\_

2234 wholly owned, directly or indirectly, by a publicly traded  
2235 corporation. As used in this paragraph, a publicly traded  
2236 corporation is a corporation that issues securities traded on an  
2237 exchange registered with the United States Securities and  
2238 Exchange Commission as a national securities exchange.

2239 (m) Entities that are owned by a corporation that has \$250  
2240 million or more in total annual sales of health care services  
2241 provided by licensed health care practitioners where one or more  
2242 of the persons responsible for the operations of the entity is a  
2243 health care practitioner who is licensed in this state and who  
2244 is responsible for supervising the business activities of the  
2245 entity and is responsible for the entity's compliance with state  
2246 law for purposes of this part.

2247 (n) Entities that employ 50 or more licensed health care  
2248 practitioners licensed under chapter 458 or chapter 459 where  
2249 the billing for medical services is under a single tax  
2250 identification number. The application for exemption under this  
2251 subsection must include ~~shall contain information that includes:~~  
2252 the name, residence, and business address and telephone ~~phone~~  
2253 number of the entity that owns the practice; a complete list of  
2254 the names and contact information of all the officers and  
2255 directors of the corporation; the name, residence address,  
2256 business address, and medical license number of each licensed  
2257 Florida health care practitioner employed by the entity; the  
2258 corporate tax identification number of the entity seeking an  
2259 exemption; a listing of health care services to be provided by  
2260 the entity at the health care clinics owned or operated by the  
2261 entity; and a certified statement prepared by an independent  
2262 certified public accountant which states that the entity and the

20-01083B-17

20171766\_\_

2263 health care clinics owned or operated by the entity have not  
 2264 received payment for health care services under medical payments  
 2265 ~~personal injury protection~~ insurance coverage for the preceding  
 2266 year. If the agency determines that an entity that ~~which~~ is  
 2267 exempt under this subsection has received payments for medical  
 2268 services under medical payments ~~personal injury protection~~  
 2269 insurance coverage, the agency may deny or revoke the exemption  
 2270 from licensure under this subsection.

2271  
 2272 Notwithstanding this subsection, an entity shall be deemed a  
 2273 clinic and must be licensed under this part in order to receive  
 2274 medical payments coverage reimbursement under s. 627.7265 ~~the~~  
 2275 ~~Florida Motor Vehicle No-Fault Law, ss. 627.730-627.7405~~, unless  
 2276 exempted under s. 627.7265(6)(h) ~~s. 627.736(5)(h)~~.

2277 Section 19. Subsection (28) of section 409.901, Florida  
 2278 Statutes, is amended to read:

2279 409.901 Definitions; ss. 409.901-409.920.—As used in ss.  
 2280 409.901-409.920, except as otherwise specifically provided, the  
 2281 term:

2282 (28) "Third-party benefit" means any benefit that is or may  
 2283 be available at any time through contract, court award,  
 2284 judgment, settlement, agreement, or any arrangement between a  
 2285 third party and any person or entity, including, without  
 2286 limitation, a Medicaid recipient, a provider, another third  
 2287 party, an insurer, or the agency, for any Medicaid-covered  
 2288 injury, illness, goods, or services, including costs of medical  
 2289 services related thereto, for bodily ~~personal~~ injury or for  
 2290 death of the recipient, but specifically excluding ~~policies of~~  
 2291 life insurance policies on the recipient, unless available under

20-01083B-17

20171766\_\_

2292 terms of the policy to pay medical expenses before ~~prior to~~  
2293 death. The term includes, without limitation, collateral, as  
2294 defined in this section, health insurance, any benefit under a  
2295 health maintenance organization, a preferred provider  
2296 arrangement, a prepaid health clinic, liability insurance,  
2297 uninsured motorist insurance, medical payments coverage ~~or~~  
2298 ~~personal injury protection coverage~~, medical benefits under  
2299 workers' compensation, and any obligation under law or equity to  
2300 provide medical support.

2301 Section 20. Paragraph (f) of subsection (11) of section  
2302 409.910, Florida Statutes, is amended to read:

2303 409.910 Responsibility for payments on behalf of Medicaid-  
2304 eligible persons when other parties are liable.—

2305 (11) The agency may, as a matter of right, in order to  
2306 enforce its rights under this section, institute, intervene in,  
2307 or join any legal or administrative proceeding in its own name  
2308 in one or more of the following capacities: individually, as  
2309 subrogee of the recipient, as assignee of the recipient, or as  
2310 lienholder of the collateral.

2311 (f) Notwithstanding any provision in this section to the  
2312 contrary, in the event of an action in tort against a third  
2313 party in which the recipient or his or her legal representative  
2314 is a party which results in a judgment, award, or settlement  
2315 from a third party, the amount recovered shall be distributed as  
2316 follows:

2317 1. After attorney's fees and taxable costs as defined by  
2318 the Florida Rules of Civil Procedure, one-half of the remaining  
2319 recovery shall be paid to the agency up to the total amount of  
2320 medical assistance provided by Medicaid.



20-01083B-17

20171766\_\_

2321           2. The remaining amount of the recovery shall be paid to  
2322 the recipient.

2323           3. For purposes of calculating the agency's recovery of  
2324 medical assistance benefits paid, the fee for services of an  
2325 attorney retained by the recipient or his or her legal  
2326 representative shall be calculated at 25 percent of the  
2327 judgment, award, or settlement.

2328           4. Notwithstanding any other provision of this section to  
2329 the contrary, the agency shall be entitled to all medical  
2330 coverage benefits up to the total amount of medical assistance  
2331 provided by Medicaid. For purposes of this paragraph, the term  
2332 "medical coverage" means any benefits under health insurance, a  
2333 health maintenance organization, a preferred provider  
2334 arrangement, or a prepaid health clinic, and the portion of  
2335 benefits designated for medical payments under ~~coverage for~~  
2336 workers' compensation coverage, motor vehicle insurance  
2337 coverage, personal injury protection, and casualty coverage.

2338           Section 21. Paragraphs (ee) and (ff) of subsection (1) of  
2339 section 456.072, Florida Statutes, are amended to read:

2340           456.072 Grounds for discipline; penalties; enforcement.—

2341           (1) The following acts shall constitute grounds for which  
2342 the disciplinary actions specified in subsection (2) may be  
2343 taken:

2344           (ee) With respect to making a medical payments coverage  
2345 ~~personal injury protection claim under s. 627.7265 as required~~  
2346 ~~by s. 627.736~~, intentionally submitting a claim, statement, or  
2347 bill that has been "upcoded" as defined in that section ~~s.~~  
2348 ~~627.732~~.

2349           (ff) With respect to making a medical payments coverage

20-01083B-17

20171766\_\_

2350 ~~personal injury protection~~ claim as required under s. 627.7265  
2351 ~~by s. 627.736~~, intentionally submitting a claim, statement, or  
2352 bill for payment of services that were not rendered.

2353 Section 22. Paragraphs (i) and (o) of subsection (1) of  
2354 section 626.9541, Florida Statutes, are amended to read:

2355 626.9541 Unfair methods of competition and unfair or  
2356 deceptive acts or practices defined.—

2357 (1) UNFAIR METHODS OF COMPETITION AND UNFAIR OR DECEPTIVE  
2358 ACTS.—The following are defined as unfair methods of competition  
2359 and unfair or deceptive acts or practices:

2360 (i) *Unfair claim settlement practices*.—

2361 1. Attempting to settle claims on the basis of an  
2362 application, when serving as a binder or intended to become a  
2363 part of the policy, or any other material document which was  
2364 altered without notice to, or knowledge or consent of, the  
2365 insured;

2366 2. A material misrepresentation made to an insured or any  
2367 other person having an interest in the proceeds payable under  
2368 such contract or policy, for the purpose and with the intent of  
2369 effecting settlement of such claims, loss, or damage under such  
2370 contract or policy on less favorable terms than those provided  
2371 in, and contemplated by, such contract or policy; ~~or~~

2372 3. Committing or performing with such frequency as to  
2373 indicate a general business practice any of the following:

2374 a. Failing to adopt and implement standards for the proper  
2375 investigation of claims;

2376 b. Misrepresenting pertinent facts or insurance policy  
2377 provisions relating to coverages at issue;

2378 c. Failing to acknowledge and act promptly upon

20-01083B-17

20171766\_\_

- 2379 communications with respect to claims;
- 2380       d. Denying claims without conducting reasonable
- 2381 investigations based upon available information;
- 2382       e. Failing to affirm or deny full or partial coverage of
- 2383 claims, and, as to partial coverage, the dollar amount or extent
- 2384 of coverage, or failing to provide a written statement that the
- 2385 claim is being investigated, upon the written request of the
- 2386 insured within 30 days after proof-of-loss statements have been
- 2387 completed;
- 2388       f. Failing to promptly provide a reasonable explanation in
- 2389 writing to the insured of the basis in the insurance policy, in
- 2390 relation to the facts or applicable law, for denial of a claim
- 2391 or for the offer of a compromise settlement;
- 2392       g. Failing to promptly notify the insured of any additional
- 2393 information necessary for the processing of a claim; ~~or~~
- 2394       h. Failing to clearly explain the nature of the requested
- 2395 information and the reasons why such information is necessary;
- 2396 or-
- 2397       i. Failing to pay ~~personal injury protection insurance~~
- 2398 claims for benefits under medical payments coverage within the
- 2399 time periods required by s. 627.7265(5)(b) ~~s. 627.736(4)(b)~~. The
- 2400 office may order the insurer to pay restitution to a
- 2401 policyholder, medical provider, or other claimant, including
- 2402 interest at a rate consistent with the amount set forth in s.
- 2403 55.03(1), for the time period within which an insurer fails to
- 2404 pay claims as required by law. Restitution is in addition to any
- 2405 other penalties allowed by law, including, but not limited to,
- 2406 the suspension of the insurer's certificate of authority.
- 2407       4. Failing to pay undisputed amounts of partial or full

20-01083B-17

20171766\_\_

2408 benefits owed under first-party property insurance policies  
2409 within 90 days after an insurer receives notice of a residential  
2410 property insurance claim, determines the amounts of partial or  
2411 full benefits, and agrees to coverage, unless payment of the  
2412 undisputed benefits is prevented by an act of God, prevented by  
2413 the impossibility of performance, or due to actions by the  
2414 insured or claimant that constitute fraud, lack of cooperation,  
2415 or intentional misrepresentation regarding the claim for which  
2416 benefits are owed.

2417 (o) *Illegal dealings in premiums; excess or reduced charges*  
2418 *for insurance.*—

2419 1. Knowingly collecting any sum as a premium or charge for  
2420 insurance, which is not then provided, or is not in due course  
2421 to be provided, subject to acceptance of the risk by the  
2422 insurer, by an insurance policy issued by an insurer as  
2423 permitted by this code.

2424 2. Knowingly collecting as a premium or charge for  
2425 insurance any sum in excess of or less than the premium or  
2426 charge applicable to such insurance, in accordance with the  
2427 applicable classifications and rates as filed with and approved  
2428 by the office, and as specified in the policy; or, in cases when  
2429 classifications, premiums, or rates are not required by this  
2430 code to be so filed and approved, premiums and charges collected  
2431 from a Florida resident in excess of or less than those  
2432 specified in the policy and as fixed by the insurer.

2433 Notwithstanding any other provision of law, this provision shall  
2434 not be deemed to prohibit the charging and collection, by  
2435 surplus lines agents licensed under part VIII of this chapter,  
2436 of the amount of applicable state and federal taxes, or fees as

20-01083B-17

20171766\_\_

2437 authorized by s. 626.916(4), in addition to the premium required  
2438 by the insurer or the charging and collection, by licensed  
2439 agents, of the exact amount of any discount or other such fee  
2440 charged by a credit card facility in connection with the use of  
2441 a credit card, as authorized by subparagraph (q)3., in addition  
2442 to the premium required by the insurer. This subparagraph shall  
2443 not be construed to prohibit collection of a premium for a  
2444 universal life or a variable or indeterminate value insurance  
2445 policy made in accordance with the terms of the contract.

2446 3.a. Imposing or requesting an additional premium for  
2447 bodily injury liability coverage, property damage liability  
2448 coverage ~~a policy of motor vehicle liability, personal injury~~  
2449 ~~protection,~~ medical payment coverage, or collision coverage in a  
2450 motor vehicle liability insurance policy, ~~insurance or any~~  
2451 ~~combination thereof~~ or refusing to renew the policy solely  
2452 because the insured was involved in a motor vehicle accident  
2453 unless the insurer's file contains information from which the  
2454 insurer in good faith determines that the insured was  
2455 substantially at fault in the accident.

2456 b. An insurer which imposes and collects such a surcharge  
2457 or which refuses to renew such policy shall, in conjunction with  
2458 the notice of premium due or notice of nonrenewal, notify the  
2459 named insured that he or she is entitled to reimbursement of  
2460 such amount or renewal of the policy under the conditions listed  
2461 below and will subsequently reimburse him or her or renew the  
2462 policy, if the named insured demonstrates that the operator  
2463 involved in the accident was:

2464 (I) Lawfully parked;

2465 (II) Reimbursed by, or on behalf of, a person responsible

20-01083B-17

20171766\_\_

2466 for the accident or has a judgment against such person;

2467 (III) Struck in the rear by another vehicle headed in the  
2468 same direction and was not convicted of a moving traffic  
2469 violation in connection with the accident;

2470 (IV) Hit by a "hit-and-run" driver, if the accident was  
2471 reported to the proper authorities within 24 hours after  
2472 discovering the accident;

2473 (V) Not convicted of a moving traffic violation in  
2474 connection with the accident, but the operator of the other  
2475 automobile involved in such accident was convicted of a moving  
2476 traffic violation;

2477 (VI) Finally adjudicated not to be liable by a court of  
2478 competent jurisdiction;

2479 (VII) In receipt of a traffic citation which was dismissed  
2480 or nolle prossed; or

2481 (VIII) Not at fault as evidenced by a written statement  
2482 from the insured establishing facts demonstrating lack of fault  
2483 which are not rebutted by information in the insurer's file from  
2484 which the insurer in good faith determines that the insured was  
2485 substantially at fault.

2486 c. In addition to the other provisions of this  
2487 subparagraph, an insurer may not fail to renew a policy if the  
2488 insured has had only one accident in which he or she was at  
2489 fault within the current 3-year period. However, an insurer may  
2490 nonrenew a policy for reasons other than accidents in accordance  
2491 with s. 627.728. This subparagraph does not prohibit nonrenewal  
2492 of a policy under which the insured has had three or more  
2493 accidents, regardless of fault, during the most recent 3-year  
2494 period.

20-01083B-17

20171766\_\_

2495 4. Imposing or requesting an additional premium for, or  
2496 refusing to renew, a policy for motor vehicle insurance solely  
2497 because the insured committed a noncriminal traffic infraction  
2498 as described in s. 318.14 unless the infraction is:

2499 a. A second infraction committed within an 18-month period,  
2500 or a third or subsequent infraction committed within a 36-month  
2501 period.

2502 b. A violation of s. 316.183, when such violation is a  
2503 result of exceeding the lawful speed limit by more than 15 miles  
2504 per hour.

2505 5. Upon the request of the insured, the insurer and  
2506 licensed agent shall supply to the insured the complete proof of  
2507 fault or other criteria which justifies the additional charge or  
2508 cancellation.

2509 6. No insurer shall impose or request an additional premium  
2510 for motor vehicle insurance, cancel or refuse to issue a policy,  
2511 or refuse to renew a policy because the insured or the applicant  
2512 is a handicapped or physically disabled person, so long as such  
2513 handicap or physical disability does not substantially impair  
2514 such person's mechanically assisted driving ability.

2515 7. No insurer may cancel or otherwise terminate any  
2516 insurance contract or coverage, or require execution of a  
2517 consent to rate endorsement, during the stated policy term for  
2518 the purpose of offering to issue, or issuing, a similar or  
2519 identical contract or coverage to the same insured with the same  
2520 exposure at a higher premium rate or continuing an existing  
2521 contract or coverage with the same exposure at an increased  
2522 premium.

2523 8. No insurer may issue a nonrenewal notice on any

20-01083B-17

20171766\_\_

2524 insurance contract or coverage, or require execution of a  
2525 consent to rate endorsement, for the purpose of offering to  
2526 issue, or issuing, a similar or identical contract or coverage  
2527 to the same insured at a higher premium rate or continuing an  
2528 existing contract or coverage at an increased premium without  
2529 meeting any applicable notice requirements.

2530 9. No insurer shall, with respect to premiums charged for  
2531 motor vehicle insurance, unfairly discriminate solely on the  
2532 basis of age, sex, marital status, or scholastic achievement.

2533 10. Imposing or requesting an additional premium for motor  
2534 vehicle comprehensive or uninsured motorist coverage solely  
2535 because the insured was involved in a motor vehicle accident or  
2536 was convicted of a moving traffic violation.

2537 11. No insurer shall cancel or issue a nonrenewal notice on  
2538 any insurance policy or contract without complying with any  
2539 applicable cancellation or nonrenewal provision required under  
2540 the Florida Insurance Code.

2541 12. No insurer shall impose or request an additional  
2542 premium, cancel a policy, or issue a nonrenewal notice on any  
2543 insurance policy or contract because of any traffic infraction  
2544 when adjudication has been withheld and no points have been  
2545 assessed pursuant to s. 318.14(9) and (10). However, this  
2546 subparagraph does not apply to traffic infractions involving  
2547 accidents in which the insurer has incurred a loss due to the  
2548 fault of the insured.

2549 Section 23. Paragraph (a) of subsection (1) of section  
2550 626.989, Florida Statutes, is amended to read:

2551 626.989 Investigation by department or Division of  
2552 Investigative and Forensic Services; compliance; immunity;



20-01083B-17

20171766\_\_

2553 confidential information; reports to division; division  
2554 investigator's power of arrest.—

2555 (1) For the purposes of this section:

2556 (a) A person commits a "fraudulent insurance act" if the  
2557 person:

2558 1. Knowingly and with intent to defraud presents, causes to  
2559 be presented, or prepares with knowledge or belief that it will  
2560 be presented, to or by an insurer, self-insurer, self-insurance  
2561 fund, servicing corporation, purported insurer, broker, or any  
2562 agent thereof, any written statement as part of, or in support  
2563 of, an application for the issuance of, or the rating of, any  
2564 insurance policy, or a claim for payment or other benefit  
2565 pursuant to any insurance policy, which the person knows to  
2566 contain materially false information concerning any fact  
2567 material thereto or if the person conceals, for the purpose of  
2568 misleading another, information concerning any fact material  
2569 thereto.

2570 2. Knowingly submits:

2571 a. A false, misleading, or fraudulent application or other  
2572 document when applying for licensure as a health care clinic,  
2573 seeking an exemption from licensure as a health care clinic, or  
2574 demonstrating compliance with part X of chapter 400 with an  
2575 intent to use the license, exemption from licensure, or  
2576 demonstration of compliance to provide services or seek  
2577 reimbursement under a motor vehicle liability insurance policy's  
2578 medical payments coverage ~~the Florida Motor Vehicle No-Fault~~  
2579 ~~Law.~~

2580 b. A claim for payment or other benefit under medical  
2581 payments coverage ~~pursuant to a personal injury protection~~

20-01083B-17

20171766\_\_

2582 ~~insurance policy under the Florida Motor Vehicle No-Fault Law if~~  
2583 the person knows that the payee knowingly submitted a false,  
2584 misleading, or fraudulent application or other document when  
2585 applying for licensure as a health care clinic, seeking an  
2586 exemption from licensure as a health care clinic, or  
2587 demonstrating compliance with part X of chapter 400.

2588 Section 24. Subsection (1) of section 627.0652, Florida  
2589 Statutes, is amended to read:

2590 627.0652 Insurance discounts for certain persons completing  
2591 safety course.—

2592 (1) Any rates, rating schedules, or rating manuals for the  
2593 liability, medical payments ~~personal injury protection~~, and  
2594 collision coverages of a motor vehicle insurance policy filed  
2595 with the office must ~~shall~~ provide for an appropriate reduction  
2596 in premium charges as to such coverages if ~~when~~ the principal  
2597 operator on the covered vehicle is an insured 55 years of age or  
2598 older who has successfully completed a motor vehicle accident  
2599 prevention course approved by the Department of Highway Safety  
2600 and Motor Vehicles. Any discount used by an insurer is presumed  
2601 to be appropriate unless credible data demonstrates otherwise.

2602 Section 25. Subsections (1), (3), and (6) of section  
2603 627.0653, Florida Statutes, are amended to read:

2604 627.0653 Insurance discounts for specified motor vehicle  
2605 equipment.—

2606 (1) Any rates, rating schedules, or rating manuals for the  
2607 liability, medical payments ~~personal injury protection~~, and  
2608 collision coverages of a motor vehicle insurance policy filed  
2609 with the office must ~~shall~~ provide a premium discount if the  
2610 insured vehicle is equipped with factory-installed, four-wheel

20-01083B-17

20171766\_\_

2611 antilock brakes.

2612 (3) Any rates, rating schedules, or rating manuals for  
2613 ~~personal injury protection coverage and~~ medical payments  
2614 coverage, ~~if offered,~~ of a motor vehicle insurance policy filed  
2615 with the office must ~~shall~~ provide a premium discount if the  
2616 insured vehicle is equipped with one or more air bags which are  
2617 factory installed.

2618 (6) The Office of Insurance Regulation may approve a  
2619 premium discount to any rates, rating schedules, or rating  
2620 manuals for the liability, medical payments ~~personal injury~~  
2621 ~~protection,~~ and collision coverages of a motor vehicle insurance  
2622 policy filed with the office if the insured vehicle is equipped  
2623 with autonomous driving technology or electronic vehicle  
2624 collision avoidance technology that is factory installed or a  
2625 retrofitted system and that complies with National Highway  
2626 Traffic Safety Administration standards.

2627 Section 26. Section 627.4132, Florida Statutes, is amended  
2628 to read:

2629 627.4132 Stacking of coverages prohibited.—If an insured or  
2630 named insured is protected by any type of motor vehicle  
2631 insurance policy for bodily injury and property damage  
2632 liability, ~~personal injury protection, or other coverage,~~ the  
2633 policy must ~~shall~~ provide that the insured or named insured is  
2634 protected only to the extent of the coverage she or he has on  
2635 the vehicle involved in the accident. However, if none of the  
2636 insured's or named insured's vehicles are ~~is~~ involved in the  
2637 accident, coverage is available only to the extent of coverage  
2638 on any one of the vehicles with applicable coverage. Coverage on  
2639 any other vehicles may ~~shall~~ not be added to or stacked upon

20-01083B-17

20171766\_\_

2640 that coverage. This section does not apply:

2641 (1) To uninsured motorist coverage that ~~which~~ is separately  
2642 governed by s. 627.727.

2643 (2) To reduce the coverage available by reason of insurance  
2644 policies insuring different named insureds.

2645 Section 27. Subsections (1) and (7) of section 627.727,  
2646 Florida Statutes, are amended to read:

2647 627.727 Motor vehicle insurance; uninsured and underinsured  
2648 vehicle coverage; insolvent insurer protection.-

2649 (1) A ~~No~~ motor vehicle liability insurance policy that  
2650 ~~which~~ provides bodily injury liability coverage may not ~~shall~~ be  
2651 delivered or issued for delivery in this state with respect to  
2652 any specifically insured or identified motor vehicle registered  
2653 or principally garaged in this state, unless uninsured motor  
2654 vehicle coverage is provided therein or supplemental thereto for  
2655 the protection of persons insured thereunder who are legally  
2656 entitled to recover damages from owners or operators of  
2657 uninsured motor vehicles because of bodily injury, sickness, or  
2658 disease, including death, resulting therefrom. However, the  
2659 coverage required under this section is not applicable if ~~when~~,  
2660 or to the extent that, an insured named in the policy makes a  
2661 written rejection of the coverage on behalf of all insureds  
2662 under the policy. If ~~When~~ a motor vehicle is leased for ~~a period~~  
2663 ~~of~~ 1 year or longer and the lessor of such vehicle, by the terms  
2664 of the lease contract, provides liability coverage on the leased  
2665 vehicle, the lessee of such vehicle has ~~shall have~~ the sole  
2666 privilege to reject uninsured motorist coverage or to select  
2667 lower limits than the bodily injury liability limits, regardless  
2668 of whether the lessor is qualified as a self-insurer pursuant to

20-01083B-17

20171766\_\_

2669 s. 324.171. Unless an insured, or lessee having the privilege of  
2670 rejecting uninsured motorist coverage, requests such coverage or  
2671 requests higher uninsured motorist limits in writing, the  
2672 coverage or such higher uninsured motorist limits need not be  
2673 provided in or supplemental to any other policy which renews,  
2674 extends, changes, supersedes, or replaces an existing policy  
2675 with the same bodily injury liability limits when an insured or  
2676 lessee had rejected the coverage. When an insured or lessee has  
2677 initially selected limits of uninsured motorist coverage lower  
2678 than her or his bodily injury liability limits, higher limits of  
2679 uninsured motorist coverage need not be provided in or  
2680 supplemental to any other policy that ~~which~~ renews, extends,  
2681 changes, supersedes, or replaces an existing policy with the  
2682 same bodily injury liability limits unless an insured requests  
2683 higher uninsured motorist coverage in writing. The rejection or  
2684 selection of lower limits must ~~shall~~ be made on a form approved  
2685 by the office. The form must ~~shall~~ fully advise the applicant of  
2686 the nature of the coverage and must ~~shall~~ state that the  
2687 coverage is equal to bodily injury liability limits unless lower  
2688 limits are requested or the coverage is rejected. The heading of  
2689 the form must ~~shall~~ be in 12-point bold type and must ~~shall~~  
2690 state: "You are electing not to purchase certain valuable  
2691 coverage that ~~which~~ protects you and your family or you are  
2692 purchasing uninsured motorist limits less than your bodily  
2693 injury liability limits when you sign this form. Please read  
2694 carefully." If this form is signed by a named insured, it will  
2695 be conclusively presumed that there was an informed, knowing  
2696 rejection of coverage or election of lower limits on behalf of  
2697 all insureds. The insurer shall notify the named insured at

20-01083B-17

20171766\_\_

2698 least annually of her or his options as to the coverage required  
2699 by this section. Such notice must ~~shall~~ be part of, and attached  
2700 to, the notice of premium, must ~~shall~~ provide for a means to  
2701 allow the insured to request such coverage, and must ~~shall~~ be  
2702 given in a manner approved by the office. Receipt of this notice  
2703 does not constitute an affirmative waiver of the insured's right  
2704 to uninsured motorist coverage if ~~where~~ the insured has not  
2705 signed a selection or rejection form. The coverage described  
2706 under this section must ~~shall~~ be over and above, but may ~~shall~~  
2707 not duplicate, the benefits available to an insured under any  
2708 workers' compensation law, ~~personal injury protection benefits,~~  
2709 disability benefits law, or similar law; under any automobile  
2710 medical payments ~~expense~~ coverage; under any motor vehicle  
2711 liability insurance coverage; or from the owner or operator of  
2712 the uninsured motor vehicle or any other person or organization  
2713 jointly or severally liable together with such owner or operator  
2714 for the accident; and such coverage must ~~shall~~ cover the  
2715 difference, if any, between the sum of such benefits and the  
2716 damages sustained, up to the maximum amount of such coverage  
2717 provided under this section. The amount of coverage available  
2718 under this section may ~~shall~~ not be reduced by a setoff against  
2719 any coverage, including liability insurance. Such coverage does  
2720 ~~shall~~ not inure directly or indirectly to the benefit of any  
2721 workers' compensation or disability benefits carrier or any  
2722 person or organization qualifying as a self-insurer under any  
2723 workers' compensation or disability benefits law or similar law.

2724 (7) The legal liability of an uninsured motorist coverage  
2725 insurer includes ~~does not include~~ damages in tort for pain,  
2726 suffering, disability or physical impairment, disfigurement,

20-01083B-17

20171766\_\_

2727 mental anguish, ~~and~~ inconvenience, and the loss of capacity for  
2728 the enjoyment of life experienced in the past and to be  
2729 experienced in the future unless the injury or disease is  
2730 described in one or more of paragraphs (a) (d) of s. 627.737(2).

2731 Section 28. Subsection (1) and paragraphs (a) and (b) of  
2732 subsection (2) of section 627.7275, Florida Statutes, are  
2733 amended to read:

2734 627.7275 Motor vehicle liability.-

2735 (1) A motor vehicle insurance policy ~~providing personal~~  
2736 ~~injury protection as set forth in s. 627.736~~ may not be  
2737 delivered or issued for delivery in this state for a with  
2738 ~~respect to any~~ specifically insured or identified motor vehicle  
2739 registered or principally garaged in this state must provide  
2740 bodily injury liability coverage and unless the policy also  
2741 ~~provides coverage for~~ property damage liability coverage as  
2742 required under by s. 324.022, and medical payments coverage as  
2743 required under s. 627.7265.

2744 (2) (a) Insurers writing motor vehicle insurance in this  
2745 state shall make available, subject to the insurers' usual  
2746 underwriting restrictions:

2747 1. Coverage under policies as described in subsection (1)  
2748 to an applicant for private passenger motor vehicle insurance  
2749 coverage who is seeking the coverage in order to reinstate the  
2750 applicant's driving privileges in this state if the driving  
2751 privileges were revoked or suspended pursuant to s. 316.646 or  
2752 s. 324.0221 due to the failure of the applicant to maintain  
2753 required security.

2754 2. Coverage under policies as described in subsection (1),  
2755 which includes bodily injury ~~also provides~~ liability coverage

20-01083B-17

20171766\_\_

2756 and property damage liability coverage ~~for bodily injury, death,~~  
2757 ~~and property damage arising out of the ownership, maintenance,~~  
2758 ~~or use of the motor vehicle~~ in an amount not less than the  
2759 minimum limits required under ~~described in~~ s. 324.021(7) or s.  
2760 324.023 and which conforms to the requirements of s. 324.151, to  
2761 an applicant for private passenger motor vehicle insurance  
2762 coverage who is seeking the coverage in order to reinstate the  
2763 applicant's driving privileges in this state after such  
2764 privileges were revoked or suspended under s. 316.193 or s.  
2765 322.26(2) for driving under the influence.

2766 (b) The policies described in paragraph (a) must ~~shall~~ be  
2767 issued for at least 6 months and, as to the minimum coverages  
2768 required under this section, may not be canceled by the insured  
2769 for any reason or by the insurer after 60 days, during which  
2770 period the insurer is completing the underwriting of the policy.  
2771 After the insurer has completed underwriting the policy, the  
2772 insurer shall notify the Department of Highway Safety and Motor  
2773 Vehicles that the policy is in full force and effect and is not  
2774 cancelable for the remainder of the policy period. A premium  
2775 must ~~shall~~ be collected and the coverage is in effect for the  
2776 60-day period during which the insurer is completing the  
2777 underwriting of the policy, whether or not the person's driver  
2778 license, motor vehicle tag, and motor vehicle registration are  
2779 in effect. Once the noncancelable provisions of the policy  
2780 become effective, the bodily injury liability and property  
2781 damage liability coverages ~~for bodily injury, property damage,~~  
2782 ~~and personal injury protection~~ may not be reduced below the  
2783 minimum limits required under s. 324.021 or s. 324.023 during  
2784 the policy period, and the medical payments coverage may not be



20-01083B-17

20171766\_\_

2785 reduced below the minimum limit required under s. 627.7265.

2786 Section 29. Subsection (1), paragraph (a) of subsection  
2787 (5), and subsections (6) and (7) of section 627.7295, Florida  
2788 Statutes, are amended to read:

2789 627.7295 Motor vehicle insurance contracts.—

2790 (1) As used in this section, the term:

2791 (a) "Policy" means a motor vehicle insurance policy that  
2792 provides bodily injury liability ~~personal injury protection~~  
2793 coverage, property damage liability coverage, and medical  
2794 payments coverage ~~or both~~.

2795 (b) "Binder" means a binder that provides motor vehicle  
2796 bodily injury liability coverage, ~~personal injury protection and~~  
2797 property damage liability coverage, and medical payments  
2798 coverage.

2799 (5) (a) A licensed general lines agent may charge a per-  
2800 policy fee up to ~~not to exceed~~ \$10 to cover the administrative  
2801 costs of the agent associated with selling the motor vehicle  
2802 insurance policy if the policy covers only bodily injury  
2803 liability coverage, ~~personal injury protection coverage as~~  
2804 ~~provided by s. 627.736 and~~ property damage liability coverage,  
2805 and medical payments coverage as provided by s. 627.7275 and if  
2806 no other insurance is sold or issued in conjunction with or  
2807 collateral to the policy. The fee is not ~~considered~~ part of the  
2808 premium.

2809 (6) If a motor vehicle owner's driver license, license  
2810 plate, and registration have previously been suspended pursuant  
2811 to s. 316.646 ~~or s. 627.733~~, an insurer may cancel a new policy  
2812 only as provided in s. 627.7275.

2813 (7) A policy of private passenger motor vehicle insurance

20-01083B-17

20171766\_\_

2814 or a binder for such a policy may be initially issued in this  
2815 state only if, before the effective date of such binder or  
2816 policy, the insurer or agent has collected ~~from the insured an~~  
2817 ~~amount equal to~~ 2 months' premium from the insured. An insurer,  
2818 agent, or premium finance company may not, directly or  
2819 indirectly, take any action that results ~~resulting~~ in the  
2820 insured paying ~~having paid~~ from the insured's own funds an  
2821 amount less than the 2 months' premium required by this  
2822 subsection. This subsection applies without regard to whether  
2823 the premium is financed by a premium finance company or is paid  
2824 pursuant to a periodic payment plan of an insurer or an  
2825 insurance agent.

2826 (a) This subsection does not apply:

2827 1. If an insured or member of the insured's family is  
2828 renewing or replacing a policy or a binder for such policy  
2829 written by the same insurer or a member of the same insurer  
2830 group. ~~This subsection does not apply~~

2831 2. To an insurer that issues private passenger motor  
2832 vehicle coverage primarily to active duty or former military  
2833 personnel or their dependents. ~~This subsection does not apply~~

2834 3. If all policy payments are paid pursuant to a payroll  
2835 deduction plan, an automatic electronic funds transfer payment  
2836 plan from the policyholder, or a recurring credit card or debit  
2837 card agreement with the insurer.

2838 (b) This subsection and subsection (4) do not apply if:

2839 1. All policy payments to an insurer are paid pursuant to  
2840 an automatic electronic funds transfer payment plan from an  
2841 agent, a managing general agent, or a premium finance company  
2842 and if the policy includes, at a minimum, bodily injury

20-01083B-17

20171766\_\_

2843 ~~liability coverage, personal injury protection pursuant to ss.~~  
2844 ~~627.730-627.7405; motor vehicle property damage liability~~  
2845 ~~coverage, and medical payments coverage pursuant to s. 627.7275;~~  
2846 ~~or and bodily injury liability in at least the amount of \$10,000~~  
2847 ~~because of bodily injury to, or death of, one person in any one~~  
2848 ~~accident and in the amount of \$20,000 because of bodily injury~~  
2849 ~~to, or death of, two or more persons in any one accident. This~~  
2850 ~~subsection and subsection (4) do not apply if~~

2851 2. An insured has had a policy in effect for at least 6  
2852 months, the insured's agent is terminated by the insurer that  
2853 issued the policy, and the insured obtains coverage on the  
2854 policy's renewal date with a new company through the terminated  
2855 agent.

2856 Section 30. Subsections (1) and (2) of section 627.7415,  
2857 Florida Statutes, are amended to read:

2858 627.7415 Commercial motor vehicles; additional liability  
2859 insurance coverage.—Commercial motor vehicles, as defined in s.  
2860 207.002 or s. 320.01, operated upon the roads and highways of  
2861 this state shall be insured with the ~~following~~ minimum levels of  
2862 combined bodily liability insurance and property damage  
2863 liability insurance under subsections (1) and (2) in addition to  
2864 any other insurance requirements.÷

2865 (1) ~~Fifty thousand dollars per occurrence~~ For a commercial  
2866 motor vehicle with a gross vehicle weight of 26,000 pounds or  
2867 more, but less than 35,000 pounds:

2868 (a) Beginning January 1, 2018, through December 31, 2019,  
2869 no less than \$50,000 per occurrence.

2870 (b) Beginning January 1, 2020, through December 31, 2021,  
2871 no less than \$60,000 per occurrence.

20-01083B-17

20171766\_\_

2872 (c) Beginning January 1, 2022, and thereafter, no less than  
 2873 \$70,000 per occurrence.

2874 ~~(2) One hundred thousand dollars per occurrence~~ For a  
 2875 commercial motor vehicle with a gross vehicle weight of 35,000  
 2876 pounds or more, but less than 44,000 pounds:

2877 (a) Beginning January 1, 2018, through December 31, 2019,  
 2878 no less than \$100,000 per occurrence.

2879 (b) Beginning January 1, 2020, through December 31, 2021,  
 2880 no less than \$120,000 per occurrence.

2881 (c) Beginning January 1, 2022, and thereafter, no less than  
 2882 \$140,000 per occurrence.

2883

2884 A violation of this section is a noncriminal traffic infraction,  
 2885 punishable as a nonmoving violation as provided in chapter 318.

2886 Section 31. Section 627.8405, Florida Statutes, is amended  
 2887 to read:

2888 627.8405 Prohibited acts; financing companies.—~~A~~ ~~No~~ premium  
 2889 finance company ~~shall~~, in a premium finance agreement or other  
 2890 agreement, may not finance the cost of or otherwise provide for  
 2891 the collection or remittance of dues, assessments, fees, or  
 2892 other periodic payments of money for the cost of:

2893 (1) A membership in an automobile club. The term  
 2894 "automobile club" means a legal entity that ~~which~~, in  
 2895 consideration of dues, assessments, or periodic payments of  
 2896 money, promises its members or subscribers to assist them in  
 2897 matters relating to the ownership, operation, use, or  
 2898 maintenance of a motor vehicle; however, the term ~~this~~  
 2899 ~~definition of "automobile club"~~ does not include persons,  
 2900 associations, or corporations which are organized and operated

20-01083B-17

20171766\_\_

2901 solely for the purpose of conducting, sponsoring, or sanctioning  
 2902 motor vehicle races, exhibitions, or contests upon racetracks,  
 2903 or upon racecourses established and marked as such for the  
 2904 duration of such particular events. The term ~~words~~ "motor  
 2905 vehicle" used herein has ~~have~~ the same meaning as defined in  
 2906 chapter 320.

2907 (2) An accidental death and dismemberment policy sold in  
 2908 combination with a policy providing only medical payments  
 2909 coverage, bodily injury liability coverage, ~~personal injury~~  
 2910 ~~protection~~ and property damage liability coverage ~~only policy~~.

2911 (3) Any product not regulated under the provisions of this  
 2912 insurance code.

2913  
 2914 This section also applies to premium financing by any insurance  
 2915 agent or insurance company under part XVI. The commission shall  
 2916 adopt rules to assure disclosure, at the time of sale, of  
 2917 coverages financed ~~with personal injury protection~~ and shall  
 2918 prescribe the form of such disclosure.

2919 Section 32. Paragraph (a) of subsection (1), paragraph (c)  
 2920 of subsection (7), paragraphs (a), (b), and (c) of subsection  
 2921 (8), and subsections (9) and (10) of section 817.234, Florida  
 2922 Statutes, are amended to read:

2923 817.234 False and fraudulent insurance claims.—

2924 (1) (a) A person commits insurance fraud punishable as  
 2925 provided in subsection (11) if that person, with the intent to  
 2926 injure, defraud, or deceive any insurer:

2927 1. Presents or causes to be presented any written or oral  
 2928 statement as part of, or in support of, a claim for payment or  
 2929 other benefit pursuant to an insurance policy or a health

20-01083B-17

20171766\_\_

2930 maintenance organization subscriber or provider contract,  
2931 knowing that such statement contains ~~any~~ false, incomplete, or  
2932 misleading information concerning any fact or thing material to  
2933 such claim;

2934 2. Prepares or makes any written or oral statement that is  
2935 intended to be presented to an ~~any~~ insurer in connection with,  
2936 or in support of, any claim for payment or other benefit  
2937 pursuant to an insurance policy or a health maintenance  
2938 organization subscriber or provider contract, knowing that such  
2939 statement contains any false, incomplete, or misleading  
2940 information concerning any fact or thing material to such claim;

2941 3.a. Knowingly presents, causes to be presented, or  
2942 prepares or makes with knowledge or belief that it will be  
2943 presented to an ~~any~~ insurer, purported insurer, servicing  
2944 corporation, insurance broker, or insurance agent, or any  
2945 employee or agent thereof, ~~any~~ false, incomplete, or misleading  
2946 information or a written or oral statement as part of, or in  
2947 support of, an application for the issuance of, or the rating  
2948 of, any insurance policy, or a health maintenance organization  
2949 subscriber or provider contract; or

2950 b. Knowingly conceals information concerning any fact  
2951 material to such application; or

2952 4. Knowingly presents, causes to be presented, or prepares  
2953 or makes with knowledge or belief that it will be presented to  
2954 any insurer a claim for payment or other benefit under medical  
2955 payments coverage in a motor vehicle ~~a personal injury~~  
2956 ~~protection~~ insurance policy if the person knows that the payee  
2957 knowingly submitted a false, misleading, or fraudulent  
2958 application or other document when applying for licensure as a

20-01083B-17

20171766\_\_

2959 health care clinic, seeking an exemption from licensure as a  
2960 health care clinic, or demonstrating compliance with part X of  
2961 chapter 400.

2962 (7)

2963 (c) An insurer, or any person acting at the direction of or  
2964 on behalf of an insurer, may not change an opinion in a mental  
2965 or physical report prepared under s. 627.7265(9) ~~s. 627.736(7)~~  
2966 or direct the physician preparing the report to change such  
2967 opinion; however, this provision does not preclude the insurer  
2968 from calling to the attention of the physician errors of fact in  
2969 the report based upon information in the claim file. Any person  
2970 who violates this paragraph commits a felony of the third  
2971 degree, punishable as provided in s. 775.082, s. 775.083, or s.  
2972 775.084.

2973 (8) (a) It is unlawful for any person intending to defraud  
2974 any other person to solicit or cause to be solicited any  
2975 business from a person involved in a motor vehicle accident for  
2976 the purpose of making, adjusting, or settling motor vehicle tort  
2977 claims or claims for benefits under medical payments coverage in  
2978 a motor vehicle insurance policy ~~personal injury protection~~  
2979 ~~benefits required by s. 627.736~~. Any person who violates the  
2980 provisions of this paragraph commits a felony of the second  
2981 degree, punishable as provided in s. 775.082, s. 775.083, or s.  
2982 775.084. A person who is convicted of a violation of this  
2983 subsection shall be sentenced to a minimum term of imprisonment  
2984 of 2 years.

2985 (b) A person may not solicit or cause to be solicited any  
2986 business from a person involved in a motor vehicle accident by  
2987 any means of communication other than advertising directed to

20-01083B-17

20171766\_\_

2988 the public for the purpose of making motor vehicle tort claims  
2989 or claims for benefits under medical payments coverage in a  
2990 motor vehicle insurance policy ~~personal injury protection~~  
2991 ~~benefits required by s. 627.736~~, within 60 days after the  
2992 occurrence of the motor vehicle accident. Any person who  
2993 violates this paragraph commits a felony of the third degree,  
2994 punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

2995 (c) A lawyer, health care practitioner as defined in s.  
2996 456.001, or owner or medical director of a clinic required to be  
2997 licensed pursuant to s. 400.9905 may not, at any time after 60  
2998 days have elapsed from the occurrence of a motor vehicle  
2999 accident, solicit or cause to be solicited any business from a  
3000 person involved in a motor vehicle accident by means of in  
3001 person or telephone contact at the person's residence, for the  
3002 purpose of making motor vehicle tort claims or claims for  
3003 benefits under medical payments coverage in a motor vehicle  
3004 insurance policy ~~personal injury protection benefits required by~~  
3005 ~~s. 627.736~~. Any person who violates this paragraph commits a  
3006 felony of the third degree, punishable as provided in s.  
3007 775.082, s. 775.083, or s. 775.084.

3008 (9) A person may not organize, plan, or knowingly  
3009 participate in an intentional motor vehicle crash or a scheme to  
3010 create documentation of a motor vehicle crash that did not occur  
3011 for the purpose of making motor vehicle tort claims or claims  
3012 for benefits under medical payments coverage in a motor vehicle  
3013 insurance policy ~~personal injury protection benefits as required~~  
3014 ~~by s. 627.736~~. Any person who violates this subsection commits a  
3015 felony of the second degree, punishable as provided in s.  
3016 775.082, s. 775.083, or s. 775.084. A person who is convicted of



20-01083B-17

20171766\_\_

3017 a violation of this subsection shall be sentenced to a minimum  
3018 term of imprisonment of 2 years.

3019 (10) A licensed health care practitioner who is found  
3020 guilty of insurance fraud under this section for an act relating  
3021 to a motor vehicle ~~personal injury protection~~ insurance policy  
3022 loses his or her license to practice for 5 years and may not  
3023 receive reimbursement under medical payments coverage in a motor  
3024 vehicle insurance policy ~~for personal injury protection benefits~~  
3025 for 10 years.

3026 Section 33. Paragraph (b) of subsection (2) of section  
3027 318.18, Florida Statutes, is amended to read:

3028 318.18 Amount of penalties.—The penalties required for a  
3029 noncriminal disposition pursuant to s. 318.14 or a criminal  
3030 offense listed in s. 318.17 are as follows:

3031 (2) Thirty dollars for all nonmoving traffic violations  
3032 and:

3033 (b) For all violations of ss. 320.0605, 320.07(1), 322.065,  
3034 and 322.15(1). A ~~Any~~ person who is cited for a violation of s.  
3035 320.07(1) shall be charged a delinquent fee pursuant to s.  
3036 320.07(4).

3037 1. If a person who is cited for a violation of s. 320.0605  
3038 or s. 320.07 can show proof of having a valid registration at  
3039 the time of arrest, the clerk of the court may dismiss the case  
3040 and may assess a dismissal fee of up to \$10. A person who finds  
3041 it impossible or impractical to obtain a valid registration  
3042 certificate must submit an affidavit detailing the reasons for  
3043 the impossibility or impracticality. The reasons may include,  
3044 but are not limited to, the fact that the vehicle was sold,  
3045 stolen, or destroyed; that the state in which the vehicle is

20-01083B-17

20171766\_\_

3046 registered does not issue a certificate of registration; or that  
3047 the vehicle is owned by another person.

3048 2. If a person who is cited for a violation of s. 322.03,  
3049 s. 322.065, or s. 322.15 can show a driver license issued to him  
3050 or her and valid at the time of arrest, the clerk of the court  
3051 may dismiss the case and may assess a dismissal fee of up to  
3052 \$10.

3053 3. If a person who is cited for a violation of s. 316.646  
3054 can show proof of security as required by s. 324.021(7) ~~s.~~  
3055 ~~627.733~~, issued to the person and valid at the time of arrest,  
3056 the clerk of the court may dismiss the case and may assess a  
3057 dismissal fee of up to \$10. A person who finds it impossible or  
3058 impractical to obtain proof of security must submit an affidavit  
3059 detailing the reasons for the impracticality. The reasons may  
3060 include, but are not limited to, the fact that the vehicle has  
3061 since been sold, stolen, or destroyed, ; ~~that the owner or~~  
3062 ~~registrant of the vehicle is not required by s. 627.733 to~~  
3063 ~~maintain personal injury protection insurance;~~ or that the  
3064 vehicle is owned by another person.

3065 Section 34. Paragraph (b) of subsection (1) of section  
3066 320.0609, Florida Statutes, is amended to read:

3067 320.0609 Transfer and exchange of registration license  
3068 plates; transfer fee.—

3069 (1)

3070 (b) The transfer of a license plate from a vehicle disposed  
3071 of to a newly acquired vehicle does not constitute a new  
3072 registration. The application for transfer shall be accepted  
3073 without requiring proof of ~~personal injury protection or~~  
3074 liability insurance.

20-01083B-17

20171766\_\_

3075 Section 35. Subsections (1) and (2) of section 322.251,  
3076 Florida Statutes, are amended to read:

3077 322.251 Notice of cancellation, suspension, revocation, or  
3078 disqualification of license.—

3079 (1) All orders of cancellation, suspension, revocation, or  
3080 disqualification issued under ~~the provisions of~~ this chapter,  
3081 chapter 318, or chapter 324 must, ~~or ss. 627.732-627.734 shall~~  
3082 be given either by personal delivery thereof to the licensee  
3083 whose license is being canceled, suspended, revoked, or  
3084 disqualified or by deposit in the United States mail in an  
3085 envelope, first class, postage prepaid, addressed to the  
3086 licensee at his or her last known mailing address furnished to  
3087 the department. Such mailing by the department constitutes  
3088 notification, and any failure by the person to receive the  
3089 mailed order will not affect or stay the effective date or term  
3090 of the cancellation, suspension, revocation, or disqualification  
3091 of the licensee's driving privilege.

3092 (2) The giving of notice and an order of cancellation,  
3093 suspension, revocation, or disqualification by mail is complete  
3094 upon expiration of 20 days after deposit in the United States  
3095 mail for all notices except those issued under chapter 324 ~~or~~  
3096 ~~ss. 627.732-627.734~~, which are complete 15 days after deposit in  
3097 the United States mail. Proof of the giving of notice and an  
3098 order of cancellation, suspension, revocation, or  
3099 disqualification in either manner must ~~shall~~ be made by entry in  
3100 the records of the department that such notice was given. The  
3101 entry is admissible in the courts of this state and constitutes  
3102 sufficient proof that such notice was given.

3103 Section 36. Paragraph (a) of subsection (8) of section

20-01083B-17

20171766\_\_

3104 322.34, Florida Statutes, is amended to read:

3105 322.34 Driving while license suspended, revoked, canceled,  
3106 or disqualified.—

3107 (8) (a) Upon the arrest of a person for the offense of  
3108 driving while the person's driver license or driving privilege  
3109 is suspended or revoked, the arresting officer shall determine:

3110 1. Whether the person's driver license is suspended or  
3111 revoked.

3112 2. Whether the person's driver license has remained  
3113 suspended or revoked since a conviction for the offense of  
3114 driving with a suspended or revoked license.

3115 3. Whether the suspension or revocation was made under s.  
3116 316.646 ~~or s. 627.733~~, relating to failure to maintain required  
3117 security, or under s. 322.264, relating to habitual traffic  
3118 offenders.

3119 4. Whether the driver is the registered owner or coowner of  
3120 the vehicle.

3121 Section 37. Subsections (1) and (2) of section 324.0221,  
3122 Florida Statutes, are amended to read:

3123 324.0221 Reports by insurers to the department; suspension  
3124 of driver license and vehicle registrations; reinstatement.—

3125 (1) (a) Each insurer that has issued a policy providing  
3126 ~~personal injury protection coverage or property damage~~ liability  
3127 coverage shall report the cancellation or nonrenewal thereof to  
3128 the department within 10 days after the processing date or  
3129 effective date of each cancellation or nonrenewal. Upon the  
3130 issuance of a policy providing ~~personal injury protection~~  
3131 ~~coverage or property damage~~ liability coverage to a named  
3132 insured not previously insured by the insurer during that

20-01083B-17

20171766\_\_

3133 calendar year, the insurer shall report the issuance of the new  
3134 policy to the department within 10 days. The report must ~~shall~~  
3135 be in the form ~~and format~~ and contain any information required  
3136 by the department and must be provided in a format that is  
3137 compatible with the data processing capabilities of the  
3138 department. Failure by an insurer to file proper reports with  
3139 the department as required by this subsection constitutes a  
3140 violation of the Florida Insurance Code. These records may ~~shall~~  
3141 be used by the department only for enforcement and regulatory  
3142 purposes, including the generation by the department of data  
3143 regarding compliance by owners of motor vehicles with the  
3144 requirements for financial responsibility coverage.

3145 (b) With respect to an insurance policy providing medical  
3146 payments coverage or ~~personal injury protection coverage~~ or  
3147 ~~property damage~~ liability coverage, each insurer shall notify  
3148 the named insured, or the first-named insured in the case of a  
3149 commercial fleet policy, in writing that any cancellation or  
3150 nonrenewal of the policy will be reported by the insurer to the  
3151 department. The notice must also inform the named insured that  
3152 failure to maintain medical payments coverage, bodily injury  
3153 liability ~~personal injury protection~~ coverage, and property  
3154 damage liability coverage on a motor vehicle when required by  
3155 law may result in the loss of registration and driving  
3156 privileges in this state and inform the named insured of the  
3157 amount of the reinstatement fees required by this section. This  
3158 notice is for informational purposes only, and an insurer is not  
3159 civilly liable for failing to provide this notice.

3160 (2) The department shall suspend, after due notice and an  
3161 opportunity to be heard, the registration and driver license of

20-01083B-17

20171766\_\_

3162 any owner or operator ~~registrant~~ of a motor vehicle with respect  
 3163 to which security is required under s. 324.022, s. 324.032, s.  
 3164 627.7415, or s. 627.742 ~~ss. 324.022 and 627.733~~ upon:

3165 (a) The department's records showing that the owner or  
 3166 operator ~~registrant~~ of such motor vehicle did not have the in  
 3167 ~~full force and effect when~~ required security in full force and  
 3168 effect ~~that complies with the requirements of ss. 324.022 and~~  
 3169 ~~627.733~~; or

3170 (b) Notification by the insurer to the department, in a  
 3171 form approved by the department, of cancellation or termination  
 3172 of the required security.

3173 Section 38. Subsection (6) of section 400.991, Florida  
 3174 Statutes, is amended to read:

3175 400.991 License requirements; background screenings;  
 3176 prohibitions.-

3177 (6) All agency forms for licensure application or exemption  
 3178 from licensure under this part must contain the following  
 3179 statement:

3181 INSURANCE FRAUD NOTICE.-A person commits a fraudulent  
 3182 insurance act, as defined in s. 626.989, Florida  
 3183 Statutes, if such person ~~who~~ knowingly submits a  
 3184 false, misleading, or fraudulent application or other  
 3185 document when applying for licensure as a health care  
 3186 clinic, seeking an exemption from licensure as a  
 3187 health care clinic, or demonstrating compliance with  
 3188 part X of chapter 400, Florida Statutes, with the  
 3189 intent to use the license, exemption from licensure,  
 3190 or demonstration of compliance to provide services or

20-01083B-17

20171766\_\_

3191 seek reimbursement under a motor vehicle liability  
 3192 insurance policy's medical payments coverage ~~the~~  
 3193 ~~Florida Motor Vehicle No-Fault Law, commits a~~  
 3194 ~~fraudulent insurance act, as defined in s. 626.989,~~  
 3195 ~~Florida Statutes.~~ A person who presents a claim for  
 3196 benefits under medical payments coverage ~~personal~~  
 3197 ~~injury protection benefits~~ knowing that the payee  
 3198 knowingly submitted such health care clinic  
 3199 application or document, commits insurance fraud, as  
 3200 defined in s. 817.234, Florida Statutes.

3201 Section 39. Paragraph (g) of subsection (1) of section  
 3202 400.9935, Florida Statutes, is amended to read:

3203 400.9935 Clinic responsibilities.—

3204 (1) Each clinic shall appoint a medical director or clinic  
 3205 director who shall agree in writing to accept legal  
 3206 responsibility for the following activities on behalf of the  
 3207 clinic. The medical director or the clinic director shall:

3208 (g) Conduct systematic reviews of clinic billings to ensure  
 3209 that the billings are not fraudulent or unlawful. Upon discovery  
 3210 of an unlawful charge, the medical director or clinic director  
 3211 shall take immediate corrective action. If the clinic performs  
 3212 only the technical component of magnetic resonance imaging,  
 3213 static radiographs, computed tomography, or positron emission  
 3214 tomography, and provides the professional interpretation of such  
 3215 services, in a fixed facility that is accredited by a national  
 3216 accrediting organization that is approved by the Centers for  
 3217 Medicare and Medicaid Services for magnetic resonance imaging  
 3218 and advanced diagnostic imaging services and if, in the  
 3219 preceding quarter, the percentage of scans performed by that

20-01083B-17

20171766\_\_

3220 clinic which was billed to automobile ~~all personal injury~~  
3221 ~~protection~~ insurance carriers under medical payments coverage  
3222 was less than 15 percent, the chief financial officer of the  
3223 clinic may, in a written acknowledgment provided to the agency,  
3224 assume the responsibility for the conduct of the systematic  
3225 reviews of clinic billings to ensure that the billings are not  
3226 fraudulent or unlawful.

3227 Section 40. Paragraph (k) of subsection (2) of section  
3228 456.057, Florida Statutes, is amended to read:

3229 456.057 Ownership and control of patient records; report or  
3230 copies of records to be furnished; disclosure of information.—

3231 (2) As used in this section, the terms "records owner,"  
3232 "health care practitioner," and "health care practitioner's  
3233 employer" do not include any of the following persons or  
3234 entities; furthermore, the following persons or entities are not  
3235 authorized to acquire or own medical records, but are authorized  
3236 under the confidentiality and disclosure requirements of this  
3237 section to maintain those documents required by the part or  
3238 chapter under which they are licensed or regulated:

3239 (k) Persons or entities practicing under s. 627.7265(9) ~~s.~~  
3240 ~~627.736(7)~~.

3241 Section 41. Subsection (1) of section 627.06501, Florida  
3242 Statutes, is amended to read:

3243 627.06501 Insurance discounts for certain persons  
3244 completing driver improvement course.—

3245 (1) Any rate, rating schedule, or rating manual for the  
3246 liability, medical payments ~~personal injury protection~~, and  
3247 collision coverages of a motor vehicle insurance policy filed  
3248 with the office may provide for an appropriate reduction in



20-01083B-17

20171766\_\_

3249 premium charges as to such coverages if ~~when~~ the principal  
3250 operator on the covered vehicle has successfully completed a  
3251 driver improvement course approved and certified by the  
3252 Department of Highway Safety and Motor Vehicles which is  
3253 effective in reducing crash or violation rates, or both, as  
3254 determined pursuant to s. 318.1451(5). Any discount, not to  
3255 exceed 10 percent, used by an insurer is presumed to be  
3256 appropriate unless credible data demonstrates otherwise.

3257 Section 42. Section 627.7263, Florida Statutes, is amended  
3258 to read:

3259 627.7263 Rental and leasing driver's insurance to be  
3260 primary; exception.—

3261 (1) The valid and collectible liability insurance and  
3262 medical payments coverage ~~or personal injury protection~~  
3263 ~~insurance providing coverage~~ for the lessor of a motor vehicle  
3264 for rent or lease is primary unless otherwise stated in at least  
3265 10-point type on the face of the rental or lease agreement. Such  
3266 insurance is primary for the limits of liability ~~and personal~~  
3267 ~~injury protection~~ coverage as required by s. 324.021(7) and  
3268 medical payments coverage as required under s. 627.7265 ~~ss.~~  
3269 ~~324.021(7) and 627.736.~~

3270 (2) If the lessee's coverage is to be primary, the rental  
3271 or lease agreement must contain the following language, in at  
3272 least 10-point type:

3273

3274 "The valid and collectible liability insurance and  
3275 medical payments coverage ~~personal injury protection~~  
3276 ~~insurance~~ of an ~~any~~ authorized rental or leasing  
3277 driver is primary for the limits of liability ~~and~~

20-01083B-17

20171766\_\_

3278 ~~personal injury protection coverage~~ and medical  
3279 payments coverage required under ss. 324.021(7) and  
3280 627.7265 ~~by ss. 324.021(7) and 627.736~~, Florida  
3281 Statutes."

3282 Section 43. Paragraph (a) of subsection (1) of section  
3283 627.728, Florida Statutes, is amended to read:

3284 627.728 Cancellations; nonrenewals.—

3285 (1) As used in this section, the term:

3286 (a) "Policy" means the bodily injury and property damage  
3287 liability, ~~personal injury protection~~, medical payments,  
3288 comprehensive, collision, and uninsured motorist coverage  
3289 portions of a policy of motor vehicle insurance delivered or  
3290 issued for delivery in this state:

3291 1. Insuring a natural person as named insured or one or  
3292 more related individuals who are residents ~~resident~~ of the same  
3293 household; and

3294 2. Insuring only a motor vehicle of the private passenger  
3295 type or station wagon type which is not used as a public or  
3296 livery conveyance for passengers or rented to others; or  
3297 insuring any other four-wheel motor vehicle having a load  
3298 capacity of 1,500 pounds or less which is not used in the  
3299 occupation, profession, or business of the insured other than  
3300 farming; other than any policy issued under an automobile  
3301 insurance assigned risk plan or covering garage, automobile  
3302 sales agency, repair shop, service station, or public parking  
3303 place operation hazards.

3304

3305 The term "policy" does not include a binder as defined in s.  
3306 627.420 unless the duration of the binder period exceeds 60

20-01083B-17

20171766\_\_

3307 days.

3308 Section 44. Subsection (1) of section 627.915, Florida  
3309 Statutes, is amended to read:

3310 627.915 Insurer experience reporting.-

3311 (1) Each insurer transacting private passenger automobile  
3312 insurance in this state shall report certain information  
3313 annually to the office. The information will be due on or before  
3314 July 1 of each year. The information must ~~shall~~ be divided into  
3315 the following categories: bodily injury liability; property  
3316 damage liability; uninsured motorist; ~~personal injury protection~~  
3317 ~~benefits~~; medical payments; and comprehensive and collision. The  
3318 information given must ~~shall~~ be on direct insurance writings in  
3319 the state alone and ~~shall~~ represent total limits data. The  
3320 information set forth in paragraphs (a)-(f) is applicable to  
3321 voluntary private passenger and Joint Underwriting Association  
3322 private passenger writings and must ~~shall~~ be reported for each  
3323 of the latest 3 calendar-accident years, with an evaluation date  
3324 of March 31 of the current year. The information set forth in  
3325 paragraphs (g)-(j) is applicable to voluntary private passenger  
3326 writings and must ~~shall~~ be reported on a calendar-accident year  
3327 basis ultimately seven times at seven different stages of  
3328 development.

3329 (a) Premiums earned for the latest 3 calendar-accident  
3330 years.

3331 (b) Loss development factors and the historic development  
3332 of those factors.

3333 (c) Policyholder dividends incurred.

3334 (d) Expenses for other acquisition and general expense.

3335 (e) Expenses for agents' commissions and taxes, licenses,

20-01083B-17

20171766\_\_

3336 and fees.

3337 (f) Profit and contingency factors as utilized in the  
3338 insurer's automobile rate filings for the applicable years.

3339 (g) Losses paid.

3340 (h) Losses unpaid.

3341 (i) Loss adjustment expenses paid.

3342 (j) Loss adjustment expenses unpaid.

3343 Section 45. Subsections (2) and (3) of section 628.909,  
3344 Florida Statutes, are amended to read:

3345 628.909 Applicability of other laws.—

3346 (2) The following provisions of the Florida Insurance Code  
3347 apply to captive insurance companies who are not industrial  
3348 insured captive insurance companies to the extent that such  
3349 provisions are not inconsistent with this part:

3350 (a) Chapter 624, except for ss. 624.407, 624.408, 624.4085,  
3351 624.40851, 624.4095, 624.411, 624.425, and 624.426.

3352 (b) Chapter 625, part II.

3353 (c) Chapter 626, part IX.

3354 (d) ~~Sections 627.730-627.7405, when no-fault coverage is~~  
3355 ~~provided.~~

3356 ~~(e) Chapter 628.~~

3357 (3) The following provisions of the Florida Insurance Code  
3358 ~~shall~~ apply to industrial insured captive insurance companies to  
3359 the extent that such provisions are not inconsistent with this  
3360 part:

3361 (a) Chapter 624, except for ss. 624.407, 624.408, 624.4085,  
3362 624.40851, 624.4095, 624.411, 624.425, 624.426, and 624.609(1).

3363 (b) Chapter 625, part II, if the industrial insured captive  
3364 insurance company is incorporated in this state.

20-01083B-17

20171766\_\_

3365 (c) Chapter 626, part IX.

3366 (d) ~~Sections 627.730-627.7405 when no-fault coverage is~~  
3367 ~~provided.~~

3368 ~~(e)~~ Chapter 628, except for ss. 628.341, 628.351, and  
3369 628.6018.

3370 Section 46. Subsections (2), (6), and (7) of section  
3371 705.184, Florida Statutes, are amended to read:

3372 705.184 Derelict or abandoned motor vehicles on the  
3373 premises of public-use airports.-

3374 (2) The airport director or the director's designee shall  
3375 contact the Department of Highway Safety and Motor Vehicles to  
3376 notify that department that the airport has possession of the  
3377 abandoned or derelict motor vehicle and to determine the name  
3378 and address of the owner of the motor vehicle, the insurance  
3379 company insuring the motor vehicle, ~~notwithstanding the~~  
3380 ~~provisions of s. 627.736,~~ and any person who has filed a lien on  
3381 the motor vehicle. Within 7 business days after receipt of the  
3382 information, the director or the director's designee shall send  
3383 notice by certified mail, return receipt requested, to the owner  
3384 of the motor vehicle, the insurance company insuring the motor  
3385 vehicle, ~~notwithstanding the provisions of s. 627.736,~~ and all  
3386 persons of record claiming a lien against the motor vehicle. The  
3387 notice must ~~shall~~ state the fact of possession of the motor  
3388 vehicle, that charges for reasonable towing, storage, and  
3389 parking fees, if any, have accrued and the amount thereof, that  
3390 a lien as provided in subsection (6) will be claimed, that the  
3391 lien is subject to enforcement pursuant to law, that the owner  
3392 or lienholder, if any, has the right to a hearing as set forth  
3393 in subsection (4), and that any motor vehicle which, at the end

20-01083B-17

20171766\_\_

3394 of 30 calendar days after receipt of the notice, has not been  
3395 removed from the airport upon payment in full of all accrued  
3396 charges for reasonable towing, storage, and parking fees, if  
3397 any, may be disposed of as provided in s. 705.182(2)(a), (b),  
3398 (d), or (e), including, but not limited to, the motor vehicle  
3399 being sold free of all prior liens after 35 calendar days after  
3400 the time the motor vehicle is stored if any prior liens on the  
3401 motor vehicle are more than 5 years of age or after 50 calendar  
3402 days after the time the motor vehicle is stored if any prior  
3403 liens on the motor vehicle are 5 years of age or less.

3404 (6) The airport pursuant to this section or, if used, a  
3405 licensed independent wrecker company pursuant to s. 713.78 shall  
3406 have a lien on an abandoned or derelict motor vehicle for all  
3407 reasonable towing, storage, and accrued parking fees, if any,  
3408 except that no storage fee may ~~shall~~ be charged if the motor  
3409 vehicle is stored less than 6 hours. As a prerequisite to  
3410 perfecting a lien under this section, the airport director or  
3411 the director's designee must serve a notice in accordance with  
3412 subsection (2) on the owner of the motor vehicle, the insurance  
3413 company insuring the motor vehicle, ~~notwithstanding the~~  
3414 ~~provisions of s. 627.736,~~ and all persons of record claiming a  
3415 lien against the motor vehicle. If attempts to notify the owner,  
3416 the insurance company insuring the motor vehicle,  
3417 ~~notwithstanding the provisions of s. 627.736,~~ or lienholders are  
3418 not successful, the requirement of notice by mail shall be  
3419 considered met. Serving of the notice does not dispense with  
3420 recording the claim of lien.

3421 (7)(a) For the purpose of perfecting its lien under this  
3422 section, the airport shall record a claim of lien which states

20-01083B-17

20171766\_\_

3423 shall state:

3424 1. The name and address of the airport.

3425 2. The name of the owner of the motor vehicle, the  
3426 insurance company insuring the motor vehicle, ~~notwithstanding~~  
3427 ~~the provisions of s. 627.736,~~ and all persons of record claiming  
3428 a lien against the motor vehicle.

3429 3. The costs incurred from reasonable towing, storage, and  
3430 parking fees, if any.

3431 4. A description of the motor vehicle sufficient for  
3432 identification.

3433 (b) The claim of lien must ~~shall~~ be signed and sworn to or  
3434 affirmed by the airport director or the director's designee.

3435 (c) The claim of lien is ~~shall be~~ sufficient if it is in  
3436 substantially the following form:

3437

3438 CLAIM OF LIEN

3439 State of .....

3440 County of .....

3441 Before me, the undersigned notary public, personally appeared  
3442 ....., who was duly sworn and says that he/she is the  
3443 ..... of ....., whose address is.....; and that the  
3444 following described motor vehicle:

3445 ...(Description of motor vehicle)...

3446 owned by ....., whose address is ....., has accrued  
3447 \$..... in fees for a reasonable tow, for storage, and for  
3448 parking, if applicable; that the lienor served its notice to the  
3449 owner, the insurance company insuring the motor vehicle  
3450 ~~notwithstanding the provisions of s. 627.736, Florida Statutes,~~  
3451 and all persons of record claiming a lien against the motor

20-01083B-17

20171766\_\_

3452 vehicle on ....., ...(year)...., by.....  
 3453 ...(Signature)..  
 3454 Sworn to (or affirmed) and subscribed before me this .... day of  
 3455 ....., ...(year)...., by ...(name of person making statement)....  
 3456 ...(Signature of Notary Public)... ...(Print, Type, or Stamp  
 3457 Commissioned name of Notary Public)..  
 3458 Personally Known....OR Produced....as identification.  
 3459

3460 However, the negligent inclusion or omission of any information  
 3461 in this claim of lien which does not prejudice the owner does  
 3462 not constitute a default that operates to defeat an otherwise  
 3463 valid lien.

3464 (d) The claim of lien must ~~shall~~ be served on the owner of  
 3465 the motor vehicle, the insurance company insuring the motor  
 3466 vehicle, ~~notwithstanding the provisions of s. 627.736,~~ and all  
 3467 persons of record claiming a lien against the motor vehicle. If  
 3468 attempts to notify the owner, the insurance company insuring the  
 3469 motor vehicle ~~notwithstanding the provisions of s. 627.736,~~ or  
 3470 lienholders are not successful, the requirement of notice by  
 3471 mail shall be considered met. The claim of lien must ~~shall~~ be so  
 3472 served before recordation.

3473 (e) The claim of lien must ~~shall~~ be recorded with the clerk  
 3474 of court in the county where the airport is located. The  
 3475 recording of the claim of lien shall be constructive notice to  
 3476 all persons of the contents and effect of such claim. The lien  
 3477 attaches ~~shall attach~~ at the time of recordation and takes ~~shall~~  
 3478 ~~take~~ priority as of that time.

3479 Section 47. Subsection (4) of section 713.78, Florida  
 3480 Statutes, is amended to read:



20-01083B-17

20171766\_\_

3481           713.78 Liens for recovering, towing, or storing vehicles  
3482 and vessels.—

3483           (4) (a) Any person regularly engaged in the business of  
3484 recovering, towing, or storing vehicles or vessels who comes  
3485 into possession of a vehicle or vessel pursuant to subsection  
3486 (2), and who claims a lien for recovery, towing, or storage  
3487 services, shall give notice to the registered owner, the  
3488 insurance company insuring the vehicle ~~notwithstanding the~~  
3489 ~~provisions of s. 627.736~~, and to all persons claiming a lien  
3490 thereon, as disclosed by the records in the Department of  
3491 Highway Safety and Motor Vehicles or as disclosed by the records  
3492 of any corresponding agency in any other state in which the  
3493 vehicle is identified through a records check of the National  
3494 Motor Vehicle Title Information System or an equivalent  
3495 commercially available system as being titled or registered.

3496           (b) If a ~~Whenever any~~ law enforcement agency authorizes the  
3497 removal of a vehicle or vessel or if a ~~whenever any~~ towing  
3498 service, garage, repair shop, or automotive service, storage, or  
3499 parking place notifies the law enforcement agency of possession  
3500 of a vehicle or vessel pursuant to s. 715.07(2)(a)2., the law  
3501 enforcement agency of the jurisdiction where the vehicle or  
3502 vessel is stored shall contact the Department of Highway Safety  
3503 and Motor Vehicles, or the appropriate agency of the state of  
3504 registration, if known, within 24 hours through the medium of  
3505 electronic communications, giving the full description of the  
3506 vehicle or vessel. Upon receipt of the full description of the  
3507 vehicle or vessel, the department shall search its files to  
3508 determine the owner's name, the insurance company insuring the  
3509 vehicle or vessel, and whether any person has filed a lien upon

20-01083B-17

20171766\_\_

3510 the vehicle or vessel as provided in s. 319.27(2) and (3) and  
3511 notify the applicable law enforcement agency within 72 hours.  
3512 The person in charge of the towing service, garage, repair shop,  
3513 or automotive service, storage, or parking place shall obtain  
3514 such information from the applicable law enforcement agency  
3515 within 5 days after the date of storage and shall give notice  
3516 pursuant to paragraph (a). The department may release the  
3517 insurance company information to the requestor ~~notwithstanding~~  
3518 ~~the provisions of s. 627.736.~~

3519 (c) Notice by certified mail must ~~shall~~ be sent within 7  
3520 business days after the date of storage of the vehicle or vessel  
3521 to the registered owner, the insurance company insuring the  
3522 vehicle ~~notwithstanding the provisions of s. 627.736~~, and all  
3523 persons of record claiming a lien against the vehicle or vessel.  
3524 The notice must ~~It shall~~ state the fact of possession of the  
3525 vehicle or vessel, that a lien as provided in subsection (2) is  
3526 claimed, that charges have accrued and the amount thereof, that  
3527 the lien is subject to enforcement pursuant to law, ~~and~~ that the  
3528 owner or lienholder, if any, has the right to a hearing as set  
3529 forth in subsection (5), and that any vehicle or vessel which  
3530 remains unclaimed, or for which the charges for recovery,  
3531 towing, or storage services remain unpaid, may be sold free of  
3532 all prior liens after 35 days if the vehicle or vessel is more  
3533 than 3 years of age or after 50 days if the vehicle or vessel is  
3534 3 years of age or less.

3535 (d) If attempts to locate the name and address of the owner  
3536 or lienholder prove unsuccessful, the towing-storage operator  
3537 must ~~shall~~, after 7 working days, excluding Saturday and Sunday,  
3538 of the initial tow or storage, notify the public agency of

20-01083B-17

20171766\_\_

3539 jurisdiction where the vehicle or vessel is stored in writing by  
3540 certified mail or acknowledged hand delivery that the towing-  
3541 storage company has been unable to locate the name and address  
3542 of the owner or lienholder and a physical search of the vehicle  
3543 or vessel has disclosed no ownership information and a good  
3544 faith effort has been made, including records checks of the  
3545 Department of Highway Safety and Motor Vehicles database and the  
3546 National Motor Vehicle Title Information System or an equivalent  
3547 commercially available system. As used in ~~For purposes of~~ this  
3548 paragraph and subsection (9), the term "good faith effort" means  
3549 that the following checks have been performed by the company to  
3550 establish prior state of registration and for title:

3551 1. Check of the Department of Highway Safety and Motor  
3552 Vehicles database for the owner and any lienholder.

3553 2. Check of the electronic National Motor Vehicle Title  
3554 Information System or an equivalent commercially available  
3555 system to determine the state of registration when there is not  
3556 a current registration record for the vehicle on file with the  
3557 Department of Highway Safety and Motor Vehicles.

3558 3. Check of vehicle or vessel for any type of tag, tag  
3559 record, temporary tag, or regular tag.

3560 4. Check of law enforcement report for tag number or other  
3561 information identifying the vehicle or vessel, if the vehicle or  
3562 vessel was towed at the request of a law enforcement officer.

3563 5. Check of trip sheet or tow ticket of tow truck operator  
3564 to see if a tag was on vehicle or vessel at beginning of tow, if  
3565 private tow.

3566 6. If there is no address of the owner on the impound  
3567 report, check of law enforcement report to see if an out-of-

20-01083B-17

20171766\_\_

3568 state address is indicated from driver license information.

3569 7. Check of vehicle or vessel for inspection sticker or  
3570 other stickers and decals that may indicate a state of possible  
3571 registration.

3572 8. Check of the interior of the vehicle or vessel for any  
3573 papers that may be in the glove box, trunk, or other areas for a  
3574 state of registration.

3575 9. Check of vehicle for vehicle identification number.

3576 10. Check of vessel for vessel registration number.

3577 11. Check of vessel hull for a hull identification number  
3578 which should be carved, burned, stamped, embossed, or otherwise  
3579 permanently affixed to the outboard side of the transom or, if  
3580 there is no transom, to the outmost seaboard side at the end of  
3581 the hull that bears the rudder or other steering mechanism.

3582 Section 48. Paragraph (b) of subsection (2) of section  
3583 324.051, Florida Statutes, is amended to read:

3584 324.051 Reports of crashes; suspensions of licenses and  
3585 registrations.—

3586 (2)

3587 (b) This subsection does ~~shall~~ not apply:

3588 1. To such operator or owner if such operator or owner had  
3589 in effect at the time of such crash or traffic conviction a  
3590 motor vehicle ~~an automobile~~ liability policy with respect to all  
3591 of the registered motor vehicles owned by such operator or  
3592 owner.

3593 2. To such operator, if not the owner of such motor  
3594 vehicle, if there was in effect at the time of such crash or  
3595 traffic conviction a motor vehicle ~~an automobile~~ liability  
3596 policy or bond with respect to his or her operation of motor

20-01083B-17

20171766\_\_

3597 vehicles not owned by him or her.

3598       3. To such operator or owner if the liability of such  
3599 operator or owner for damages resulting from such crash is, in  
3600 the judgment of the department, covered by any other form of  
3601 liability insurance or bond.

3602       4. To any person who has obtained from the department a  
3603 certificate of self-insurance, in accordance with s. 324.171, or  
3604 to any person operating a motor vehicle for such self-insurer.

3605  
3606 No such policy or bond shall be effective under this subsection  
3607 unless it contains limits of not less than those specified in s.  
3608 324.021(7).

3609       Section 49. Subsection (1) of section 324.091, Florida  
3610 Statutes, is amended to read:

3611       324.091 Notice to department; notice to insurer.-

3612       (1) Each owner and operator involved in a crash or  
3613 conviction case within the purview of this chapter shall furnish  
3614 evidence of automobile liability insurance or motor vehicle  
3615 liability insurance within 14 days after the date of the mailing  
3616 of notice of crash by the department in the form and manner as  
3617 it may designate. Upon receipt of evidence that a ~~an automobile~~  
3618 ~~liability policy~~ or motor vehicle liability policy was in effect  
3619 at the time of the crash or conviction case, the department  
3620 shall forward to the insurer such information for verification  
3621 in a method as determined by the department. The insurer shall  
3622 respond to the department within 20 days after the notice  
3623 whether or not such information is valid. If the department  
3624 determines that a ~~an automobile liability policy~~ or motor  
3625 vehicle liability policy was not in effect and did not provide

20-01083B-17

20171766\_\_

3626 coverage for both the owner and the operator, it must ~~shall~~ take  
3627 action as it is authorized to do under this chapter.

3628 Section 50. Section 324.023, Florida Statutes, is amended  
3629 to read:

3630 324.023 Financial responsibility for bodily injury or  
3631 death.—In addition to any other financial responsibility  
3632 required by law, every owner or operator of a motor vehicle that  
3633 is required to be registered in this state, or that is located  
3634 within this state, and who, regardless of adjudication of guilt,  
3635 has been found guilty of or entered a plea of guilty or nolo  
3636 contendere to a charge of driving under the influence under s.  
3637 316.193 after October 1, 2007, shall, by one of the methods  
3638 established in s. 324.031(1)(a) or (b) ~~s. 324.031(1) or (2)~~,  
3639 establish and maintain the ability to respond in damages for  
3640 liability on account of accidents arising out of the use of a  
3641 motor vehicle in the amount of \$100,000 because of bodily injury  
3642 to, or death of, one person in any one crash and, subject to  
3643 such limits for one person, in the amount of \$300,000 because of  
3644 bodily injury to, or death of, two or more persons in any one  
3645 crash and in the amount of \$50,000 because of property damage in  
3646 any one crash. If the owner or operator chooses to establish and  
3647 maintain such ability by furnishing a certificate of deposit  
3648 pursuant to s. 324.031(1)(b) ~~s. 324.031(2)~~, such certificate of  
3649 deposit must be at least \$350,000. Such higher limits must be  
3650 carried for a minimum period of 3 years. If the owner or  
3651 operator has not been convicted of driving under the influence  
3652 or a felony traffic offense for a period of 3 years from the  
3653 date of reinstatement of driving privileges for a violation of  
3654 s. 316.193, the owner or operator shall be exempt from this

20-01083B-17

20171766\_\_

3655 section.

3656 Section 51. Applicability and construction; notice to  
3657 policyholders.-

3658 (1) As used in this section, the term "minimum security  
3659 requirements" means security that enables a person to respond in  
3660 damages for liability on account of crashes arising out of the  
3661 ownership, maintenance, or use of a motor vehicle in the amounts  
3662 required by s. 324.021(7), Florida Statutes.

3663 (2) Effective January 1, 2018:

3664 (a) Motor vehicle insurance policies issued or renewed on  
3665 or after that date may not include personal injury protection.

3666 (b) All persons subject to s. 324.022, s. 324.032, s.  
3667 627.7415, or s. 627.742, Florida Statutes, must maintain at  
3668 least minimum security requirements.

3669 (c) Any new or renewal motor vehicle insurance policy  
3670 delivered or issued for delivery in this state must provide  
3671 coverage that complies with minimum security requirements.

3672 (d) Any new or renewal motor vehicle insurance policy  
3673 furnished to an owner or operator of a motor vehicle as proof of  
3674 financial responsibility pursuant to s. 324.022 or s. 324.031,  
3675 Florida Statutes, must provide medical payments coverage that  
3676 complies with s. 627.7265, Florida Statutes.

3677 (e) An existing motor vehicle insurance policy issued  
3678 before that date which provides personal injury protection and  
3679 property damage liability coverage that meets the requirements  
3680 of s. 324.022, Florida Statutes, on December 31, 2017, but which  
3681 does not meet minimum security requirements on or after January  
3682 1, 2018, is deemed to meet the security requirements of s.  
3683 324.022, Florida Statutes, and the medical payments coverage

20-01083B-17

20171766\_\_

3684 requirements of s. 627.7265, Florida Statutes, until such policy  
3685 is renewed, nonrenewed, or canceled on or after January 1, 2018.

3686 (3) Each insurer shall allow each insured who has a new or  
3687 renewal policy providing personal injury protection, which  
3688 becomes effective before January 1, 2018, and whose policy does  
3689 not meet minimum security requirements on or after January 1,  
3690 2018, to change coverages so as to eliminate personal injury  
3691 protection and obtain coverage providing minimum security  
3692 requirements, which shall be effective on or after January 1,  
3693 2018. The insurer is not required to provide coverage complying  
3694 with minimum security requirements in such policies if the  
3695 insured does not pay the required premium, if any, by January 1,  
3696 2018, or such later date as the insurer may allow. Any reduction  
3697 in the premium must be refunded by the insurer. The insurer may  
3698 not impose on the insured an additional fee or charge that  
3699 applies solely to a change in coverage; however, the insurer may  
3700 charge an additional required premium that is actuarially  
3701 indicated.

3702 (4) By September 1, 2017, each motor vehicle insurer shall  
3703 provide notice of this section to each motor vehicle  
3704 policyholder who is subject to this section. The notice is  
3705 subject to approval by the Office of Insurance Regulation and  
3706 must clearly inform the policyholder that:

3707 (a) The Florida Motor Vehicle No-Fault Law is repealed,  
3708 effective January 1, 2018, and that on or after that date, the  
3709 insured is no longer required to maintain personal injury  
3710 protection insurance coverage, that personal injury protection  
3711 coverage is no longer available for purchase in this state, and  
3712 that all new or renewal policies issued on or after that date do



20-01083B-17

20171766\_\_

3713 not contain such coverage.

3714 (b) Effective January 1, 2018, a person subject to the  
3715 financial responsibility requirements of s. 324.022, Florida  
3716 Statutes, must maintain minimum security requirements that  
3717 enable the person to respond in damages for liability on account  
3718 of accidents arising out of the ownership, maintenance, or use  
3719 of a motor vehicle in the following amounts:

3720 1. Beginning on the effective date of this act, and  
3721 continuing through December 31, 2019:

3722 a. Twenty thousand dollars for bodily injury to, or the  
3723 death of, one person in any one crash and, subject to such  
3724 limits for one person, in the amount of \$40,000 for bodily  
3725 injury to, or the death of, two or more persons in any one  
3726 crash; and

3727 b. Ten thousand dollars for damage to, or destruction of,  
3728 property of others in any one crash.

3729 2. Beginning January 1, 2020, and continuing through  
3730 December 31, 2021:

3731 a. Twenty-five thousand dollars for bodily injury to, or  
3732 the death of, one person in any one crash and, subject to such  
3733 limits for one person, in the amount of \$50,000 for bodily  
3734 injury to, or the death of, two or more persons in any one  
3735 crash; and

3736 b. Ten thousand dollars for damage to, or destruction of,  
3737 property of others in any one crash.

3738 3. Beginning January 1, 2022, and continuing thereafter:

3739 a. Thirty thousand dollars for bodily injury to, or the  
3740 death of, one person in any one crash and, subject to such  
3741 limits for one person, in the amount of \$60,000 for bodily

20-01083B-17

20171766\_\_

3742 injury to, or the death of, two or more persons in any one  
3743 crash; and

3744 b. Ten thousand dollars for damage to, or destruction of,  
3745 property of others in any one crash.

3746 (c) Personal injury protection insurance paid covered  
3747 medical expenses for injuries sustained in a motor vehicle crash  
3748 by the policyholder, passengers, and relatives residing in the  
3749 policyholder's household.

3750 (d) Bodily injury liability coverage protects the insured,  
3751 up to the coverage limits, against loss if the insured is  
3752 legally responsible for the death of or bodily injury to others  
3753 in a motor vehicle accident.

3754 (e) Effective January 1, 2018, a person who purchases a  
3755 motor vehicle liability insurance policy as proof of financial  
3756 responsibility must maintain medical payments coverage that  
3757 complies with s. 627.7265, Florida Statutes. Medical payments  
3758 coverage pays covered medical expenses, up to the limits of such  
3759 coverage, for injuries sustained in a motor vehicle crash by the  
3760 policyholder, passengers, and relatives residing in the  
3761 policyholder's household, as provided in s. 627.7265, Florida  
3762 Statutes.

3763 (f) The policyholder may obtain underinsured motorist  
3764 coverage, which provides benefits, up to the limits of such  
3765 coverage, to a policyholder or other insured entitled to recover  
3766 damages for bodily injury, sickness, disease, or death resulting  
3767 from a motor vehicle accident with an uninsured or underinsured  
3768 owner or operator of a motor vehicle.

3769 (g) If the policyholder's new or renewal motor vehicle  
3770 insurance policy is effective before January 1, 2018, and

20-01083B-17

20171766\_\_

3771 contains personal injury protection and property damage  
3772 liability coverage as required by state law before January 1,  
3773 2018, but does not meet minimum security requirements on or  
3774 after January 1, 2018, the policy is deemed to meet minimum  
3775 security requirements until it is renewed, nonrenewed, or  
3776  canceled on or after January 1, 2018.

3777 (h) A policyholder whose new or renewal policy becomes  
3778 effective before January 1, 2018, but does not meet minimum  
3779 security requirements on or after January 1, 2018, may change  
3780 coverages under the policy so as to eliminate personal injury  
3781 protection and to obtain coverage providing minimum security  
3782 requirements, including bodily injury liability coverage, which  
3783 are effective on or after January 1, 2018.

3784 (i) If the policyholder has any questions, he or she should  
3785 contact the person named at the telephone number provided in the  
3786 notice.

3787 (5) This section takes effect on the effective date of this  
3788 act.

3789 Section 52. Application of suspensions for failure to  
3790 maintain security; reinstatement.—All suspensions for failure to  
3791 maintain required security as required by law in effect before  
3792 January 1, 2018, remain in full force and effect after the  
3793 effective date of this act. A driver may reinstate a suspended  
3794 driver license or registration as provided under s. 324.0221,  
3795 Florida Statutes.

3796 Section 53. The Division of Law Revision and Information is  
3797 directed to replace the phrase "the effective date of this act"  
3798 wherever it occurs in this act with the date this act becomes a  
3799 law.

20-01083B-17

20171766\_\_

3800           Section 54. Except as otherwise expressly provided in this  
3801 act and except for this section, which shall take effect upon  
3802 this act becoming a law, this act shall take effect January 1,  
3803 2018.