

By Senator Lee

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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 comprise 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; amending s. 316.646, F.S.;
9 revising a requirement for proof of security on a
10 motor vehicle and the applicability of the
11 requirement; amending s. 318.18, F.S.; conforming a
12 provision to changes made by the act; amending s.
13 320.02, F.S.; revising the motor vehicle insurance
14 coverages that an applicant must show to register
15 certain vehicles with the Department of Highway Safety
16 and Motor Vehicles; deleting a requirement that
17 specified information be included on a certain
18 insurance proof-of-purchase card; revising
19 construction; amending s. 320.0609, F.S.; conforming a
20 provision to changes made by the act; amending s.
21 320.27, F.S.; revising requirements for furnishing
22 certain insurance coverage information on an
23 application for a motor vehicle dealer; revising
24 insurance coverage requirements for certain motor
25 vehicle dealers; amending s. 320.771, F.S.; revising
26 garage liability coverage requirements for a
27 recreational vehicle dealer license applicant;
28 amending ss. 322.251 and 322.34, F.S.; conforming
29 provisions to changes made by the act; amending s.

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30 324.011, F.S.; revising legislative intent; amending
31 s. 324.021, F.S.; revising definitions of the terms
32 "motor vehicle" and "proof of financial
33 responsibility"; revising, at specified timeframes,
34 minimum coverage requirements for proof of financial
35 responsibility; defining the term "for-hire passenger
36 transportation vehicle"; conforming provisions to
37 changes made by the act; amending s. 324.022, F.S.;
38 revising, at specified timeframes, minimum liability
39 coverage requirements for motor vehicle owners and
40 operators; revising authorized methods for meeting
41 such requirements; revising the vehicles that are
42 excluded from the definition of the term "motor
43 vehicle" and providing security requirements for
44 certain excluded vehicles; deleting the definition of
45 the term "owner"; conforming provisions to changes
46 made by the act; conforming cross-references; amending
47 s. 324.0221, F.S.; revising applicability of certain
48 insurer reporting and notice requirements as to
49 policies providing certain coverages; conforming a
50 provision to changes made by the act; amending s.
51 324.023, F.S.; conforming cross-references; amending
52 s. 324.031, F.S.; revising applicability of a
53 provision authorizing certain methods of proving
54 financial responsibility; revising, at specified
55 timeframes, the amount of a certificate of deposit
56 required for a specified method of proof of financial
57 responsibility; revising excess liability coverage
58 requirements for a person electing to use such method;

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59 amending s. 324.032, F.S.; revising requirements of
60 financial responsibility for for-hire passenger
61 transportation vehicles; revising applicability of
62 such requirements; revising a requirement for a motor
63 vehicle liability policy obtained to comply with such
64 requirements; conforming a cross-reference; amending
65 s. 324.051, F.S.; making technical changes; amending
66 s. 324.071, F.S.; revising the fee for reinstating an
67 owner's or operator's license or registration that has
68 been suspended for specified reasons; amending s.
69 324.091, F.S.; making technical changes; amending s.
70 324.151, F.S.; revising requirements for a motor
71 vehicle liability policy that serves as proof of
72 financial responsibility for certain operators or
73 owners; authorizing an insurer to exclude liability
74 coverage in the policy under certain circumstances;
75 defining terms; amending s. 324.161, F.S.; revising
76 requirements for a certificate of deposit that is
77 required if a person elects a certain method of
78 providing financial responsibility; amending s.
79 324.171, F.S.; revising, at specified timeframes, the
80 minimum net worth requirements to qualify certain
81 persons as self-insurers; conforming provisions to
82 changes made by the act; amending s. 324.251, F.S.;

83 revising the short title and an effective date;
84 amending s. 400.9905, F.S.; revising the definition of
85 the term "clinic"; amending ss. 400.991 and 400.9935,
86 F.S.; conforming provisions to changes made by the
87 act; amending s. 409.901, F.S.; revising the

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88 definition of the term "third-party benefit"; amending
89 s. 409.910, F.S.; revising the definition of the term
90 "medical coverage"; making technical changes; amending
91 s. 456.057, F.S.; conforming a cross-reference;
92 amending s. 456.072, F.S.; revising specified grounds
93 for discipline for certain health professions;
94 amending s. 626.9541, F.S.; revising types of
95 insurance coverage applicable to certain prohibited
96 acts; conforming a cross-reference; amending s.
97 626.989, F.S.; revising the definition of the term
98 "fraudulent insurance act"; amending s. 627.06501,
99 F.S.; revising coverages that may provide for a
100 reduction in motor vehicle insurance policy premium
101 charges under certain circumstances; amending s.
102 627.0652, F.S.; revising coverages that must provide a
103 premium charge reduction under certain circumstances;
104 amending s. 627.0653, F.S.; revising coverages subject
105 to premium discounts for specified motor vehicle
106 equipment; amending s. 627.4132, F.S.; revising the
107 coverages of a motor vehicle policy which are subject
108 to a stacking prohibition; amending s. 627.7263, F.S.;
109 revising provisions relating to designation of primary
110 coverages for rental and leasing driver's insurance;
111 conforming provisions to changes made by the act;
112 creating s. 627.7265, F.S.; defining terms; requiring
113 specified motor vehicle liability insurance policies
114 to include medical payments coverage; specifying
115 requirements for such medical payments coverage;
116 authorizing insurers to exclude medical payment

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117 benefits under certain circumstances; specifying
118 required benefits and limitations for medical payments
119 coverage; specifying requirements, procedures, and
120 prohibitions relating to the payment of medical
121 payments benefits; specifying requirements,
122 procedures, limitations, and prohibitions relating to
123 charges and billing for care of bodily injuries under
124 medical payments coverage; requiring the Department of
125 Health to adopt rules; defining the terms
126 "countersign" and "countersignature"; specifying
127 requirements and procedures relating to specified
128 notices and advisories to insureds; specifying
129 requirements and procedures relating to discovery of
130 facts about an injured person and disputes; defining
131 the term "receipt"; specifying requirements,
132 procedures, and prohibitions relating to required
133 mental and physical examinations of injured persons
134 and physician reports; defining the term "active
135 practice"; providing applicability of certain
136 provisions regulating attorney fees; specifying
137 requirements and procedures for prelitigation demand
138 letters to be provided to insurers; requiring
139 specified claims to be brought in a single civil
140 action; providing that an insurer engages in an unfair
141 or deceptive practice if it fails, in a certain
142 manner, to pay valid claims; authorizing the
143 Department of Legal Affairs to investigate and
144 initiate certain actions; providing construction
145 relating to an insurer's cause of action for insurance

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146 fraud; specifying requirements for a fraud advisory
147 notice provided by an insurer under certain
148 circumstances; providing construction relating to
149 nonreimbursable claims; authorizing certain notices,
150 documentation, transmissions, or communications to be
151 transferred electronically in a secure manner;
152 authorizing a medical payments insurer to include a
153 certain right of subrogation provision in its policy;
154 requiring the Financial Services Commission to adopt
155 rules; providing applicability and construction;
156 amending s. 627.727, F.S.; revising the legal
157 liability of an uninsured motorist coverage insurer;
158 conforming a provision to changes made by the act;
159 amending s. 627.7275, F.S.; revising applicability and
160 required coverages for a motor vehicle insurance
161 policy; conforming provisions to changes made by the
162 act; amending s. 627.728, F.S.; conforming a provision
163 to changes made by the act; amending s. 627.7295,
164 F.S.; revising the definitions of the terms "policy"
165 and "binder"; revising the coverages of a motor
166 vehicle insurance policy for which a licensed general
167 lines agent may charge a specified fee; revising
168 applicability; conforming a cross-reference; amending
169 s. 627.7415, F.S.; revising, at specified intervals,
170 the minimum levels of certain liability insurance
171 required for commercial motor vehicles; amending s.
172 627.8405, F.S.; revising coverages in a policy sold in
173 combination with an accidental death and dismemberment
174 policy, which a premium finance company may not

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175 finance; revising rulemaking authority of the
176 commission; amending ss. 627.915, 628.909, 705.184,
177 and 713.78, F.S.; conforming provisions to changes
178 made by the act; amending s. 817.234, F.S.; revising
179 coverages that are the basis of specified prohibited
180 false and fraudulent insurance claims; conforming a
181 cross-reference; providing applicability and
182 construction relating to this act; defining the term
183 "minimum security requirements"; providing
184 requirements and procedures relating to motor vehicle
185 insurance policies that include personal injury
186 protection as of a specified date; requiring an
187 insurer to provide, by a specified date, a specified
188 notice to policyholders relating to requirements under
189 the act; providing for construction relating to
190 suspensions for failure to maintain required security
191 in effect before a specified date; providing effective
192 dates.

193

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

195

196 Section 1. Sections 627.730, 627.731, 627.7311, 627.732,
197 627.733, 627.734, 627.736, 627.737, 627.739, 627.7401, 627.7403,
198 and 627.7405, Florida Statutes, which comprise the Florida Motor
199 Vehicle No-Fault Law, are repealed.

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

201 Section 3. Subsection (1) of section 316.646, Florida
202 Statutes, is amended to read:

203 316.646 Security required; proof of security and display

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204 thereof.—

205 (1) An owner of a motor vehicle required to be registered
206 in this state and an operator of a motor vehicle licensed in
207 this state ~~Any person required by s. 324.022 to maintain~~
208 ~~property damage liability security, required by s. 324.023 to~~
209 ~~maintain liability security for bodily injury or death, or~~
210 ~~required by s. 627.733 to maintain personal injury protection~~
211 ~~security on a motor vehicle shall have in his or her immediate~~
212 possession at all times while operating such motor vehicle
213 proper proof of maintenance of the ~~required~~ required
214 under s. 324.021(7).

215 (a) Such proof must ~~shall~~ be in a uniform paper or
216 electronic format, as prescribed by the department, a valid
217 insurance policy, an insurance policy binder, a certificate of
218 insurance, or such other proof as may be prescribed by the
219 department.

220 (b)1. The act of presenting to a law enforcement officer an
221 electronic device displaying proof of insurance in an electronic
222 format does not constitute consent for the officer to access any
223 information on the device other than the displayed proof of
224 insurance.

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

227 Section 4. Paragraph (b) of subsection (2) of section
228 318.18, Florida Statutes, is amended to read:

229 318.18 Amount of penalties.—The penalties required for a
230 noncriminal disposition pursuant to s. 318.14 or a criminal
231 offense listed in s. 318.17 are as follows:

232 (2) Thirty dollars for all nonmoving traffic violations

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233 and:

234 (b) For all violations of ss. 320.0605, 320.07(1), 322.065,
235 and 322.15(1). A ~~Any~~ person who is cited for a violation of s.
236 320.07(1) shall be charged a delinquent fee pursuant to s.
237 320.07(4).

238 1. If a person who is cited for a violation of s. 320.0605
239 or s. 320.07 can show proof of having a valid registration at
240 the time of arrest, the clerk of the court may dismiss the case
241 and may assess a dismissal fee of up to \$10. A person who finds
242 it impossible or impractical to obtain a valid registration
243 certificate must submit an affidavit detailing the reasons for
244 the impossibility or impracticality. The reasons may include,
245 but are not limited to, the fact that the vehicle was sold,
246 stolen, or destroyed; that the state in which the vehicle is
247 registered does not issue a certificate of registration; or that
248 the vehicle is owned by another person.

249 2. If a person who is cited for a violation of s. 322.03,
250 s. 322.065, or s. 322.15 can show a driver license issued to him
251 or her and valid at the time of arrest, the clerk of the court
252 may dismiss the case and may assess a dismissal fee of up to
253 \$10.

254 3. If a person who is cited for a violation of s. 316.646
255 can show proof of security as required by s. 324.021(7) ~~s.~~
256 ~~627.733~~, issued to the person and valid at the time of arrest,
257 the clerk of the court may dismiss the case and may assess a
258 dismissal fee of up to \$10. A person who finds it impossible or
259 impractical to obtain proof of security must submit an affidavit
260 detailing the reasons for the impracticality. The reasons may
261 include, but are not limited to, the fact that the vehicle has

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262 since been sold, stolen, or destroyed; ~~that the owner or~~
263 ~~registrant of the vehicle is not required by s. 627.733 to~~
264 ~~maintain personal injury protection insurance;~~ or that the
265 vehicle is owned by another person.

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

268 320.02 Registration required; application for registration;
269 forms.—

270 (5) (a) Proof that bodily injury liability coverage and
271 property damage liability coverage ~~personal injury protection~~
272 ~~benefits~~ have been purchased if required under s. 324.022, s.
273 324.032, or s. 627.742, that medical payments coverage has been
274 purchased if required under s. 627.7265 ~~s. 627.733, that~~
275 ~~property damage liability coverage has been purchased as~~
276 ~~required under s. 324.022, that bodily injury liability or death~~
277 coverage has been purchased if required under s. 324.023, and
278 that combined bodily liability insurance and property damage
279 liability insurance have been purchased if required under s.
280 627.7415 must ~~shall~~ be provided in the manner prescribed by law
281 by the applicant at the time of application for registration of
282 any motor vehicle that is subject to such requirements. The
283 issuing agent may not ~~shall refuse to~~ issue registration if such
284 proof of purchase is not provided. Insurers shall furnish
285 uniform proof-of-purchase cards in a paper or electronic format
286 in a form prescribed by the department and include the name of
287 the insured's insurance company, the coverage identification
288 number, and the make, year, and vehicle identification number of
289 the vehicle insured. The card must contain a statement notifying
290 the applicant of the penalty specified under s. 316.646(4). The

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291 card or insurance policy, insurance policy binder, or
292 certificate of insurance or a photocopy of any of these; an
293 affidavit containing the name of the insured's insurance
294 company, the insured's policy number, and the make and year of
295 the vehicle insured; or such other proof as may be prescribed by
296 the department constitutes ~~shall constitute~~ sufficient proof of
297 purchase. If an affidavit is provided as proof, it must be in
298 substantially the following form:

299
300 Under penalty of perjury, I ...(Name of insured)... do hereby
301 certify that I have ...(bodily injury liability and Personal
302 ~~Injury Protection~~, property damage liability coverage, and
303 medical payments coverage, and, if required, Bodily Injury
304 Liability)... Insurance currently in effect with ...(Name of
305 insurance company)... under ...(policy number)... covering
306 ...(make, year, and vehicle identification number of
307 vehicle).... ...(Signature of Insured)...

308
309 Such affidavit must include the following warning:

310
311 WARNING: GIVING FALSE INFORMATION IN ORDER TO OBTAIN A VEHICLE
312 REGISTRATION CERTIFICATE IS A CRIMINAL OFFENSE UNDER FLORIDA
313 LAW. ANYONE GIVING FALSE INFORMATION ON THIS AFFIDAVIT IS
314 SUBJECT TO PROSECUTION.

315
316 If an application is made through a licensed motor vehicle
317 dealer as required under s. 319.23, the original or a photocopy
318 ~~photostatic copy~~ of such card, insurance policy, insurance
319 policy binder, or certificate of insurance or the original

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

328 (d) The verifying of ~~proof of personal injury protection~~
329 ~~insurance, proof of property damage liability insurance, proof~~
330 ~~of combined bodily liability insurance and property damage~~
331 ~~liability insurance, or~~ proof of financial responsibility
332 insurance and the issuance or failure to issue the motor vehicle
333 registration under ~~the provisions of~~ this chapter may not be
334 construed in any court as a warranty of the reliability or
335 accuracy of the evidence of such proof, or that the provisions
336 of any insurance policy furnished as proof of financial
337 responsibility comply with state law. ~~Neither~~ The department or
338 ~~nor~~ any tax collector is not liable in damages for any
339 inadequacy, insufficiency, falsification, or unauthorized
340 modification of any item of ~~the proof of personal injury~~
341 ~~protection insurance, proof of property damage liability~~
342 ~~insurance, proof of combined bodily liability insurance and~~
343 ~~property damage liability insurance, or~~ proof of financial
344 responsibility before ~~insurance prior to~~, during, or subsequent
345 to the verification of the proof. The issuance of a motor
346 vehicle registration does not constitute prima facie evidence or
347 a presumption of insurance coverage.

348 Section 6. Paragraph (b) of subsection (1) of section

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349 320.0609, Florida Statutes, is amended to read:

350 320.0609 Transfer and exchange of registration license
351 plates; transfer fee.—

352 (1)

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

358 Section 7. Subsection (3) of section 320.27, Florida
359 Statutes, is amended to read:

360 320.27 Motor vehicle dealers.—

361 (3) APPLICATION AND FEE.—~~The application for the license~~
362 application must ~~shall~~ be in such form as may be prescribed by
363 the department and is ~~shall be~~ subject to such rules ~~with~~
364 ~~respect thereto~~ as may be so prescribed by the department ~~it~~.
365 Such application must ~~shall~~ be verified by oath or affirmation
366 and must ~~shall~~ contain a full statement of the name and birth
367 date of the person or persons applying for the license ~~therefor~~;
368 the name of the firm or copartnership, with the names and places
369 of residence of all members ~~thereof~~, if such applicant is a firm
370 or copartnership; the names and places of residence of the
371 principal officers, if the applicant is a body corporate or
372 other artificial body; the name of the state under whose laws
373 the corporation is organized; the present and former place or
374 places of residence of the applicant; and the prior business in
375 which the applicant has been engaged and its ~~the~~ location
376 ~~thereof~~. ~~The~~ ~~Such~~ application must ~~shall~~ describe the exact
377 location of the place of business and must ~~shall~~ state whether

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378 the place of business is owned by the applicant and when
379 acquired, or, if leased, a true copy of the lease must ~~shall~~ be
380 attached to the application. The applicant shall certify that
381 the location provides an adequately equipped office and is not a
382 residence; that the location affords sufficient unoccupied space
383 upon and within which adequately to store all motor vehicles
384 offered and displayed for sale; and that the location is a
385 suitable place where the applicant can in good faith carry on
386 such business and keep and maintain books, records, and files
387 necessary to conduct such business, which must ~~shall~~ be
388 available at all reasonable hours to inspection by the
389 department or any of its inspectors or other employees. The
390 applicant shall certify that the business of a motor vehicle
391 dealer is the principal business that will ~~which shall~~ be
392 conducted at that location. The application must ~~shall~~ contain a
393 statement that the applicant is either franchised by a
394 manufacturer of motor vehicles, in which case the name of each
395 motor vehicle that the applicant is franchised to sell must
396 ~~shall~~ be included, or an independent (nonfranchised) motor
397 vehicle dealer. The application must ~~shall~~ contain other
398 relevant information as may be required by the department. The
399 applicant must furnish, including evidence, in a form approved
400 by the department, that the applicant is insured under a garage
401 liability insurance policy or a general liability insurance
402 policy coupled with a business automobile policy having the
403 liability coverage required by this subsection, ~~which shall~~
404 ~~include, at a minimum, \$25,000 combined single-limit liability~~
405 ~~coverage including bodily injury and property damage protection~~
406 ~~and \$10,000 personal injury protection.~~ However, a salvage motor

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407 vehicle dealer as defined in subparagraph (1)(c)5. is exempt
408 from the requirements for garage liability insurance and medical
409 payments coverage insurance ~~and personal injury protection~~
410 ~~insurance~~ on those vehicles that cannot be legally operated on
411 roads, highways, or streets in this state. Franchise dealers
412 must submit a garage liability insurance policy, and all other
413 dealers must submit a garage liability insurance policy or a
414 general liability insurance policy coupled with a business
415 automobile policy. Such policy must ~~shall~~ be for the license
416 period and must include, at a minimum, \$70,000 combined single-
417 limit bodily injury and property damage liability coverage that
418 conforms to the requirements of s. 324.151., ~~and~~ Evidence of a
419 new or continued policy must ~~shall~~ be delivered to the
420 department at the beginning of each license period. Upon making
421 an initial application, the applicant shall pay to the
422 department a fee of \$300 in addition to any other fees required
423 by law. Applicants may choose to extend the licensure period for
424 1 additional year for a total of 2 years. An initial applicant
425 shall pay to the department a fee of \$300 for the first year and
426 \$75 for the second year, in addition to any other fees required
427 by law. An applicant for renewal shall pay to the department \$75
428 for a 1-year renewal or \$150 for a 2-year renewal, in addition
429 to any other fees required by law. Upon making an application
430 for a change of location, the applicant ~~person~~ shall pay a fee
431 of \$50 in addition to any other fees now required by law. The
432 department shall, in the case of every application for initial
433 licensure, verify whether certain facts set forth in the
434 application are true. Each applicant, general partner in the
435 case of a partnership, or corporate officer and director in the

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436 case of a corporate applicant, shall ~~must~~ file a set of
437 fingerprints with the department for the purpose of determining
438 any prior criminal record or any outstanding warrants. The
439 department shall submit the fingerprints to the Department of
440 Law Enforcement for state processing and forwarding to the
441 Federal Bureau of Investigation for federal processing. The
442 actual cost of state and federal processing must ~~shall~~ be borne
443 by the applicant and is in addition to the fee for licensure.
444 The department may issue a license to an applicant pending the
445 results of the fingerprint investigation, which license is fully
446 revocable if the department subsequently determines that any
447 facts set forth in the application are not true or correctly
448 represented.

449 Section 8. Paragraph (j) of subsection (3) of section
450 320.771, Florida Statutes, is amended to read:

451 320.771 License required of recreational vehicle dealers.—

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

456 (j) A statement that the applicant is insured under a
457 garage liability insurance policy, which must ~~shall~~ include, at
458 a minimum, \$70,000 ~~\$25,000~~ combined single-limit bodily injury
459 and property damage liability coverage, ~~including bodily injury~~
460 ~~and property damage protection,~~ and \$10,000 ~~personal injury~~
461 ~~protection,~~ if the applicant is to be licensed as a dealer in,
462 or intends to sell, recreational vehicles.

463
464 The department shall, if it deems necessary, cause an

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465 investigation to be made to ascertain if the facts set forth in
466 the application are true and shall not issue a license to the
467 applicant until it is satisfied that the facts set forth in the
468 application are true.

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

471 322.251 Notice of cancellation, suspension, revocation, or
472 disqualification of license.—

473 (1) All orders of cancellation, suspension, revocation, or
474 disqualification issued under ~~the provisions of~~ this chapter,
475 chapter 318, or chapter 324 must, ~~or ss. 627.732-627.734 shall~~
476 be given either by personal delivery thereof to the licensee
477 whose license is being canceled, suspended, revoked, or
478 disqualified or by deposit in the United States mail in an
479 envelope, first class, postage prepaid, addressed to the
480 licensee at his or her last known mailing address furnished to
481 the department. Such mailing by the department constitutes
482 notification, and any failure by the person to receive the
483 mailed order will not affect or stay the effective date or term
484 of the cancellation, suspension, revocation, or disqualification
485 of the licensee's driving privilege.

486 (2) The giving of notice and an order of cancellation,
487 suspension, revocation, or disqualification by mail is complete
488 upon expiration of 20 days after deposit in the United States
489 mail for all notices except those issued under chapter 324 ~~or~~
490 ~~ss. 627.732-627.734~~, which are complete 15 days after deposit in
491 the United States mail. Proof of the giving of notice and an
492 order of cancellation, suspension, revocation, or
493 disqualification in either manner must ~~shall~~ be made by entry in

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494 the records of the department that such notice was given. The
495 entry is admissible in the courts of this state and constitutes
496 sufficient proof that such notice was given.

497 Section 10. Paragraph (a) of subsection (8) of section
498 322.34, Florida Statutes, is amended to read:

499 322.34 Driving while license suspended, revoked, canceled,
500 or disqualified.—

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

504 1. Whether the person's driver license is suspended or
505 revoked.

506 2. Whether the person's driver license has remained
507 suspended or revoked since a conviction for the offense of
508 driving with a suspended or revoked license.

509 3. Whether the suspension or revocation was made under s.
510 316.646 ~~or s. 627.733~~, relating to failure to maintain required
511 security, or under s. 322.264, relating to habitual traffic
512 offenders.

513 4. Whether the driver is the registered owner or coowner of
514 the vehicle.

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

517 324.011 Legislative intent and purpose of chapter.—It is
518 the Legislature's intent of this chapter to ensure that the
519 privilege of owning or operating a motor vehicle in this state
520 be exercised ~~recognize the existing privilege to own or operate~~
521 ~~a motor vehicle on the public streets and highways of this state~~
522 ~~when such vehicles are used with due consideration for~~ others'

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523 ~~safety others~~ and their property, ~~and~~ to promote safety, and to
524 provide financial security requirements for ~~such~~ owners and ~~or~~
525 operators whose responsibility it is to recompense others for
526 injury to person or property caused by the operation of a motor
527 vehicle. Therefore, this chapter requires that owners and
528 operators of motor vehicles establish, maintain, and it is
529 ~~required herein that the operator of a motor vehicle involved in~~
530 ~~a crash or convicted of certain traffic offenses meeting the~~
531 ~~operative provisions of s. 324.051(2) shall respond for such~~
532 ~~damages and~~ show proof of financial ability to respond for
533 damages arising out of the ownership, maintenance, or use of a
534 motor vehicle in future accidents as a requisite to owning or
535 operating a motor vehicle in this state ~~his or her future~~
536 ~~exercise of such privileges.~~

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

540 324.021 Definitions; minimum insurance required.—The
541 following words and phrases when used in this chapter shall, for
542 the purpose of this chapter, have the meanings respectively
543 ascribed to them in this section, except in those instances
544 where the context clearly indicates a different meaning:

545 (1) MOTOR VEHICLE.—Every self-propelled vehicle that is
546 designed and required to be licensed for use upon a highway,
547 including trailers and semitrailers designed for use with such
548 vehicles, except traction engines, road rollers, farm tractors,
549 power shovels, and well drillers, and every vehicle that is
550 propelled by electric power obtained from overhead wires but not
551 operated upon rails, but not including any personal delivery

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552 device as defined in s. 316.003, bicycle, or moped. ~~However, the~~
553 ~~term "motor vehicle" does not include a motor vehicle as defined~~
554 ~~in s. 627.732(3) when the owner of such vehicle has complied~~
555 ~~with the requirements of ss. 627.730-627.7405, inclusive, unless~~
556 ~~the provisions of s. 324.051 apply; and, in such case, the~~
557 ~~applicable proof of insurance provisions of s. 320.02 apply.~~

558 (7) PROOF OF FINANCIAL RESPONSIBILITY. ~~That~~ Proof of
559 ability to respond in damages for liability on account of
560 crashes arising out of the ownership, maintenance, or use of a
561 motor vehicle:

562 (a) With respect to a motor vehicle that is not a
563 commercial motor vehicle, nonpublic sector bus, or for-hire
564 passenger transportation vehicle:

565 1. Beginning January 1, 2019, and continuing through
566 December 31, 2020, in the amount of:

567 a. Twenty thousand dollars for ~~\$10,000 because of~~ bodily
568 injury to, or the death of, one person in any one crash and, ~~+~~
569 ~~(b)~~ subject to such limits for one person, in the amount of
570 ~~\$40,000 for \$20,000 because of~~ bodily injury to, or the death
571 of, two or more persons in any one crash; and

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

574 2. Beginning January 1, 2021, and continuing through
575 December 31, 2022, in the amount of:

576 a. Twenty-five thousand dollars for bodily injury to, or
577 the death of, one person in any one crash and, subject to such
578 limits for one person, in the amount of \$50,000 for bodily
579 injury to, or the death of, two or more persons in any one
580 crash; and

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

583 3. Beginning January 1, 2023, and continuing thereafter, in
 584 the amount of:

585 a. Thirty thousand dollars for bodily injury to, or the
 586 death of, one person in any one crash and, subject to such
 587 limits for one person, in the amount of \$60,000 for bodily
 588 injury to, or the death of, two or more persons in any one
 589 crash; and

590 b. ~~(e)~~ Ten thousand dollars for damage ~~In the amount of~~
 591 ~~\$10,000 because of injury to, or destruction of, property of~~
 592 ~~others in any one crash.; and~~

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

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

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

600 (9) OWNER; OWNER/LESSOR.—

601 (c) *Application.*—

602 1. The limits on liability in subparagraphs (b)2. and 3. do
 603 not apply to an owner of motor vehicles that are used for
 604 commercial activity in the owner's ordinary course of business,
 605 other than a rental company that rents or leases motor vehicles.
 606 For purposes of this paragraph, the term "rental company"
 607 includes only an entity that is engaged in the business of
 608 renting or leasing motor vehicles to the general public and that
 609 rents or leases a majority of its motor vehicles to persons with

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610 no direct or indirect affiliation with the rental company. The
611 term also includes a motor vehicle dealer that provides
612 temporary replacement vehicles to its customers for up to 10
613 days. The term "rental company" also includes:

614 a. A related rental or leasing company that is a subsidiary
615 of the same parent company as that of the renting or leasing
616 company that rented or leased the vehicle.

617 b. The holder of a motor vehicle title or an equity
618 interest in a motor vehicle title if the title or equity
619 interest is held pursuant to or to facilitate an asset-backed
620 securitization of a fleet of motor vehicles used solely in the
621 business of renting or leasing motor vehicles to the general
622 public and under the dominion and control of a rental company,
623 as described in this subparagraph, in the operation of such
624 rental company's business.

625 2. Furthermore, with respect to commercial motor vehicles
626 as defined in s. 207.002 or s. 320.01 ~~s. 627.732~~, the limits on
627 liability in subparagraphs (b)2. and 3. do not apply if, at the
628 time of the incident, the commercial motor vehicle is being used
629 in the transportation of materials found to be hazardous for the
630 purposes of the Hazardous Materials Transportation Authorization
631 Act of 1994, as amended, 49 U.S.C. ss. 5101 et seq., and that is
632 required pursuant to such act to carry placards warning others
633 of the hazardous cargo, unless at the time of lease or rental
634 either:

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

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639 b. The lessee or other operator of the commercial motor
640 vehicle has in effect insurance with limits of at least \$5
641 million ~~\$5,000,000~~ combined property damage and bodily injury
642 liability.

643 (12) FOR-HIRE PASSENGER TRANSPORTATION VEHICLE.—Every “for-
644 hire vehicle” as defined in s. 320.01(15) which is offered or
645 used to provide transportation for persons, including taxicabs,
646 limousines, and jitneys.

647 Section 13. Section 324.022, Florida Statutes, is amended
648 to read:

649 324.022 Financial responsibility requirements ~~for property~~
650 ~~damage.—~~

651 (1) (a) Every owner or operator of a motor vehicle required
652 to be registered in this state and every operator of a motor
653 vehicle who is licensed in this state shall establish and
654 continuously maintain the ability to respond in damages for
655 liability on account of accidents arising out of the ownership,
656 maintenance, or use of the motor vehicle in the amount of:

657 1. Beginning January 1, 2019, and continuing through
658 December 31, 2020:

659 a. Twenty thousand dollars for bodily injury to, or the
660 death of, one person in any one crash and, subject to such
661 limits for one person, in the amount of \$40,000 for bodily
662 injury to, or the death of, two or more persons in any one
663 crash; and

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

666 2. Beginning January 1, 2021, and continuing through
667 December 31, 2022:

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668 a. Twenty-five thousand dollars for bodily injury to, or
669 the death of, one person in any one crash and, subject to such
670 limits for one person, in the amount of \$50,000 for bodily
671 injury to, or the death of, two or more persons in any one
672 crash; and

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

675 3. Beginning January 1, 2023, and continuing thereafter:

676 a. Thirty thousand dollars for bodily injury to, or the
677 death of, one person in any one crash and, subject to such
678 limits for one person, in the amount of \$60,000 for bodily
679 injury to, or the death of, two or more persons in any one
680 crash; and

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

683 (b) The requirements of paragraph (a) ~~this section~~ may be
684 met by one of the methods established in s. 324.031; by self-
685 insuring as authorized by s. 768.28(16); or by maintaining
686 medical payments coverage under s. 627.7265 and a motor vehicle
687 liability insurance policy that ~~an insurance policy providing~~
688 coverage for property damage liability in the amount of at least
689 ~~\$10,000 because of damage to, or destruction of, property of~~
690 ~~others in any one accident arising out of the use of the motor~~
691 ~~vehicle. The requirements of this section may also be met by~~
692 having a policy which provides combined property damage
693 liability and bodily injury liability coverage for any one crash
694 arising out of the ownership, maintenance, or use of a motor
695 vehicle which conforms to the requirements of s. 324.151 in the
696 amount of:

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

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

701 3. At least \$70,000 for every owner and operator subject to
702 the financial responsibility required in subparagraph (1)(a)3.

703 ~~\$30,000 for combined property damage liability and bodily injury~~
704 ~~liability for any one crash arising out of the use of the motor~~
705 ~~vehicle. The policy, with respect to coverage for property~~
706 ~~damage liability, must meet the applicable requirements of s.~~
707 ~~324.151, subject to the usual policy exclusions that have been~~
708 ~~approved in policy forms by the Office of Insurance Regulation.~~
709 ~~No insurer shall have any duty to defend uncovered claims~~
710 ~~irrespective of their joinder with covered claims.~~

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

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

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

718 (b)2. A motor vehicle that is used in mass transit and
719 designed to transport more than five passengers, exclusive of
720 the operator of the motor vehicle, and that is owned by a
721 municipality, transit authority, or political subdivision of the
722 state.

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

725 (d) A commercial motor vehicle as defined in s. 207.002 or

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726 s. 320.01, which shall maintain security as required under ss.
 727 324.031 and 627.7415.

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

730 (f)4. A vehicle providing for-hire passenger transportation
 731 vehicle, which that is subject to the provisions of s. 324.031.
 732 A taxicab shall maintain security as required under s. 324.032
 733 s. 324.032(1).

734 (g)5. A personal delivery device as defined in s. 316.003.

735 ~~(b) "Owner" means the person who holds legal title to a~~
 736 ~~motor vehicle or the debtor or lessee who has the right to~~
 737 ~~possession of a motor vehicle that is the subject of a security~~
 738 ~~agreement or lease with an option to purchase.~~

739 (3) Each nonresident owner or registrant of a motor vehicle
 740 that, whether operated or not, has been physically present
 741 within this state for more than 90 days during the preceding 365
 742 days shall maintain security as required by subsection (1). The
 743 security must be that is in effect continuously throughout the
 744 period the motor vehicle remains within this state.

745 (4) An ~~The~~ owner or registrant of a motor vehicle who is
 746 ~~exempt from the requirements of this section if she or he is a~~
 747 ~~member of the United States Armed Forces and is called to or on~~
 748 ~~active duty outside the United States in an emergency situation~~
 749 is exempt from this section while he or she. ~~The exemption~~
 750 ~~provided by this subsection applies only as long as the member~~
 751 ~~of the Armed Forces is on such active duty.~~ This exemption
 752 ~~outside the United States and applies only while the vehicle~~
 753 covered by the security is not operated by any person. Upon
 754 receipt of a written request by the insured to whom the

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755 exemption provided in this subsection applies, the insurer shall
 756 cancel the coverages and return any unearned premium or suspend
 757 the security required by this section. Notwithstanding s.
 758 324.0221(2) ~~s. 324.0221(3)~~, the department may not suspend the
 759 registration or operator's license of an ~~any~~ owner or registrant
 760 of a motor vehicle during the time she or he qualifies for the
 761 ~~an~~ exemption under this subsection. An ~~Any~~ owner or registrant
 762 of a motor vehicle who qualifies for the ~~an~~ exemption under this
 763 subsection shall immediately notify the department before ~~prior~~
 764 ~~to~~ and at the end of the expiration of the exemption.

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

767 324.0221 Reports by insurers to the department; suspension
 768 of driver license and vehicle registrations; reinstatement.—

769 (1) (a) Each insurer that has issued a policy providing
 770 ~~personal injury protection coverage or property damage~~ liability
 771 coverage shall report the cancellation or nonrenewal thereof to
 772 the department within 10 days after the processing date or
 773 effective date of each cancellation or nonrenewal. Upon the
 774 issuance of a policy providing ~~personal injury protection~~
 775 ~~coverage or property damage~~ liability coverage to a named
 776 insured not previously insured by the insurer during that
 777 calendar year, the insurer shall report the issuance of the new
 778 policy to the department within 10 days. The report must ~~shall~~
 779 be in the form ~~and format~~ and contain any information required
 780 by the department and must be provided in a format that is
 781 compatible with the data processing capabilities of the
 782 department. Failure by an insurer to file proper reports with
 783 the department as required by this subsection constitutes a

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784 violation of the Florida Insurance Code. These records may ~~shall~~
785 be used by the department only for enforcement and regulatory
786 purposes, including the generation by the department of data
787 regarding compliance by owners of motor vehicles with the
788 requirements for financial responsibility coverage.

789 (b) With respect to an insurance policy providing medical
790 payments coverage or ~~personal injury protection coverage~~ or
791 ~~property damage~~ liability coverage, each insurer shall notify
792 the named insured, or the first-named insured in the case of a
793 commercial fleet policy, in writing that any cancellation or
794 nonrenewal of the policy will be reported by the insurer to the
795 department. The notice must also inform the named insured that
796 failure to maintain medical payments coverage, bodily injury
797 liability ~~personal injury protection~~ coverage, and property
798 damage liability coverage on a motor vehicle when required by
799 law may result in the loss of registration and driving
800 privileges in this state and inform the named insured of the
801 amount of the reinstatement fees required by this section. This
802 notice is for informational purposes only, and an insurer is not
803 civilly liable for failing to provide this notice.

804 (2) The department shall suspend, after due notice and an
805 opportunity to be heard, the registration and driver license of
806 any owner or operator ~~registrant~~ of a motor vehicle for ~~with~~
807 ~~respect to~~ which security is required under s. 324.022, s.
808 324.032, s. 627.7415, or s. 627.742 ~~ss. 324.022 and 627.733~~
809 upon:

810 (a) The department's records showing that the owner or
811 operator ~~registrant~~ of such motor vehicle did not have the ~~in~~
812 ~~full force and effect when~~ required security in full force and

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813 ~~effect that complies with the requirements of ss. 324.022 and~~
814 ~~627.733; or~~

815 (b) Notification by the insurer to the department, in a
816 form approved by the department, of cancellation or termination
817 of the required security.

818 Section 15. Section 324.023, Florida Statutes, is amended
819 to read:

820 324.023 Financial responsibility for bodily injury or
821 death.—In addition to any other financial responsibility
822 required by law, every owner or operator of a motor vehicle that
823 is required to be registered in this state, or that is located
824 within this state, and who, regardless of adjudication of guilt,
825 has been found guilty of or entered a plea of guilty or nolo
826 contendere to a charge of driving under the influence under s.
827 316.193 after October 1, 2007, shall, by one of the methods
828 established in s. 324.031(1)(a) or (b) ~~s. 324.031(1) or (2)~~,
829 establish and maintain the ability to respond in damages for
830 liability on account of accidents arising out of the use of a
831 motor vehicle in the amount of \$100,000 because of bodily injury
832 to, or death of, one person in any one crash and, subject to
833 such limits for one person, in the amount of \$300,000 because of
834 bodily injury to, or death of, two or more persons in any one
835 crash and in the amount of \$50,000 because of property damage in
836 any one crash. If the owner or operator chooses to establish and
837 maintain such ability by furnishing a certificate of deposit
838 pursuant to s. 324.031(1)(b) ~~s. 324.031(2)~~, such certificate of
839 deposit must be at least \$350,000. Such higher limits must be
840 carried for a minimum period of 3 years. If the owner or
841 operator has not been convicted of driving under the influence

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842 or a felony traffic offense for a period of 3 years from the
 843 date of reinstatement of driving privileges for a violation of
 844 s. 316.193, the owner or operator shall be exempt from this
 845 section.

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

848 324.031 Manner of proving financial responsibility.—

849 (1) ~~The owner or operator of a taxicab, limousine, jitney,~~
 850 ~~or any other for-hire passenger transportation vehicle may prove~~
 851 ~~financial responsibility by providing satisfactory evidence of~~
 852 ~~holding a motor vehicle liability policy as defined in s.~~
 853 ~~324.021(8) or s. 324.151, which policy is issued by an insurance~~
 854 ~~carrier which is a member of the Florida Insurance Guaranty~~
 855 ~~Association. The operator or owner of a motor vehicle other than~~
 856 ~~a for-hire passenger transportation vehicle any other vehicle~~
 857 may prove his or her financial responsibility by:

858 (a) ~~(1)~~ Furnishing satisfactory evidence of holding a motor
 859 vehicle liability policy as defined in ss. 324.021(8) and
 860 324.151;

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

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

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

870 1. Fifty thousand dollars, to a maximum of \$200,000, from

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871 January 1, 2019, through December 31, 2020.

872 2. Sixty thousand dollars, to a maximum of \$240,000, from
 873 January 1, 2021, through December 31, 2022.

874 3. Seventy thousand dollars, ~~\$30,000,~~ to a maximum of
 875 \$280,000, from January 1, 2023, and thereafter. ~~\$120,000;~~

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

880 1. One hundred twenty-five thousand dollars for bodily
 881 injury to, or the death of, one person in any one crash and,
 882 subject to such limits for one person, in the amount of \$250,000
 883 for bodily injury to, or the death of, two or more persons in
 884 any one crash, and \$50,000 for damage to, or destruction of,
 885 property of others in any one crash; or ~~\$10,000/20,000/10,000 or~~
 886 ~~\$30,000 combined single limits, and such excess insurance shall~~
 887 ~~provide minimum limits of \$125,000/250,000/50,000 or \$300,000~~
 888 ~~combined single limits. These increased limits shall not affect~~
 889 ~~the requirements for proving financial responsibility under s.~~
 890 ~~324.032(1).~~

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

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

896 324.032 ~~Manner of proving~~ Financial responsibility for
 897 for-hire passenger transportation vehicles. ~~Notwithstanding the~~
 898 ~~provisions of s. 324.031:~~

899 (1) An owner, lessee, or operator of a for-hire passenger

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900 transportation vehicle that is required to be registered in this
901 state shall establish and continuously maintain the ability to
902 respond in damages for liability on account of accidents arising
903 out of the ownership, maintenance, or use of the for-hire
904 passenger transportation vehicle, in the amount of:

905 (a) One hundred twenty-five thousand dollars for bodily
906 injury to, or the death of, one person in any one crash and,
907 subject to such limits for one person, in the amount of \$250,000
908 for bodily injury to, or the death of, two or more persons in
909 any one crash; and ~~A person who is either the owner or a lessee~~
910 ~~required to maintain insurance under s. 627.733(1)(b) and who~~
911 ~~operates one or more taxicabs, limousines, jitneys, or any other~~
912 ~~for-hire passenger transportation vehicles may prove financial~~
913 ~~responsibility by furnishing satisfactory evidence of holding a~~
914 ~~motor vehicle liability policy, but with minimum limits of~~
915 ~~\$125,000/250,000/50,000.~~

916 (b) Fifty thousand dollars for damage to, or destruction
917 of, property of others in any one crash ~~A person who is either~~
918 ~~the owner or a lessee required to maintain insurance under s.~~
919 ~~324.021(9)(b) and who operates limousines, jitneys, or any other~~
920 ~~for-hire passenger vehicles, other than taxicabs, may prove~~
921 ~~financial responsibility by furnishing satisfactory evidence of~~
922 ~~holding a motor vehicle liability policy as defined in s.~~
923 ~~324.031.~~

924 (2) Except as provided in subsection (3), the requirements
925 of this section must be met by the owner, lessee, or operator
926 providing satisfactory evidence of holding a motor vehicle
927 liability policy conforming to the requirements of s. 324.151
928 which is issued by an insurance carrier that is a member of the

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929 Florida Insurance Guaranty Association.

930 (3)~~(2)~~ An owner or a lessee who ~~is required to maintain~~
931 ~~insurance under s. 324.021(9)(b) and who~~ operates at least 300
932 ~~taxicabs, limousines, jitneys, or any other~~ for-hire passenger
933 transportation vehicles may provide financial responsibility by
934 complying with ~~the provisions of~~ s. 324.171, such compliance to
935 be demonstrated by maintaining at its principal place of
936 business an audited financial statement, prepared in accordance
937 with generally accepted accounting principles, and providing to
938 the department a certification issued by a certified public
939 accountant that the applicant's net worth is at least equal to
940 the requirements of s. 324.171 as determined by the Office of
941 Insurance Regulation of the Financial Services Commission,
942 including claims liabilities in an amount certified as adequate
943 by a Fellow of the Casualty Actuarial Society.

944
945 Upon request by the department, the applicant shall ~~must~~ provide
946 the department at the applicant's principal place of business in
947 this state access to the applicant's underlying financial
948 information and financial statements that provide the basis of
949 the certified public accountant's certification. The applicant
950 shall reimburse the requesting department for all reasonable
951 costs incurred by it in reviewing the supporting information.
952 The maximum amount of self-insurance permissible under this
953 subsection is \$300,000 and must be stated on a per-occurrence
954 basis, and the applicant shall maintain adequate excess
955 insurance issued by an authorized or eligible insurer licensed
956 or approved by the Office of Insurance Regulation. All risks
957 self-insured shall remain with the owner or lessee providing it,

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958 and the risks are not transferable to any other person, unless a
959 policy complying with subsections (1) and (2) ~~subsection (1)~~ is
960 obtained.

961 Section 18. Paragraph (b) of subsection (2) of section
962 324.051, Florida Statutes, is amended to read:

963 324.051 Reports of crashes; suspensions of licenses and
964 registrations.—

965 (2)

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

967 1. To such operator or owner if such operator or owner had
968 in effect at the time of such crash or traffic conviction a
969 motor vehicle ~~an automobile~~ liability policy with respect to all
970 of the registered motor vehicles owned by such operator or
971 owner.

972 2. To such operator, if not the owner of such motor
973 vehicle, if there was in effect at the time of such crash or
974 traffic conviction a motor vehicle ~~an automobile~~ liability
975 policy or bond with respect to his or her operation of motor
976 vehicles not owned by him or her.

977 3. To such operator or owner if the liability of such
978 operator or owner for damages resulting from such crash is, in
979 the judgment of the department, covered by any other form of
980 liability insurance or bond.

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

984

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

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987 324.021(7).

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

990 324.071 Reinstatement; renewal of license; reinstatement
991 fee.—An ~~Any~~ operator or owner whose license or registration has
992 been suspended pursuant to s. 324.051(2), s. 324.072, s.
993 324.081, or s. 324.121 may effect its reinstatement upon
994 compliance with ~~the provisions of~~ s. 324.051(2)(a)3. or 4., or
995 s. 324.081(2) and (3), as the case may be, and with one of the
996 provisions of s. 324.031 and upon payment to the department of a
997 nonrefundable reinstatement fee as specified in s. 324.0221 ~~of~~
998 ~~\$15~~. Only one such fee may ~~shall~~ be paid by any one person
999 regardless ~~irrespective~~ of the number of licenses and
1000 registrations to be then reinstated or issued to such person.
1001 ~~All~~ Such fees must ~~shall~~ be deposited to a department trust
1002 fund. If ~~When~~ the reinstatement of any license or registration
1003 is effected by compliance with s. 324.051(2)(a)3. or 4., the
1004 department may ~~shall~~ not renew the license or registration
1005 within ~~a period of~~ 3 years after ~~from~~ such reinstatement, nor
1006 may ~~shall~~ any other license or registration be issued in the
1007 name of such person, unless the operator continues ~~is continuing~~
1008 to comply with ~~one of the provisions of~~ s. 324.031.

1009 Section 20. Subsection (1) of section 324.091, Florida
1010 Statutes, is amended to read:

1011 324.091 Notice to department; notice to insurer.—

1012 (1) Each owner and operator involved in a crash or
1013 conviction case within the purview of this chapter shall furnish
1014 evidence of automobile liability insurance or motor vehicle
1015 liability insurance within 14 days after the date of the mailing

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1016 of notice of crash by the department in the form and manner as
1017 it may designate. Upon receipt of evidence that a ~~an automobile~~
1018 ~~liability policy or~~ motor vehicle liability policy was in effect
1019 at the time of the crash or conviction case, the department
1020 shall forward to the insurer such information for verification
1021 in a method as determined by the department. The insurer shall
1022 respond to the department within 20 days after the notice as to
1023 whether or not such information is valid. If the department
1024 determines that a ~~an automobile liability policy or~~ motor
1025 vehicle liability policy was not in effect and did not provide
1026 coverage for both the owner and the operator, it must ~~shall~~ take
1027 action as it is authorized to do under this chapter.

1028 Section 21. Section 324.151, Florida Statutes, is amended
1029 to read:

1030 324.151 Motor vehicle liability policies; required
1031 provisions.—

1032 (1) A motor vehicle liability policy that serves as to be
1033 proof of financial responsibility under s. 324.031(1) must,
1034 ~~shall~~ be issued to owners and ~~or~~ operators of motor vehicles
1035 under the following provisions:

1036 (a) A motor vehicle ~~An owner's~~ liability insurance policy
1037 issued to an owner of a motor vehicle registered in this state
1038 must ~~shall~~ designate by explicit description or by appropriate
1039 reference all motor vehicles for ~~with respect to~~ which coverage
1040 is thereby granted. The policy must ~~and shall~~ insure the person
1041 or persons ~~owner~~ named therein and any resident relative of a
1042 named insured ~~other person as operator using such motor vehicle~~
1043 ~~or motor vehicles with the express or implied permission of such~~
1044 ~~owner against loss~~ from the liability imposed by law for damage

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1045 arising out of the ownership, maintenance, or use of any such
1046 motor vehicle except as otherwise provided in this section. The
1047 policy must also insure any person operating an insured motor
1048 vehicle with the express or implied permission of a named
1049 insured against loss from the liability imposed by law for
1050 damage arising out of the use of such vehicle. However, the
1051 insurer may include provisions in its policy excluding liability
1052 coverage for a motor vehicle not designated as an insured
1053 vehicle on the policy, if such motor vehicle does not qualify as
1054 a newly acquired vehicle, does not qualify as a temporary
1055 substitute vehicle, and was owned by an insured or was furnished
1056 for an insured's regular use for more than 30 consecutive days
1057 before the event giving rise to the claim ~~or motor vehicles~~
1058 ~~within the United States or the Dominion of Canada, subject to~~
1059 ~~limits, exclusive of interest and costs with respect to each~~
1060 ~~such motor vehicle as is provided for under s. 324.021(7).~~
1061 Insurers may make available, with respect to property damage
1062 liability coverage, a deductible amount not to exceed \$500. In
1063 the event of a property damage loss covered by a policy
1064 containing a property damage deductible provision, the insurer
1065 shall pay to the third-party claimant the amount of any property
1066 damage liability settlement or judgment, subject to policy
1067 limits, as if no deductible existed.

1068 (b) A motor vehicle liability insurance policy issued to a
1069 person who does not own a motor vehicle registered in this state
1070 and who is not already insured under a policy described in
1071 paragraph (a) must ~~An operator's motor vehicle liability policy~~
1072 ~~of insurance shall~~ insure the person or persons named therein
1073 against loss from the liability imposed ~~upon him or her~~ by law

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1074 for damages arising out of the use ~~by the person~~ of any motor
1075 vehicle not owned by him or her, unless the vehicle was
1076 furnished for the named insured's regular use and was used by
1077 the named insured for more than 30 consecutive days before the
1078 event giving rise to the claim ~~with the same territorial limits~~
1079 ~~and subject to the same limits of liability as referred to above~~
1080 ~~with respect to an owner's policy of liability insurance.~~

1081 (c) All such motor vehicle liability policies must ~~shall~~
1082 state the name and address of the named insured, the coverage
1083 afforded by the policy, the premium charged therefor, the policy
1084 period, the limits of liability, and must ~~shall~~ contain an
1085 agreement or be endorsed that insurance is provided in
1086 accordance with the coverage defined in this chapter ~~as respects~~
1087 ~~bodily injury and death or property damage or both~~ and is
1088 subject to all provisions of this chapter. The policies must
1089 insure all persons covered under the liability coverage against
1090 loss from the liability imposed by law for any litigation costs
1091 or attorney fees in any civil action defended by the insurer
1092 which arises out of the ownership, maintenance, or use of a
1093 motor vehicle for which there is liability coverage under the
1094 policy. ~~The said policies~~ must ~~shall~~ also contain a provision
1095 that the satisfaction by an insured of a judgment for such
1096 injury or damage may ~~shall~~ not be a condition precedent to the
1097 right or duty of the insurance carrier to make payment on
1098 account of such injury or damage, and must ~~shall~~ also contain a
1099 provision that bankruptcy or insolvency of the insured or of the
1100 insured's estate may ~~shall~~ not relieve the insurance carrier of
1101 any of its obligations under the said policy. However, the
1102 policies may contain provisions excluding liability coverage for

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1103 a vehicle being used outside of the United States or Canada at
1104 the time of the accident.

1105 (2) ~~The provisions of~~ This section ~~is shall~~ not be
1106 applicable to any automobile liability policy unless and until
1107 it is furnished as proof of financial responsibility for the
1108 future pursuant to s. 324.031, and then only from and after the
1109 date the said policy is so furnished.

1110 (3) As used in this section, the term:

1111 (a) "Newly acquired vehicle" means a vehicle owned by a
1112 named insured or resident relative of the named insured which
1113 was acquired within 30 days before an accident.

1114 (b) "Resident relative" means a person related to a named
1115 insured by any degree by blood, marriage, or adoption, including
1116 a ward or foster child, who usually makes his or her home in the
1117 same family unit as the named insured, whether or not he or she
1118 temporarily lives elsewhere.

1119 (c) "Temporary substitute vehicle" means any motor vehicle
1120 as defined in s. 320.01(1) not owned by the named insured which
1121 is temporarily used with the permission of the owner as a
1122 substitute for the owned motor vehicle designated on the policy,
1123 when the owned vehicle is withdrawn from normal use because of
1124 breakdown, repair, servicing, loss, or destruction.

1125 Section 22. Section 324.161, Florida Statutes, is amended
1126 to read:

1127 324.161 Proof of financial responsibility; deposit.—If a
1128 person elects to prove his or her financial responsibility under
1129 the method of proof specified in s. 324.031(1)(b), he or she
1130 must obtain proof of a certificate of deposit annually, in the
1131 amount required under s. 324.031(2), from a financial

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1132 institution insured by the Federal Deposit Insurance Corporation
 1133 or the National Credit Union Administration. Proof of such
 1134 certificate of deposit ~~Annually, before any certificate of~~
 1135 ~~insurance may be issued to a person, including any firm,~~
 1136 ~~partnership, association, corporation, or other person, other~~
 1137 ~~than a natural person, proof of a certificate of deposit of~~
 1138 ~~\$30,000 issued and held by a financial institution must be~~
 1139 submitted to the department annually. A power of attorney will
 1140 be issued to and held by the department and may be executed upon
 1141 a judgment issued against such person making the deposit, for
 1142 damages for ~~because of~~ bodily injury to or death of any person
 1143 or for damages for ~~because of~~ injury to or destruction of
 1144 property resulting from the use or operation of any motor
 1145 vehicle occurring after such deposit was made. Money so
 1146 deposited is ~~shall~~ not be subject to attachment or execution
 1147 unless such attachment or execution arises ~~shall arise~~ out of a
 1148 lawsuit ~~suit~~ for such damages ~~as aforesaid~~.

1149 Section 23. Subsections (1) and (2) of section 324.171,
 1150 Florida Statutes, are amended to read:

1151 324.171 Self-insurer.—

1152 (1) A ~~Any~~ person may qualify as a self-insurer by obtaining
 1153 a certificate of self-insurance from the department. ~~which may,~~
 1154 ~~in its discretion and~~ Upon application of such a person, the
 1155 department may issue a said certificate of self-insurance if the
 1156 applicant ~~when such person~~ has satisfied the requirements of
 1157 this section ~~to qualify as a self-insurer under this section:~~

1158 (a) A private individual with private passenger vehicles
 1159 must ~~shall~~ possess a net unencumbered worth: ~~of~~

1160 1. Beginning January 1, 2019, through December 31, 2020, of

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1161 at least \$80,000.

1162 2. Beginning January 1, 2021, through December 31, 2022, of
1163 at least \$100,000.

1164 3. Beginning January 1, 2023, and thereafter, of at least
1165 \$120,000 ~~\$40,000~~.

1166 (b) A person, including any firm, partnership, association,
1167 corporation, or other person, other than a natural person, must
1168 shall:

1169 1. Possess a net unencumbered worth: ~~of~~

1170 a. Beginning January 1, 2019, through December 31, 2020, of
1171 at least \$80,000 for the first motor vehicle and \$40,000 for
1172 each additional motor vehicle.

1173 b. Beginning January 1, 2021, through December 31, 2022, of
1174 at least \$100,000 for the first motor vehicle and \$50,000 for
1175 each additional motor vehicle.

1176 c. Beginning January 1, 2023, and thereafter, of at least
1177 \$120,000 ~~\$40,000~~ for the first motor vehicle and \$60,000 ~~\$20,000~~
1178 for each additional motor vehicle; or

1179 2. Maintain sufficient net worth, in an amount determined
1180 by the department, to be financially responsible for potential
1181 losses. The department shall annually determine the minimum net
1182 worth sufficient to satisfy this subparagraph ~~as determined~~
1183 ~~annually by the department,~~ pursuant to rules adopted
1184 ~~promulgated~~ by the department, with the assistance of the Office
1185 of Insurance Regulation of the Financial Services Commission, ~~to~~
1186 ~~be financially responsible for potential losses.~~ The rules must
1187 ~~consider any shall take into consideration~~ excess insurance
1188 carried by the applicant. The department's determination must
1189 ~~shall~~ be based upon reasonable actuarial principles considering

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1190 the frequency, severity, and loss development of claims incurred
1191 by casualty insurers writing coverage on the type of motor
1192 vehicles for which a certificate of self-insurance is desired.

1193 (c) The owner of a commercial motor vehicle, as defined in
1194 s. 207.002 or s. 320.01, may qualify as a self-insurer subject
1195 to the standards provided ~~for~~ in subparagraph (b)2.

1196 (2) The self-insurance certificate must ~~shall~~ provide
1197 limits of liability insurance in the amounts specified under s.
1198 324.021(7) ~~or s. 627.7415 and shall provide personal injury~~
1199 ~~protection coverage under s. 627.733(3)(b).~~

1200 Section 24. Section 324.251, Florida Statutes, is amended
1201 to read:

1202 324.251 Short title.—This chapter may be cited as the
1203 "Financial Responsibility Law of 2018 1955" and is ~~shall become~~
1204 effective at 12:01 a.m., January 1, 2019 ~~October 1, 1955~~.

1205 Section 25. Subsection (4) of section 400.9905, Florida
1206 Statutes, is amended to read:

1207 400.9905 Definitions.—

1208 (4) "Clinic" means an entity where health care services are
1209 provided to individuals and which tenders charges for
1210 reimbursement for such services, including a mobile clinic and a
1211 portable equipment provider. As used in this part, the term does
1212 not include and the licensure requirements of this part do not
1213 apply to:

1214 (a) Entities licensed or registered by the state under
1215 chapter 395; entities licensed or registered by the state and
1216 providing only health care services within the scope of services
1217 authorized under their respective licenses under ss. 383.30-
1218 383.335, chapter 390, chapter 394, chapter 397, this chapter

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1219 except part X, chapter 429, chapter 463, chapter 465, chapter
1220 466, chapter 478, part I of chapter 483, chapter 484, or chapter
1221 651; end-stage renal disease providers authorized under 42
1222 C.F.R. part 405, subpart U; providers certified under 42 C.F.R.
1223 part 485, subpart B or subpart H; or any entity that provides
1224 neonatal or pediatric hospital-based health care services or
1225 other health care services by licensed practitioners solely
1226 within a hospital licensed under chapter 395.

1227 (b) Entities that own, directly or indirectly, entities
1228 licensed or registered by the state pursuant to chapter 395;
1229 entities that own, directly or indirectly, entities licensed or
1230 registered by the state and providing only health care services
1231 within the scope of services authorized pursuant to their
1232 respective licenses under ss. 383.30-383.335, chapter 390,
1233 chapter 394, chapter 397, this chapter except part X, chapter
1234 429, chapter 463, chapter 465, chapter 466, chapter 478, part I
1235 of chapter 483, chapter 484, or chapter 651; end-stage renal
1236 disease providers authorized under 42 C.F.R. part 405, subpart
1237 U; providers certified under 42 C.F.R. part 485, subpart B or
1238 subpart H; or any entity that provides neonatal or pediatric
1239 hospital-based health care services by licensed practitioners
1240 solely within a hospital licensed under chapter 395.

1241 (c) Entities that are owned, directly or indirectly, by an
1242 entity licensed or registered by the state pursuant to chapter
1243 395; entities that are owned, directly or indirectly, by an
1244 entity licensed or registered by the state and providing only
1245 health care services within the scope of services authorized
1246 pursuant to their respective licenses under ss. 383.30-383.335,
1247 chapter 390, chapter 394, chapter 397, this chapter except part

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1248 X, chapter 429, chapter 463, chapter 465, chapter 466, chapter
1249 478, part I of chapter 483, chapter 484, or chapter 651; end-
1250 stage renal disease providers authorized under 42 C.F.R. part
1251 405, subpart U; providers certified under 42 C.F.R. part 485,
1252 subpart B or subpart H; or any entity that provides neonatal or
1253 pediatric hospital-based health care services by licensed
1254 practitioners solely within a hospital under chapter 395.

1255 (d) Entities that are under common ownership, directly or
1256 indirectly, with an entity licensed or registered by the state
1257 pursuant to chapter 395; entities that are under common
1258 ownership, directly or indirectly, with an entity licensed or
1259 registered by the state and providing only health care services
1260 within the scope of services authorized pursuant to their
1261 respective licenses under ss. 383.30-383.335, chapter 390,
1262 chapter 394, chapter 397, this chapter except part X, chapter
1263 429, chapter 463, chapter 465, chapter 466, chapter 478, part I
1264 of chapter 483, chapter 484, or chapter 651; end-stage renal
1265 disease providers authorized under 42 C.F.R. part 405, subpart
1266 U; providers certified under 42 C.F.R. part 485, subpart B or
1267 subpart H; or any entity that provides neonatal or pediatric
1268 hospital-based health care services by licensed practitioners
1269 solely within a hospital licensed under chapter 395.

1270 (e) An entity that is exempt from federal taxation under 26
1271 U.S.C. s. 501(c)(3) or (4), an employee stock ownership plan
1272 under 26 U.S.C. s. 409 that has a board of trustees at least
1273 two-thirds of which are Florida-licensed health care
1274 practitioners and provides only physical therapy services under
1275 physician orders, any community college or university clinic,
1276 and any entity owned or operated by the federal or state

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1277 government, including agencies, subdivisions, or municipalities
1278 thereof.

1279 (f) A sole proprietorship, group practice, partnership, or
1280 corporation that provides health care services by physicians
1281 covered by s. 627.419, that is directly supervised by one or
1282 more of such physicians, and that is wholly owned by one or more
1283 of those physicians or by a physician and the spouse, parent,
1284 child, or sibling of that physician.

1285 (g) A sole proprietorship, group practice, partnership, or
1286 corporation that provides health care services by licensed
1287 health care practitioners under chapter 457, chapter 458,
1288 chapter 459, chapter 460, chapter 461, chapter 462, chapter 463,
1289 chapter 466, chapter 467, chapter 480, chapter 484, chapter 486,
1290 chapter 490, chapter 491, or part I, part III, part X, part
1291 XIII, or part XIV of chapter 468, or s. 464.012, and that is
1292 wholly owned by one or more licensed health care practitioners,
1293 or the licensed health care practitioners set forth in this
1294 paragraph and the spouse, parent, child, or sibling of a
1295 licensed health care practitioner if one of the owners who is a
1296 licensed health care practitioner is supervising the business
1297 activities and is legally responsible for the entity's
1298 compliance with all federal and state laws. However, a health
1299 care practitioner may not supervise services beyond the scope of
1300 the practitioner's license, except that, for the purposes of
1301 this part, a clinic owned by a licensee in s. 456.053(3)(b)
1302 which provides only services authorized pursuant to s.
1303 456.053(3)(b) may be supervised by a licensee specified in s.
1304 456.053(3)(b).

1305 (h) Clinical facilities affiliated with an accredited

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1306 medical school at which training is provided for medical
1307 students, residents, or fellows.

1308 (i) Entities that provide only oncology or radiation
1309 therapy services by physicians licensed under chapter 458 or
1310 chapter 459 or entities that provide oncology or radiation
1311 therapy services by physicians licensed under chapter 458 or
1312 chapter 459 which are owned by a corporation whose shares are
1313 publicly traded on a recognized stock exchange.

1314 (j) Clinical facilities affiliated with a college of
1315 chiropractic accredited by the Council on Chiropractic Education
1316 at which training is provided for chiropractic students.

1317 (k) Entities that provide licensed practitioners to staff
1318 emergency departments or to deliver anesthesia services in
1319 facilities licensed under chapter 395 and that derive at least
1320 90 percent of their gross annual revenues from the provision of
1321 such services. Entities claiming an exemption from licensure
1322 under this paragraph must provide documentation demonstrating
1323 compliance.

1324 (l) Orthotic, prosthetic, pediatric cardiology, or
1325 perinatology clinical facilities or anesthesia clinical
1326 facilities that are not otherwise exempt under paragraph (a) or
1327 paragraph (k) and that are a publicly traded corporation or are
1328 wholly owned, directly or indirectly, by a publicly traded
1329 corporation. As used in this paragraph, a publicly traded
1330 corporation is a corporation that issues securities traded on an
1331 exchange registered with the United States Securities and
1332 Exchange Commission as a national securities exchange.

1333 (m) Entities that are owned by a corporation that has \$250
1334 million or more in total annual sales of health care services

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1335 provided by licensed health care practitioners where one or more
1336 of the persons responsible for the operations of the entity is a
1337 health care practitioner who is licensed in this state and who
1338 is responsible for supervising the business activities of the
1339 entity and is responsible for the entity's compliance with state
1340 law for purposes of this part.

1341 (n) Entities that employ 50 or more licensed health care
1342 practitioners licensed under chapter 458 or chapter 459 where
1343 the billing for medical services is under a single tax
1344 identification number. The application for exemption under this
1345 subsection must include ~~shall contain information that includes:~~
1346 the name, residence, and business address and telephone ~~phone~~
1347 number of the entity that owns the practice; a complete list of
1348 the names and contact information of all the officers and
1349 directors of the corporation; the name, residence address,
1350 business address, and medical license number of each licensed
1351 Florida health care practitioner employed by the entity; the
1352 corporate tax identification number of the entity seeking an
1353 exemption; a listing of health care services to be provided by
1354 the entity at the health care clinics owned or operated by the
1355 entity; and a certified statement prepared by an independent
1356 certified public accountant which states that the entity and the
1357 health care clinics owned or operated by the entity have not
1358 received payment for health care services under medical payments
1359 ~~personal injury protection~~ insurance coverage for the preceding
1360 year. If the agency determines that an entity that ~~which~~ is
1361 exempt under this subsection has received payments for medical
1362 services under medical payments ~~personal injury protection~~
1363 insurance coverage, the agency may deny or revoke the exemption

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1364 from licensure under this subsection.

1365

1366 Notwithstanding this subsection, an entity shall be deemed a
1367 clinic and must be licensed under this part in order to receive
1368 medical payments coverage reimbursement under s. 627.7265 ~~the~~
1369 ~~Florida Motor Vehicle No-Fault Law, ss. 627.730-627.7405~~, unless
1370 exempted under s. 627.7265(6)(h) ~~s. 627.736(5)(h)~~.

1371 Section 26. Subsection (6) of section 400.991, Florida
1372 Statutes, is amended to read:

1373 400.991 License requirements; background screenings;
1374 prohibitions.-

1375 (6) All agency forms for licensure application or exemption
1376 from licensure under this part must contain the following
1377 statement:

1378

1379 INSURANCE FRAUD NOTICE.-A person commits a fraudulent
1380 insurance act, as defined in s. 626.989, Florida
1381 Statutes, if the person ~~who~~ knowingly submits a false,
1382 misleading, or fraudulent application or other
1383 document when applying for licensure as a health care
1384 clinic, seeking an exemption from licensure as a
1385 health care clinic, or demonstrating compliance with
1386 part X of chapter 400, Florida Statutes, with the
1387 intent to use the license, exemption from licensure,
1388 or demonstration of compliance to provide services or
1389 seek reimbursement under a motor vehicle liability
1390 insurance policy's medical payments coverage ~~the~~
1391 ~~Florida Motor Vehicle No-Fault Law, commits a~~
1392 ~~fraudulent insurance act, as defined in s. 626.989,~~

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1393 ~~Florida Statutes.~~ A person who presents a claim for
1394 benefits under medical payments coverage, personal
1395 ~~injury protection benefits~~ knowing that the payee
1396 knowingly submitted such health care clinic
1397 application or document, commits insurance fraud, as
1398 defined in s. 817.234, Florida Statutes.

1399 Section 27. Paragraph (g) of subsection (1) of section
1400 400.9935, Florida Statutes, is amended to read:

1401 400.9935 Clinic responsibilities.—

1402 (1) Each clinic shall appoint a medical director or clinic
1403 director who shall agree in writing to accept legal
1404 responsibility for the following activities on behalf of the
1405 clinic. The medical director or the clinic director shall:

1406 (g) Conduct systematic reviews of clinic billings to ensure
1407 that the billings are not fraudulent or unlawful. Upon discovery
1408 of an unlawful charge, the medical director or clinic director
1409 shall take immediate corrective action. If the clinic performs
1410 only the technical component of magnetic resonance imaging,
1411 static radiographs, computed tomography, or positron emission
1412 tomography, and provides the professional interpretation of such
1413 services, in a fixed facility that is accredited by a national
1414 accrediting organization that is approved by the Centers for
1415 Medicare and Medicaid Services for magnetic resonance imaging
1416 and advanced diagnostic imaging services and if, in the
1417 preceding quarter, the percentage of scans performed by that
1418 clinic which was billed to motor vehicle ~~all personal injury~~
1419 ~~protection~~ insurance carriers under medical payments coverage
1420 was less than 15 percent, the chief financial officer of the
1421 clinic may, in a written acknowledgment provided to the agency,

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1422 assume the responsibility for the conduct of the systematic
 1423 reviews of clinic billings to ensure that the billings are not
 1424 fraudulent or unlawful.

1425 Section 28. Subsection (28) of section 409.901, Florida
 1426 Statutes, is amended to read:

1427 409.901 Definitions; ss. 409.901-409.920.—As used in ss.
 1428 409.901-409.920, except as otherwise specifically provided, the
 1429 term:

1430 (28) "Third-party benefit" means any benefit that is or may
 1431 be available at any time through contract, court award,
 1432 judgment, settlement, agreement, or any arrangement between a
 1433 third party and any person or entity, including, without
 1434 limitation, a Medicaid recipient, a provider, another third
 1435 party, an insurer, or the agency, for any Medicaid-covered
 1436 injury, illness, goods, or services, including costs of medical
 1437 services related thereto, for bodily ~~personal~~ injury or for
 1438 death of the recipient, but specifically excluding ~~policies of~~
 1439 life insurance policies on the recipient, unless available under
 1440 terms of the policy to pay medical expenses before ~~prior to~~
 1441 death. The term includes, without limitation, collateral, as
 1442 defined in this section, health insurance, any benefit under a
 1443 health maintenance organization, a preferred provider
 1444 arrangement, a prepaid health clinic, liability insurance,
 1445 uninsured motorist insurance, medical payments coverage ~~or~~
 1446 ~~personal injury protection coverage~~, medical benefits under
 1447 workers' compensation, and any obligation under law or equity to
 1448 provide medical support.

1449 Section 29. Paragraph (f) of subsection (11) of section
 1450 409.910, Florida Statutes, is amended to read:

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1451 409.910 Responsibility for payments on behalf of Medicaid-
1452 eligible persons when other parties are liable.-

1453 (11) The agency may, as a matter of right, in order to
1454 enforce its rights under this section, institute, intervene in,
1455 or join any legal or administrative proceeding in its own name
1456 in one or more of the following capacities: individually, as
1457 subrogee of the recipient, as assignee of the recipient, or as
1458 lienholder of the collateral.

1459 (f) Notwithstanding any provision in this section to the
1460 contrary, in the event of an action in tort against a third
1461 party in which the recipient or his or her legal representative
1462 is a party which results in a judgment, award, or settlement
1463 from a third party, the amount recovered shall be distributed as
1464 follows:

1465 1. After attorney ~~attorney's~~ fees and taxable costs as
1466 defined by the Florida Rules of Civil Procedure, one-half of the
1467 remaining recovery shall be paid to the agency up to the total
1468 amount of medical assistance provided by Medicaid.

1469 2. The remaining amount of the recovery shall be paid to
1470 the recipient.

1471 3. For purposes of calculating the agency's recovery of
1472 medical assistance benefits paid, the fee for services of an
1473 attorney retained by the recipient or his or her legal
1474 representative shall be calculated at 25 percent of the
1475 judgment, award, or settlement.

1476 4. Notwithstanding any other provision of this section to
1477 the contrary, the agency shall be entitled to all medical
1478 coverage benefits up to the total amount of medical assistance
1479 provided by Medicaid. For purposes of this paragraph, the term

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1480 "medical coverage" means any benefits under health insurance, a
 1481 health maintenance organization, a preferred provider
 1482 arrangement, or a prepaid health clinic, and the portion of
 1483 benefits designated for medical payments under ~~coverage for~~
 1484 workers' compensation coverage, motor vehicle insurance
 1485 coverage, personal injury protection, and casualty coverage.

1486 Section 30. Paragraph (k) of subsection (2) of section
 1487 456.057, Florida Statutes, is amended to read:

1488 456.057 Ownership and control of patient records; report or
 1489 copies of records to be furnished; disclosure of information.—

1490 (2) As used in this section, the terms "records owner,"
 1491 "health care practitioner," and "health care practitioner's
 1492 employer" do not include any of the following persons or
 1493 entities; furthermore, the following persons or entities are not
 1494 authorized to acquire or own medical records, but are authorized
 1495 under the confidentiality and disclosure requirements of this
 1496 section to maintain those documents required by the part or
 1497 chapter under which they are licensed or regulated:

1498 (k) Persons or entities practicing under s. 627.7265(9) ~~s.~~
 1499 ~~627.736(7)~~.

1500 Section 31. Paragraphs (ee) and (ff) of subsection (1) of
 1501 section 456.072, Florida Statutes, are amended to read:

1502 456.072 Grounds for discipline; penalties; enforcement.—

1503 (1) The following acts shall constitute grounds for which
 1504 the disciplinary actions specified in subsection (2) may be
 1505 taken:

1506 (ee) With respect to making a medical payments coverage
 1507 ~~personal injury protection~~ claim under s. 627.7265 ~~as required~~
 1508 ~~by s. 627.736~~, intentionally submitting a claim, statement, or

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1509 bill that has been "upcoded" as defined in that section ~~s.~~
 1510 ~~627.732~~.

1511 (ff) With respect to making a medical payments coverage
 1512 ~~personal injury protection~~ claim as required under s. 627.7265
 1513 ~~by s. 627.736~~, intentionally submitting a claim, statement, or
 1514 bill for payment of services that were not rendered.

1515 Section 32. Paragraphs (i) and (o) of subsection (1) of
 1516 section 626.9541, Florida Statutes, are amended to read:

1517 626.9541 Unfair methods of competition and unfair or
 1518 deceptive acts or practices defined.—

1519 (1) UNFAIR METHODS OF COMPETITION AND UNFAIR OR DECEPTIVE
 1520 ACTS.—The following are defined as unfair methods of competition
 1521 and unfair or deceptive acts or practices:

1522 (i) *Unfair claim settlement practices*.—

1523 1. Attempting to settle claims on the basis of an
 1524 application, when serving as a binder or intended to become a
 1525 part of the policy, or any other material document which was
 1526 altered without notice to, or knowledge or consent of, the
 1527 insured;

1528 2. A material misrepresentation made to an insured or any
 1529 other person having an interest in the proceeds payable under
 1530 such contract or policy, for the purpose and with the intent of
 1531 effecting settlement of such claims, loss, or damage under such
 1532 contract or policy on less favorable terms than those provided
 1533 in, and contemplated by, such contract or policy; ~~or~~

1534 3. Committing or performing with such frequency as to
 1535 indicate a general business practice any of the following:

1536 a. Failing to adopt and implement standards for the proper
 1537 investigation of claims;

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- 1538 b. Misrepresenting pertinent facts or insurance policy
1539 provisions relating to coverages at issue;
- 1540 c. Failing to acknowledge and act promptly upon
1541 communications with respect to claims;
- 1542 d. Denying claims without conducting reasonable
1543 investigations based upon available information;
- 1544 e. Failing to affirm or deny full or partial coverage of
1545 claims, and, as to partial coverage, the dollar amount or extent
1546 of coverage, or failing to provide a written statement that the
1547 claim is being investigated, upon the written request of the
1548 insured within 30 days after proof-of-loss statements have been
1549 completed;
- 1550 f. Failing to promptly provide a reasonable explanation in
1551 writing to the insured of the basis in the insurance policy, in
1552 relation to the facts or applicable law, for denial of a claim
1553 or for the offer of a compromise settlement;
- 1554 g. Failing to promptly notify the insured of any additional
1555 information necessary for the processing of a claim; ~~or~~
- 1556 h. Failing to clearly explain the nature of the requested
1557 information and the reasons why such information is necessary;
1558 or-
- 1559 i. Failing to pay ~~personal injury protection insurance~~
1560 claims for benefits under medical payments coverage within the
1561 time periods required by s. 627.7265(5)(b) ~~s. 627.736(4)(b)~~. The
1562 office may order the insurer to pay restitution to a
1563 policyholder, medical provider, or other claimant, including
1564 interest at a rate consistent with the amount set forth in s.
1565 55.03(1), for the time period within which an insurer fails to
1566 pay claims as required by law. Restitution is in addition to any

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1567 other penalties allowed by law, including, but not limited to,
1568 the suspension of the insurer's certificate of authority.

1569 4. Failing to pay undisputed amounts of partial or full
1570 benefits owed under first-party property insurance policies
1571 within 90 days after an insurer receives notice of a residential
1572 property insurance claim, determines the amounts of partial or
1573 full benefits, and agrees to coverage, unless payment of the
1574 undisputed benefits is prevented by an act of God, prevented by
1575 the impossibility of performance, or due to actions by the
1576 insured or claimant that constitute fraud, lack of cooperation,
1577 or intentional misrepresentation regarding the claim for which
1578 benefits are owed.

1579 (o) *Illegal dealings in premiums; excess or reduced charges*
1580 *for insurance.*—

1581 1. Knowingly collecting any sum as a premium or charge for
1582 insurance, which is not then provided, or is not in due course
1583 to be provided, subject to acceptance of the risk by the
1584 insurer, by an insurance policy issued by an insurer as
1585 permitted by this code.

1586 2. Knowingly collecting as a premium or charge for
1587 insurance any sum in excess of or less than the premium or
1588 charge applicable to such insurance, in accordance with the
1589 applicable classifications and rates as filed with and approved
1590 by the office, and as specified in the policy; or, in cases when
1591 classifications, premiums, or rates are not required by this
1592 code to be so filed and approved, premiums and charges collected
1593 from a Florida resident in excess of or less than those
1594 specified in the policy and as fixed by the insurer.

1595 Notwithstanding any other provision of law, this provision shall

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1596 not be deemed to prohibit the charging and collection, by
1597 surplus lines agents licensed under part VIII of this chapter,
1598 of the amount of applicable state and federal taxes, or fees as
1599 authorized by s. 626.916(4), in addition to the premium required
1600 by the insurer or the charging and collection, by licensed
1601 agents, of the exact amount of any discount or other such fee
1602 charged by a credit card facility in connection with the use of
1603 a credit card, as authorized by subparagraph (q)3., in addition
1604 to the premium required by the insurer. This subparagraph shall
1605 not be construed to prohibit collection of a premium for a
1606 universal life or a variable or indeterminate value insurance
1607 policy made in accordance with the terms of the contract.

1608 3.a. Imposing or requesting an additional premium for
1609 bodily injury liability coverage, property damage liability
1610 coverage ~~a policy of motor vehicle liability, personal injury~~
1611 ~~protection~~, medical payment coverage, or collision coverage in a
1612 motor vehicle liability insurance policy ~~insurance or any~~
1613 ~~combination thereof~~ or refusing to renew the policy solely
1614 because the insured was involved in a motor vehicle accident
1615 unless the insurer's file contains information from which the
1616 insurer in good faith determines that the insured was
1617 substantially at fault in the accident.

1618 b. An insurer which imposes and collects such a surcharge
1619 or which refuses to renew such policy shall, in conjunction with
1620 the notice of premium due or notice of nonrenewal, notify the
1621 named insured that he or she is entitled to reimbursement of
1622 such amount or renewal of the policy under the conditions listed
1623 below and will subsequently reimburse him or her or renew the
1624 policy, if the named insured demonstrates that the operator

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1625 involved in the accident was:

1626 (I) Lawfully parked;

1627 (II) Reimbursed by, or on behalf of, a person responsible
1628 for the accident or has a judgment against such person;

1629 (III) Struck in the rear by another vehicle headed in the
1630 same direction and was not convicted of a moving traffic
1631 violation in connection with the accident;

1632 (IV) Hit by a "hit-and-run" driver, if the accident was
1633 reported to the proper authorities within 24 hours after
1634 discovering the accident;

1635 (V) Not convicted of a moving traffic violation in
1636 connection with the accident, but the operator of the other
1637 automobile involved in such accident was convicted of a moving
1638 traffic violation;

1639 (VI) Finally adjudicated not to be liable by a court of
1640 competent jurisdiction;

1641 (VII) In receipt of a traffic citation which was dismissed
1642 or nolle prossed; or

1643 (VIII) Not at fault as evidenced by a written statement
1644 from the insured establishing facts demonstrating lack of fault
1645 which are not rebutted by information in the insurer's file from
1646 which the insurer in good faith determines that the insured was
1647 substantially at fault.

1648 c. In addition to the other provisions of this
1649 subparagraph, an insurer may not fail to renew a policy if the
1650 insured has had only one accident in which he or she was at
1651 fault within the current 3-year period. However, an insurer may
1652 nonrenew a policy for reasons other than accidents in accordance
1653 with s. 627.728. This subparagraph does not prohibit nonrenewal

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1654 of a policy under which the insured has had three or more
1655 accidents, regardless of fault, during the most recent 3-year
1656 period.

1657 4. Imposing or requesting an additional premium for, or
1658 refusing to renew, a policy for motor vehicle insurance solely
1659 because the insured committed a noncriminal traffic infraction
1660 as described in s. 318.14 unless the infraction is:

1661 a. A second infraction committed within an 18-month period,
1662 or a third or subsequent infraction committed within a 36-month
1663 period.

1664 b. A violation of s. 316.183, when such violation is a
1665 result of exceeding the lawful speed limit by more than 15 miles
1666 per hour.

1667 5. Upon the request of the insured, the insurer and
1668 licensed agent shall supply to the insured the complete proof of
1669 fault or other criteria which justifies the additional charge or
1670 cancellation.

1671 6. No insurer shall impose or request an additional premium
1672 for motor vehicle insurance, cancel or refuse to issue a policy,
1673 or refuse to renew a policy because the insured or the applicant
1674 is a handicapped or physically disabled person, so long as such
1675 handicap or physical disability does not substantially impair
1676 such person's mechanically assisted driving ability.

1677 7. No insurer may cancel or otherwise terminate any
1678 insurance contract or coverage, or require execution of a
1679 consent to rate endorsement, during the stated policy term for
1680 the purpose of offering to issue, or issuing, a similar or
1681 identical contract or coverage to the same insured with the same
1682 exposure at a higher premium rate or continuing an existing

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1683 contract or coverage with the same exposure at an increased
1684 premium.

1685 8. No insurer may issue a nonrenewal notice on any
1686 insurance contract or coverage, or require execution of a
1687 consent to rate endorsement, for the purpose of offering to
1688 issue, or issuing, a similar or identical contract or coverage
1689 to the same insured at a higher premium rate or continuing an
1690 existing contract or coverage at an increased premium without
1691 meeting any applicable notice requirements.

1692 9. No insurer shall, with respect to premiums charged for
1693 motor vehicle insurance, unfairly discriminate solely on the
1694 basis of age, sex, marital status, or scholastic achievement.

1695 10. Imposing or requesting an additional premium for motor
1696 vehicle comprehensive or uninsured motorist coverage solely
1697 because the insured was involved in a motor vehicle accident or
1698 was convicted of a moving traffic violation.

1699 11. No insurer shall cancel or issue a nonrenewal notice on
1700 any insurance policy or contract without complying with any
1701 applicable cancellation or nonrenewal provision required under
1702 the Florida Insurance Code.

1703 12. No insurer shall impose or request an additional
1704 premium, cancel a policy, or issue a nonrenewal notice on any
1705 insurance policy or contract because of any traffic infraction
1706 when adjudication has been withheld and no points have been
1707 assessed pursuant to s. 318.14(9) and (10). However, this
1708 subparagraph does not apply to traffic infractions involving
1709 accidents in which the insurer has incurred a loss due to the
1710 fault of the insured.

1711 Section 33. Paragraph (a) of subsection (1) of section

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1712 626.989, Florida Statutes, is amended to read:

1713 626.989 Investigation by department or Division of
1714 Investigative and Forensic Services; compliance; immunity;
1715 confidential information; reports to division; division
1716 investigator's power of arrest.—

1717 (1) For the purposes of this section:

1718 (a) A person commits a "fraudulent insurance act" if the
1719 person:

1720 1. Knowingly and with intent to defraud presents, causes to
1721 be presented, or prepares with knowledge or belief that it will
1722 be presented, to or by an insurer, self-insurer, self-insurance
1723 fund, servicing corporation, purported insurer, broker, or any
1724 agent thereof, any written statement as part of, or in support
1725 of, an application for the issuance of, or the rating of, any
1726 insurance policy, or a claim for payment or other benefit
1727 pursuant to any insurance policy, which the person knows to
1728 contain materially false information concerning any fact
1729 material thereto or if the person conceals, for the purpose of
1730 misleading another, information concerning any fact material
1731 thereto.

1732 2. Knowingly submits:

1733 a. A false, misleading, or fraudulent application or other
1734 document when applying for licensure as a health care clinic,
1735 seeking an exemption from licensure as a health care clinic, or
1736 demonstrating compliance with part X of chapter 400 with an
1737 intent to use the license, exemption from licensure, or
1738 demonstration of compliance to provide services or seek
1739 reimbursement under a motor vehicle liability insurance policy's
1740 medical payments coverage ~~the Florida Motor Vehicle No-Fault~~

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1741 Law.

1742 b. A claim for payment or other benefit under medical
1743 payments coverage ~~pursuant to a personal injury protection~~
1744 ~~insurance policy under the Florida Motor Vehicle No-Fault Law~~ if
1745 the person knows that the payee knowingly submitted a false,
1746 misleading, or fraudulent application or other document when
1747 applying for licensure as a health care clinic, seeking an
1748 exemption from licensure as a health care clinic, or
1749 demonstrating compliance with part X of chapter 400.

1750 Section 34. Subsection (1) of section 627.06501, Florida
1751 Statutes, is amended to read:

1752 627.06501 Insurance discounts for certain persons
1753 completing driver improvement course.—

1754 (1) Any rate, rating schedule, or rating manual for the
1755 liability, medical payments ~~personal injury protection~~, and
1756 collision coverages of a motor vehicle insurance policy filed
1757 with the office may provide for an appropriate reduction in
1758 premium charges as to such coverages if ~~when~~ the principal
1759 operator on the covered vehicle has successfully completed a
1760 driver improvement course approved and certified by the
1761 Department of Highway Safety and Motor Vehicles which is
1762 effective in reducing crash or violation rates, or both, as
1763 determined pursuant to s. 318.1451(5). Any discount, not to
1764 exceed 10 percent, used by an insurer is presumed to be
1765 appropriate unless credible data demonstrates otherwise.

1766 Section 35. Subsection (1) of section 627.0652, Florida
1767 Statutes, is amended to read:

1768 627.0652 Insurance discounts for certain persons completing
1769 safety course.—

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1770 (1) Any rates, rating schedules, or rating manuals for the
1771 liability, medical payments ~~personal injury protection~~, and
1772 collision coverages of a motor vehicle insurance policy filed
1773 with the office must ~~shall~~ provide for an appropriate reduction
1774 in premium charges as to such coverages if ~~when~~ the principal
1775 operator on the covered vehicle is an insured 55 years of age or
1776 older who has successfully completed a motor vehicle accident
1777 prevention course approved by the Department of Highway Safety
1778 and Motor Vehicles. Any discount used by an insurer is presumed
1779 to be appropriate unless credible data demonstrates otherwise.

1780 Section 36. Subsections (1), (3), and (6) of section
1781 627.0653, Florida Statutes, are amended to read:

1782 627.0653 Insurance discounts for specified motor vehicle
1783 equipment.—

1784 (1) Any rates, rating schedules, or rating manuals for the
1785 liability, medical payments ~~personal injury protection~~, and
1786 collision coverages of a motor vehicle insurance policy filed
1787 with the office must ~~shall~~ provide a premium discount if the
1788 insured vehicle is equipped with factory-installed, four-wheel
1789 antilock brakes.

1790 (3) Any rates, rating schedules, or rating manuals for
1791 ~~personal injury protection coverage and~~ medical payments
1792 ~~coverage, if offered,~~ of a motor vehicle insurance policy filed
1793 with the office must ~~shall~~ provide a premium discount if the
1794 insured vehicle is equipped with one or more air bags that ~~which~~
1795 are factory installed.

1796 (6) The Office of Insurance Regulation may approve a
1797 premium discount to any rates, rating schedules, or rating
1798 manuals for the liability, medical payments ~~personal injury~~

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1799 ~~protection~~, and collision coverages of a motor vehicle insurance
1800 policy filed with the office if the insured vehicle is equipped
1801 with autonomous driving technology or electronic vehicle
1802 collision avoidance technology that is factory installed or a
1803 retrofitted system and that complies with National Highway
1804 Traffic Safety Administration standards.

1805 Section 37. Section 627.4132, Florida Statutes, is amended
1806 to read:

1807 627.4132 Stacking of coverages prohibited.—If an insured or
1808 named insured is protected by any type of motor vehicle
1809 insurance policy for bodily injury and property damage
1810 liability, ~~personal injury protection, or other coverage~~, the
1811 policy must ~~shall~~ provide that the insured or named insured is
1812 protected only to the extent of the coverage she or he has on
1813 the vehicle involved in the accident. However, if none of the
1814 insured's or named insured's vehicles are ~~is~~ involved in the
1815 accident, coverage is available only to the extent of coverage
1816 on any one of the vehicles with applicable coverage. Coverage on
1817 any other vehicles may ~~shall~~ not be added to or stacked upon
1818 that coverage. This section does not apply:

1819 (1) To uninsured motorist coverage that ~~which~~ is separately
1820 governed by s. 627.727.

1821 (2) To reduce the coverage available by reason of insurance
1822 policies insuring different named insureds.

1823 Section 38. Section 627.7263, Florida Statutes, is amended
1824 to read:

1825 627.7263 Rental and leasing driver's insurance to be
1826 primary; exception.—

1827 (1) The valid and collectible liability insurance and

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1828 ~~medical payments coverage or personal injury protection~~
 1829 ~~insurance providing coverage~~ for the lessor of a motor vehicle
 1830 for rent or lease is primary unless otherwise stated in at least
 1831 10-point type on the face of the rental or lease agreement. Such
 1832 insurance is primary for the limits of liability ~~and personal~~
 1833 ~~injury protection~~ coverage as required by s. 324.021(7) and
 1834 medical payments coverage as required under s. 627.7265 ~~ss.~~
 1835 ~~324.021(7) and 627.736.~~

1836 (2) If the lessee's coverage is to be primary, the rental
 1837 or lease agreement must contain the following language, in at
 1838 least 10-point type:

1839
 1840 "The valid and collectible liability insurance and
 1841 medical payments coverage ~~personal injury protection~~
 1842 ~~insurance~~ of an ~~any~~ authorized rental or leasing
 1843 driver is primary for the limits of liability ~~and~~
 1844 ~~personal injury protection~~ coverage and medical
 1845 payments coverage required under ss. 324.021(7) and
 1846 627.7265 ~~by ss. 324.021(7) and 627.736~~, Florida
 1847 Statutes."

1848 Section 39. Section 627.7265, Florida Statutes, is created
 1849 to read:

1850 627.7265 Motor vehicle insurance; medical payments
 1851 coverage.-

1852 (1) DEFINITIONS.-As used in this section, the term:

1853 (a) "Broker" means a person who does not possess a license
 1854 under chapter 395, chapter 400, chapter 429, chapter 458,
 1855 chapter 459, chapter 460, chapter 461, or chapter 641; who
 1856 charges or receives compensation for any use of medical

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1857 equipment; and who is not the 100 percent owner or the 100
1858 percent lessee of such equipment. For purposes of this section,
1859 such owner or lessee may be an individual, a corporation, a
1860 partnership, or any other entity and any of its 100-percent-
1861 owned affiliates and subsidiaries. As used in this subsection,
1862 the term "lessee" means a long-term lessee under a capital or
1863 operating lease, but does not include a part-time lessee. The
1864 term "broker" does not include a hospital or physician
1865 management company whose medical equipment is ancillary to the
1866 practices managed; a debt collection agency; an entity that has
1867 contracted with the insurer to obtain a discounted rate for such
1868 services; a management company that has contracted to provide
1869 general management services for a licensed physician or health
1870 care facility and whose compensation is not materially affected
1871 by the usage or frequency of usage of medical equipment; or an
1872 entity that is 100-percent-owned by one or more hospitals or
1873 physicians. The term "broker" does not include a person or
1874 entity that certifies, upon request of an insurer, that:
1875 1. It is a clinic licensed under ss. 400.990-400.995;
1876 2. It is a 100-percent-owner of medical equipment; and
1877 3. The owner's only part-time lease of medical equipment
1878 for medical payments coverage patients is on a temporary basis
1879 not to exceed 30 days in a 12-month period, and such lease is
1880 solely for the purposes of necessary repair or maintenance of
1881 the 100-percent-owned medical equipment or pending the arrival
1882 and installation of the newly purchased or a replacement for the
1883 100-percent-owned medical equipment, or for patients for whom,
1884 because of physical size or claustrophobia, it is determined by
1885 the medical director or clinical director to be medically

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1886 necessary that the test be performed in medical equipment that
1887 is open-style. The leased medical equipment cannot be used by
1888 patients who are not patients of the registered clinic for
1889 medical treatment services. Any person or entity making a false
1890 certification under this subsection commits insurance fraud as
1891 described in s. 817.234. However, the 30-day period provided in
1892 this subparagraph may be extended for an additional 60 days as
1893 applicable to magnetic resonance imaging equipment, if the owner
1894 certifies that the extension otherwise complies with this
1895 subparagraph.

1896 (b) "Entity wholly owned" means a proprietorship, group
1897 practice, partnership, or corporation that provides health care
1898 services rendered by licensed health care practitioners and in
1899 which licensed health care practitioners are the business owners
1900 of all aspects of the business entity, including, but not
1901 limited to, being reflected as the business owners on the title
1902 or lease of the physical facility, filing taxes as the business
1903 owners, being account holders on the entity's bank account,
1904 being listed as the principals on all incorporation documents
1905 required by this state, and having ultimate authority over all
1906 personnel and compensation decisions relating to the entity.
1907 However, this term does not include an entity that is wholly
1908 owned, directly or indirectly, by a hospital licensed under
1909 chapter 395.

1910 (c) "Hospital" means a facility that, at the time medical
1911 care was rendered, was licensed under chapter 395.

1912 (d) "Incident," with respect to services considered as
1913 incident to a physician's professional service for a physician
1914 licensed under chapter 458, chapter 459, chapter 460, or chapter

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1915 461, if not furnished in a hospital, means such services must be
1916 an integral, even if incidental, part of a covered physician's
1917 service.

1918 (e) "Knowingly" means a person has actual knowledge of
1919 information, acts in deliberate ignorance of the truth or
1920 falsity of the information, or acts in reckless disregard of the
1921 information. Proof of specific intent to defraud is not
1922 required.

1923 (f) "Lawful" or "lawfully" means in substantial compliance
1924 with all relevant applicable criminal, civil, and administrative
1925 requirements of state and federal law related to the provision
1926 of medical care.

1927 (g) "Medical care" means any medical service, medical
1928 treatment, medical supply, medical transportation, prescription
1929 drug, or emergency services and care as defined in s.
1930 395.002 (9).

1931 (h) "Medically necessary" means medical care that a prudent
1932 physician or other qualified health care professional would
1933 provide for the purpose of preventing, diagnosing, or treating
1934 an illness, injury, disease, or symptom in a manner that is:

1935 1. In accordance with generally accepted standards of
1936 medical practice;

1937 2. Clinically appropriate in terms of type, frequency,
1938 extent, site, and duration; and

1939 3. Not primarily for the convenience of the patient,
1940 physician, or other health care provider.

1941 (i) "Motor vehicle" means a self-propelled vehicle with
1942 four or more wheels which is designed and required to be
1943 licensed for use on the highways of this state, and any trailer

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1944 or semitrailer designed for use with such vehicle. The term does
1945 not include:

1946 1. A mobile home; or

1947 2. A motor vehicle that is used in mass transit, other than
1948 public school transportation; that is designed to transport more
1949 than five passengers exclusive of the operator of the motor
1950 vehicle; and that is owned by a municipality, a transit
1951 authority, or a political subdivision of the state.

1952 (j) "Named insured" means a person identified in a policy
1953 by name as an insured under the policy.

1954 (k) "Newly acquired vehicle" means a motor vehicle owned by
1955 a named insured or resident relative of the named insured which
1956 was acquired 30 or less days before an accident.

1957 (l) "Properly completed" means providing truthful,
1958 substantially complete, and substantially accurate responses as
1959 to all material elements to each applicable request for
1960 information or for a statement, by a means that may lawfully be
1961 provided and that complies with this section or as agreed by the
1962 parties.

1963 (m) "Resident relative" means a person related to a named
1964 insured by any degree by blood, marriage, or adoption, including
1965 a ward or foster child, who usually makes his or her home in the
1966 same family unit as the named insured, regardless of whether the
1967 resident relative temporarily lives elsewhere.

1968 (n) "Temporary substitute vehicle" means a motor vehicle as
1969 defined in s. 320.01(1) which is not owned by the named insured
1970 and which is temporarily used with the permission of the owner
1971 as a substitute for the owned motor vehicle designated on the
1972 policy when the owned vehicle is withdrawn from normal use

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1973 because of breakdown, repair, servicing, loss, or destruction.

1974 (o) "Unbundled" means an action to submit a billing code
1975 that is properly billed under one billing code, but that has
1976 been separated into two or more billing codes, which would
1977 result in payment greater in amount than would be paid using one
1978 billing code.

1979 (p) "Upcoded" means an action to submit a billing code that
1980 would result in payment greater in amount than would be paid
1981 using a billing code that accurately describes the services
1982 performed. The term does not include an otherwise lawful bill by
1983 a magnetic resonance imaging facility, which globally combines
1984 both technical and professional components, if the amount of the
1985 global bill is not more than for the components if billed
1986 separately; however, payment of such a bill constitutes payment
1987 in full for all components of such service.

1988 (2) REQUIRED SECURITY.—

1989 (a) A motor vehicle liability insurance policy that is
1990 furnished as proof of financial responsibility pursuant to s.
1991 324.031 must include medical payments coverage as provided in
1992 this section. The medical payments coverage must protect the
1993 named insured, resident relatives, persons operating the insured
1994 motor vehicle, passengers in the insured motor vehicle, and
1995 other persons who are struck by the insured motor vehicle and
1996 suffer bodily injury while not an occupant of a self-propelled
1997 motor vehicle, to a limit of at least \$5,000 per person for
1998 medical expense incurred due to bodily injury, sickness, or
1999 disease arising out of the ownership, maintenance, or use of a
2000 motor vehicle.

2001 (b) An insurer may not offer medical payments coverage with

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a deductible to an applicant or policyholder.

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

(3) AUTHORIZED EXCLUSIONS.—Notwithstanding any other requirement in this section, an insurer may exclude medical payment benefits:

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

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

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

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

(4) REQUIRED BENEFITS.—

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

1. Initial services and care that are lawfully provided, supervised, ordered, or prescribed by a physician licensed under chapter 458 or chapter 459, a dentist licensed under chapter 466, or a chiropractic physician licensed under chapter 460; or

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2031 that are provided in a hospital or in a facility that owns, or
2032 is wholly owned by, a hospital. Initial services and care may
2033 also be provided by a person or entity licensed under part III
2034 of chapter 401 which provides emergency transportation and
2035 treatment.

2036 2. Upon referral by a provider described in subparagraph
2037 1., followup services and care consistent with the underlying
2038 medical diagnosis rendered pursuant to subparagraph 1. which may
2039 be provided, supervised, ordered, or prescribed only by a
2040 physician licensed under chapter 458 or chapter 459; a
2041 chiropractic physician licensed under chapter 460; a dentist
2042 licensed under chapter 466; or, to the extent permitted by
2043 applicable law and under the supervision of such physician,
2044 osteopathic physician, chiropractic physician, or dentist, by a
2045 physician assistant licensed under chapter 458 or chapter 459 or
2046 an advanced registered nurse practitioner licensed under chapter
2047 464. Followup services and care may also be provided by the
2048 following persons or entities:

2049 a. A hospital or ambulatory surgical center licensed under
2050 chapter 395.

2051 b. An entity wholly owned by one or more physicians
2052 licensed under chapter 458 or chapter 459, chiropractic
2053 physicians licensed under chapter 460, or dentists licensed
2054 under chapter 466, or by such practitioners and the spouse,
2055 parent, child, or sibling of such practitioners.

2056 c. An entity that owns or is wholly owned, directly or
2057 indirectly, by a hospital or hospitals.

2058 d. A physical therapist licensed under chapter 486, based
2059 upon a referral by a provider described in this subparagraph.

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2060 e. A health care clinic licensed under part X of chapter
2061 400 which is accredited by an accrediting organization whose
2062 standards incorporate comparable regulations required by this
2063 state, or which:

2064 (I) Has a medical director licensed under chapter 458,
2065 chapter 459, or chapter 460;

2066 (II) Has been continuously licensed for more than 3 years
2067 or is a publicly traded corporation that issues securities
2068 traded on an exchange registered with the United States
2069 Securities and Exchange Commission as a national securities
2070 exchange; and

2071 (III) Provides at least four of the following medical
2072 specialties:

2073 (A) General medicine.

2074 (B) Radiography.

2075 (C) Orthopedic medicine.

2076 (D) Physical medicine.

2077 (E) Physical therapy.

2078 (F) Physical rehabilitation.

2079 (G) Prescribing or dispensing outpatient prescription
2080 medication.

2081 (H) Laboratory services.

2082 (b) Medical benefits do not include massage as defined in
2083 s. 480.033 or acupuncture as defined in s. 457.102, regardless
2084 of the person, entity, or licensee providing massage or
2085 acupuncture, and a licensed massage therapist or licensed
2086 acupuncturist may not be reimbursed for medical benefits under
2087 this section.

2088 (c) The commission shall adopt by rule the form that must

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2089 be used by an insurer and a health care provider specified in
2090 sub-subparagraph (a)2.b., sub-subparagraph (a)2.c., or sub-
2091 subparagraph (a)2.e. to document that the health care provider
2092 meets the criteria of this subsection. Such rule must include a
2093 requirement for a sworn statement or affidavit.

2094 (5) PAYMENT OF BENEFITS.—

2095 (a) Benefits due from an insurer under medical payments
2096 coverage are primary to any health insurance benefit of a person
2097 injured in a motor vehicle accident and apply to any coinsurance
2098 or deductible amount required by the injured person's health
2099 insurance policy, except that:

2100 1. Benefits received under any workers' compensation law
2101 must be credited against medical payments coverage benefits and
2102 must be due and payable as loss accrues.

2103 2. When the Agency for Health Care Administration provides,
2104 pays, or becomes liable for medical assistance under the
2105 Medicaid program related to injury, sickness, disease, or death
2106 arising out of the ownership, maintenance, or use of a motor
2107 vehicle, medical payments benefits are subject to the provisions
2108 of the Medicaid program, and, within 30 days after receiving
2109 notice that the Medicaid program paid such benefits, the insurer
2110 must repay the full amount of the benefits to the Medicaid
2111 program.

2112 (b) Medical payments coverage benefits payable under this
2113 section are overdue if they are not paid within 30 days after
2114 the insurer is furnished with written notice of the fact and the
2115 amount of a covered loss. However:

2116 1. If written notice of the entire claim is not furnished
2117 to the insurer, any partial amount supported by written notice

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2118 is overdue if it is not paid within 30 days after the notice is
2119 furnished to the insurer. The remainder of the claim, or any
2120 part thereof, which is subsequently supported by written notice
2121 is overdue if not paid within 30 days after the notice is
2122 furnished to the insurer.

2123 2. If an insurer pays only a portion of a claim or rejects
2124 a claim, the insurer must provide at the time of the partial
2125 payment or rejection an itemized specification of each item that
2126 the insurer had reduced, omitted, or declined to pay and any
2127 information that the insurer desires the claimant to consider
2128 related to the medical necessity of the denied treatment or any
2129 information that explains the reasonableness of the reduced
2130 charge if this does not limit the introduction of evidence at
2131 trial. The insurer shall also include the name and address of
2132 the person to whom the claimant should respond and a claim
2133 number to be referenced in future correspondence.

2134 3. If an insurer pays only a portion of a claim or rejects
2135 a claim due to an alleged error in the claim, the insurer, at
2136 the time of the partial payment or rejection, must provide an
2137 itemized specification or explanation of benefits not paid or
2138 rejected due to the specified error. Upon receiving the
2139 specification or explanation, the claimant, at his or her option
2140 and without waiving any other legal remedy for payment, has 15
2141 days to submit a revised claim. The submission of a revised
2142 claim is considered a timely submission of written notice of a
2143 claim.

2144 4. Notwithstanding the fact that written notice has been
2145 furnished to the insurer, payment is not overdue if the insurer
2146 has reasonable proof that the insurer is not responsible for the

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2147 payment.

2148 5. For the purpose of calculating the extent to which
2149 benefits are overdue, payment is treated as being made on the
2150 date that a draft, or other valid instrument that is equivalent
2151 to payment, was placed in the United States mail in a properly
2152 addressed, postpaid envelope or, if not so posted, on the date
2153 of delivery.

2154 6. This paragraph does not preclude or limit the ability of
2155 the insurer to assert that the claim was unrelated, was not
2156 medically necessary, or was unreasonable or that the amount of
2157 the charge was in excess of that permitted under, or is in
2158 violation of, subsection (6). Such assertion may be made at any
2159 time, including after payment of the claim or after the 30-day
2160 period for payment specified in this paragraph.

2161 (c) All overdue payments bear simple interest at the rate
2162 established under s. 55.03 or the rate established in the
2163 insurance contract, whichever is greater, for the quarter in
2164 which the payment became overdue, calculated from the date the
2165 insurer was furnished with written notice of the amount of
2166 covered loss. Interest is due at the time payment of the overdue
2167 claim is made.

2168 (d) It is a violation of the Florida Insurance Code for an
2169 insurer to fail to timely provide benefits as required by this
2170 section with such frequency as to constitute a general business
2171 practice.

2172 (e) If two or more insurers are liable for paying medical
2173 payments coverage benefits for the same injury to any one
2174 person, the maximum payable benefits are as specified in
2175 subsection (2), and the insurer paying the benefits is entitled

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2176 to recover from each of the other insurers an equitable pro rata
2177 share of the benefits paid and expenses incurred in processing
2178 the claim.

2179 (f) Benefits are not due or payable to or on behalf of an
2180 insured person if that person has committed, by a material act
2181 or omission, insurance fraud relating to medical payments
2182 coverage under his or her policy and if the fraud is admitted to
2183 in a sworn statement by the insured or established in a court of
2184 competent jurisdiction. Any insurance fraud voids all coverage
2185 arising from the claim related to such fraud under the medical
2186 payments coverage of the insured person who committed the fraud,
2187 regardless of whether a portion of the insured person's claim
2188 may be legitimate, and any benefits paid before the discovery of
2189 the fraud are recoverable by the insurer in their entirety from
2190 the person who committed the insurance fraud. The prevailing
2191 party is entitled to its costs and attorney fees in any action
2192 to enforce the insurer's right of recovery under this paragraph.

2193 (g) If an insurer has a reasonable belief that a fraudulent
2194 insurance act, for the purposes of s. 626.989 or s. 817.234, has
2195 been committed, the insurer must notify the claimant in writing
2196 within 30 days after submission of the claim that the claim is
2197 being investigated for suspected fraud. Beginning at the end of
2198 the initial 30-day period, the insurer has an additional 60 days
2199 to conduct its fraud investigation. No later than 90 days after
2200 the submission of the claim, the insurer must deny the claim or
2201 pay the claim with simple interest as provided in paragraph (c).
2202 Interest is assessed from the day the claim is submitted until
2203 the day the claim is paid. All claims denied for suspected
2204 fraudulent insurance acts must be reported to the Division of

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2205 Investigative and Forensic Services.

2206 (h) An insurer shall create and maintain for each insured a
2207 log of medical payments benefits paid by the insurer on behalf
2208 of the insured. The insurer shall provide to the insured a copy
2209 of the log within 30 days after receiving a request for the log
2210 from the insured.

2211 (i) Upon receiving notice of an accident that is
2212 potentially covered by medical payments benefits, the insurer
2213 must reserve \$2,500 of medical payments benefits for payment to
2214 physicians licensed under chapter 458 or chapter 459 or dentists
2215 licensed under chapter 466 who provide emergency services and
2216 care, as defined in s. 395.002, or who provide hospital
2217 inpatient care. The amount required to be held in reserve may be
2218 used only to pay claims from such physicians or dentists until
2219 30 days after the date the insurer receives notice of the
2220 accident. After the 30-day period, any amount of the reserve for
2221 which the insurer has not received notice of such claims may be
2222 used by the insurer to pay other claims. The timeframes
2223 specified in paragraph (b) for payment of medical payments
2224 benefits are tolled for the period of time an insurer must hold
2225 payment of a claim that is not from such physician or dentist to
2226 the extent that the medical payments benefits not held in
2227 reserve are insufficient to pay the claim. This paragraph does
2228 not require an insurer to establish a claim reserve for
2229 insurance accounting purposes.

2230 (6) CHARGES FOR CARE OF INJURED PERSONS.—

2231 (a) A physician, hospital, clinic, or other person or
2232 institution lawfully providing medical care to an injured person
2233 for a bodily injury covered by medical payments coverage may

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2234 charge the insurer and injured party only a reasonable amount
2235 pursuant to this section for the medical care provided, and the
2236 insurer providing such coverage may pay such charges directly to
2237 the person or institution lawfully providing such medical care
2238 if the insured receiving the care, or his or her guardian, has
2239 countersigned the properly completed invoice, bill, or claim
2240 form approved by the office upon which the charges are to be
2241 paid for as having actually been provided, to the best knowledge
2242 of the insured or his or her guardian. However, such charges may
2243 not exceed the amount the person or institution customarily
2244 charges for like medical care. In determining whether a charge
2245 for a particular service, treatment, supply, or prescription is
2246 reasonable, consideration may be given to evidence of usual and
2247 customary charges and payments accepted by the provider involved
2248 in the dispute; reimbursement levels in the community and
2249 various federal and state medical fee schedules applicable to
2250 motor vehicle and other insurance coverages; and other
2251 information relevant to the reasonableness of the reimbursement
2252 for the service, treatment, supply, or prescription.

2253 1. The insurer may limit reimbursement to the following
2254 schedule of maximum charges:

2255 a. For emergency transport and treatment by providers
2256 licensed under chapter 401, 200 percent of Medicare.

2257 b. For emergency services and care provided by a hospital
2258 licensed under chapter 395, 75 percent of the hospital's usual
2259 and customary charges.

2260 c. For emergency services and care, as defined in s.
2261 395.002, provided in a facility licensed under chapter 395 and
2262 rendered by a physician or dentist, and related hospital

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2263 inpatient services rendered by a physician or dentist, the usual
2264 and customary charges in the community.

2265 d. For hospital inpatient services other than emergency
2266 services and care, 200 percent of the Medicare Part A
2267 prospective payment applicable to the specific hospital
2268 providing the inpatient services.

2269 e. For hospital outpatient services other than emergency
2270 services and care, 200 percent of the Medicare Part A Ambulatory
2271 Payment Classification for the specific hospital providing the
2272 outpatient services.

2273 f. For all other medical services, supplies, and care, 200
2274 percent of the allowable amount under:

2275 (I) The participating physician's fee schedule of Medicare
2276 Part B, except as provided in sub-sub-subparagraphs (II) and
2277 (III).

2278 (II) Medicare Part B, in the case of services, supplies,
2279 and care provided by ambulatory surgical centers and clinical
2280 laboratories.

2281 (III) The Durable Medical Equipment Prosthetics/Orthotics
2282 and Supplies fee schedule of Medicare Part B, in the case of
2283 durable medical equipment.

2284
2285 However, if such services, supplies, or care is not reimbursable
2286 under Medicare Part B as provided in this sub-subparagraph, the
2287 insurer may limit reimbursement to 80 percent of the maximum
2288 reimbursable allowance under workers' compensation. Services,
2289 supplies, or care that is not reimbursable under Medicare or
2290 workers' compensation is not required to be reimbursed by the
2291 insurer.

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2292 2. For purposes of subparagraph 1., the applicable fee
2293 schedule or payment limitation under Medicare is the fee
2294 schedule or payment limitation in effect on March 1 of the
2295 service year in which the services, supplies, or care is
2296 rendered and for the area in which the services, supplies, or
2297 care is rendered. The applicable fee schedule or payment
2298 limitation applies to services, supplies, or care rendered
2299 during that service year notwithstanding any subsequent change
2300 made to the fee schedule or payment limitation; however, it may
2301 not be less than the allowable amount under the applicable
2302 schedule of Medicare Part B for 2007 for medical services,
2303 supplies, and care subject to Medicare Part B. For purposes of
2304 this subparagraph, the term "service year" means the period from
2305 March 1 through the end of February of the following year.

2306 3. For purposes of subparagraph 1., the applicable fee
2307 schedule or payment limitation under workers' compensation is
2308 determined under s. 440.13 and rules adopted thereunder which
2309 are in effect at the time such services, supplies, or care is
2310 provided.

2311 4. Subparagraph 1. does not authorize the insurer to apply
2312 any limitation on the number of treatments or other utilization
2313 limits that apply under Medicare or workers' compensation. An
2314 insurer that applies the allowable payment limitations of
2315 subparagraph 1. must reimburse a provider who lawfully provided
2316 medical care under the scope of his or her license, regardless
2317 of whether the provider is entitled to reimbursement under
2318 Medicare or workers' compensation due to restrictions or
2319 limitations on the types or discipline of health care providers
2320 who may be reimbursed for particular procedures or procedure

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2321 codes. However, subparagraph 1. does not prohibit an insurer
2322 from using the Medicare coding policies and payment
2323 methodologies of the federal Centers for Medicare and Medicaid
2324 Services, including applicable modifiers, to determine the
2325 appropriate amount of reimbursement for medical services,
2326 supplies, or care, if the coding policy or payment methodology
2327 does not constitute a utilization limit.

2328 5. If an insurer limits payment as authorized by
2329 subparagraph 1., the person providing such medical care may not
2330 bill or attempt to collect from the insured any amount in excess
2331 of such limits, except for amounts that are not covered by the
2332 insured's medical payments benefits due to the maximum policy
2333 limits.

2334 6. An insurer may limit payment as authorized by this
2335 paragraph only if the insurance policy includes a notice at the
2336 time of issuance or renewal that the insurer may limit payment
2337 pursuant to the schedule of charges specified in this paragraph.
2338 A policy form approved by the office satisfies this requirement.
2339 If a provider submits a charge for an amount less than the
2340 amount allowed under subparagraph 1., the insurer may pay the
2341 amount of the charge submitted.

2342 (b)1. An insurer or insured is not required to pay a claim
2343 or charges:

2344 a. Made by a broker or by a person making a claim on behalf
2345 of a broker;

2346 b. For any service or treatment that was not lawful at the
2347 time rendered;

2348 c. To any person who knowingly submits a false or
2349 misleading statement relating to the claim or charges;

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2350 d. With respect to a bill or statement that does not
2351 substantially meet the applicable requirements of paragraph (d);

2352 e. For medical care billed by a physician and not provided
2353 in a hospital unless the care is rendered by the physician or is
2354 incident to his or her professional services and is included on
2355 the physician's bill, including documentation verifying that the
2356 physician is responsible for the medical care that was rendered
2357 and billed; or

2358 f. For any treatment or service that is upcoded or that is
2359 unbundled when the treatment or services should be bundled. To
2360 facilitate prompt payment of lawful services, an insurer may
2361 change codes that it determines have been improperly or
2362 incorrectly upcoded or unbundled and may make payment based on
2363 the changed codes, without affecting the right of the provider
2364 to dispute the change by the insurer, if, before doing so, the
2365 insurer contacts the health care provider and discusses the
2366 reasons for the insurer's change and the health care provider's
2367 reason for the coding, or makes a reasonable good faith effort
2368 to do so, as documented in the insurer's file.

2369 2. The Department of Health, in consultation with the
2370 appropriate professional licensing boards, shall adopt by rule a
2371 list of diagnostic tests deemed not to be medically necessary
2372 for use in the treatment of persons sustaining bodily injury
2373 covered by medical payments benefits under this section. The
2374 list must be revised from time to time as determined by the
2375 Department of Health in consultation with the respective
2376 professional licensing boards. Inclusion of a test on the list
2377 must be based on a lack of demonstrated medical value and a
2378 level of general acceptance by the relevant provider community

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2379 and may not be dependent on results based entirely upon
2380 subjective patient response. Notwithstanding its inclusion on a
2381 fee schedule in this subsection, an insurer or insured is not
2382 required to pay any charges or reimburse claims for an invalid
2383 diagnostic test as determined by the Department of Health.

2384 (c) With respect to any medical care other than medical
2385 services billed by a hospital or other provider for emergency
2386 services and care, as defined in s. 395.002, or inpatient
2387 services rendered at a hospital-owned facility, the statement of
2388 charges must be furnished to the insurer by the provider. The
2389 statement may not include, and the insurer is not required to
2390 pay, charges for treatment or services rendered more than 35
2391 days before the postmark date or electronic transmission date of
2392 the statement, except for past due amounts previously billed on
2393 a timely basis under this paragraph and except that, if the
2394 provider submits to the insurer a notice of initiation of
2395 treatment within 21 days after its first examination or
2396 treatment of the claimant, the statement may include charges for
2397 treatment or services rendered up to, but not more than, 75 days
2398 before the postmark date of the statement. The injured party is
2399 not liable for, and the provider may not bill the injured party
2400 for, charges that are unpaid because of the provider's failure
2401 to comply with this paragraph. Any agreement requiring the
2402 injured party or insured to pay such charges is unenforceable.

2403 1. If the insured fails to furnish the provider with the
2404 correct name and address of the insured's medical payments
2405 coverage insurer, the provider has 35 days from the date the
2406 provider obtains the correct information to furnish the insurer
2407 with a statement of the charges. The insurer is not required to

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2408 pay such charges unless the provider includes with the statement
2409 documentary evidence that was provided by the insured during the
2410 35-day period demonstrating that the provider reasonably relied
2411 on erroneous information from the insured, and either:

2412 a. A denial letter from the incorrect insurer; or

2413 b. Proof of mailing, which may include an affidavit under
2414 penalty of perjury, reflecting timely mailing to the incorrect
2415 address or insurer.

2416 2. For emergency services and care rendered in a hospital
2417 emergency department or for transport and treatment rendered by
2418 an ambulance provider licensed pursuant to part III of chapter
2419 401, the provider is not required to furnish the statement of
2420 charges within the timeframes established by this paragraph, and
2421 the insurer is not deemed to have been furnished with notice of
2422 the amount of covered loss for purposes of paragraph (5) (b)
2423 until it receives a statement, or a copy thereof, complying with
2424 paragraph (d) which specifically identifies the place of service
2425 to be a hospital emergency department or an ambulance in
2426 accordance with billing standards recognized by the federal
2427 Centers for Medicare and Medicaid Services.

2428 (d) All statements and bills for medical services rendered
2429 by a physician, hospital, clinic, or other person or institution
2430 must be submitted to the insurer on a properly completed Centers
2431 for Medicare and Medicaid Services Form CMS-1500, a UB-92 form,
2432 or any other standard form approved by the office and adopted by
2433 the commission for purposes of this paragraph. All billings for
2434 such services rendered by providers must, to the extent
2435 applicable, comply with the Form CMS-1500 instructions, the
2436 codes established by the American Medical Association's Current

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2437 Procedural Terminology Editorial Panel, and the Healthcare
2438 Common Procedure Coding System (HCPCS) and must follow the
2439 Physicians' Current Procedural Terminology (CPT), the HCPCS in
2440 effect for the year in which services are rendered, and the
2441 International Classification of Diseases adopted by the United
2442 States Department of Health and Human Services in effect for the
2443 year in which services are rendered. All providers, other than
2444 hospitals, must include on the applicable claim form the
2445 professional license number of the provider in the line or space
2446 provided for "Signature of Physician or Supplier, Including
2447 Degrees or Credentials." The guidance for determining compliance
2448 with applicable CPT and HCPCS coding must be provided by the CPT
2449 or the HCPCS in effect for the year in which services were
2450 rendered, the Office of the Inspector General, Physicians
2451 Compliance Guidelines, and other authoritative treatises
2452 designated by rule by the Agency for Health Care Administration.
2453 A statement of medical services may not include charges for
2454 medical services of a person or entity that performed such
2455 services without possessing the valid licenses required to
2456 perform such services. For purposes of paragraph (5) (b), an
2457 insurer is not considered to have been furnished with notice of
2458 the amount of covered loss or medical bills due unless the
2459 statements or bills comply with this paragraph and are properly
2460 completed in their entirety as to all material provisions, with
2461 all relevant information being provided therein.

2462 (e)1. At the initial treatment or service provided, each
2463 physician, other licensed professional, clinic, or other medical
2464 institution providing medical services upon which a claim for
2465 medical payments coverage benefits is based shall require the

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2466 insured or his or her guardian to execute a disclosure and
2467 acknowledgment form that reflects at a minimum that:

2468 a. The insured, or his or her guardian, must countersign
2469 the form, attesting to the fact that the services set forth
2470 therein were actually rendered;

2471 b. The insured, or his or her guardian, has both the right
2472 and affirmative duty to confirm that the services were actually
2473 rendered;

2474 c. The insured, or his or her guardian, was not solicited
2475 by any person to seek any services from the medical provider;

2476 d. The physician, other licensed professional, clinic, or
2477 other medical institution rendering services for which payment
2478 is being claimed explained the services to the insured or to his
2479 or her guardian; and

2480 e. If the insured notifies the insurer in writing of a
2481 billing error, the insured may be entitled to a certain
2482 percentage of a reduction in the amounts paid by the insured's
2483 motor vehicle insurer.

2484 2. The physician, other licensed professional, clinic, or
2485 other medical institution rendering services for which payment
2486 is being claimed has the affirmative duty to explain to the
2487 insured or to his or her guardian the services rendered, so that
2488 the insured or his or her guardian countersigns the form with
2489 informed consent.

2490 3. A countersignature by the insured or his or her guardian
2491 is not required for the reading of diagnostic tests or other
2492 services that are of such a nature that they are not required to
2493 be performed in the presence of the insured.

2494 4. The licensed medical professional rendering treatment

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2495 for which payment is being claimed shall sign, by his or her own
2496 hand, the form complying with this paragraph.

2497 5. The original completed disclosure and acknowledgment
2498 form must be furnished to the insurer pursuant to paragraph
2499 (5) (b) and may not be electronically furnished.

2500 6. The disclosure and acknowledgment form is not required
2501 for emergency services and care, as defined in s. 395.002, which
2502 are billed by a provider and which are rendered in a hospital
2503 emergency department, or for transport and treatment rendered by
2504 an ambulance provider licensed pursuant to part III of chapter
2505 401.

2506 7. The commission shall adopt by rule a standard disclosure
2507 and acknowledgment form to be used to fulfill the requirements
2508 of this paragraph.

2509 8. As used in this paragraph, the terms "countersign" and
2510 "countersignature" mean a second or verifying signature, as on a
2511 previously signed document. The statement "signature on file" or
2512 any similar statement does not constitute a countersignature.

2513 9. The requirements of this paragraph apply only with
2514 respect to the initial treatment of or service rendered to the
2515 insured by a provider. For subsequent treatments or service, the
2516 provider must maintain a patient log signed by the patient, in
2517 chronological order by date of service, which is consistent with
2518 the services being rendered to the patient as claimed. The
2519 requirement to maintain a patient log signed by the patient may
2520 be met by a hospital that maintains medical records as required
2521 by s. 395.3025 and applicable rules and that makes such records
2522 available to the insurer upon request.

2523 (f) Upon written notification by any person, an insurer

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2524 shall investigate any claim of improper billing by a physician
2525 or other medical provider. The insurer shall determine if the
2526 insured was properly billed for only the medical care the
2527 insured actually received. If the insurer determines that the
2528 insured has been improperly billed, the insurer must notify the
2529 insured, the person making the written notification, and the
2530 provider of its findings and reduce the amount of payment to the
2531 provider by the amount determined to be improperly billed. If a
2532 reduction is made due to a written notification by any person,
2533 the insurer must pay to the person 20 percent of the amount of
2534 the reduction, up to \$500. If the provider is arrested due to
2535 the improper billing, the insurer must pay to the person 40
2536 percent of the amount of the reduction, up to \$500.

2537 (g) An insurer may not systematically downcode with the
2538 intent to deny reimbursement otherwise due. Such action
2539 constitutes a material misrepresentation under s. 626.9541(1)(i)
2540 2.

2541 (h) An entity excluded from the definition of the term
2542 "clinic" in s. 400.9905 must be deemed a clinic and must be
2543 licensed under part X of chapter 400 in order to receive
2544 reimbursement under medical payments coverage. However, this
2545 licensing requirement does not apply to:

2546 1. An entity wholly owned by a physician licensed under
2547 chapter 458 or chapter 459, or by the physician and the spouse,
2548 parent, child, or sibling of the physician;

2549 2. An entity wholly owned by a dentist licensed under
2550 chapter 466, or by the dentist and the spouse, parent, child, or
2551 sibling of the dentist;

2552 3. An entity wholly owned by a chiropractic physician

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2553 licensed under chapter 460, or by the chiropractic physician and
2554 the spouse, parent, child, or sibling of the chiropractic
2555 physician;

2556 4. A hospital or ambulatory surgical center licensed under
2557 chapter 395;

2558 5. An entity that wholly owns or that is wholly owned,
2559 directly or indirectly, by a hospital or hospitals licensed
2560 under chapter 395;

2561 6. An entity that is a clinical facility affiliated with an
2562 accredited medical school at which training is provided for
2563 medical students, residents, or fellows;

2564 7. An entity that is certified under 42 C.F.R. part 485,
2565 subpart H; or

2566 8. An entity that is owned by a publicly traded
2567 corporation, either directly or indirectly through its
2568 subsidiaries, which has \$250 million or more in total annual
2569 sales of health care services provided by licensed health care
2570 practitioners, if one or more of the persons responsible for the
2571 operations of the entity are health care practitioners who are
2572 licensed in this state and who are responsible for supervising
2573 the business activities of the entity and the entity's
2574 compliance with state law for purposes of this section.

2575 (7) NOTIFICATION TO INSUREDS OF RIGHTS.—

2576 (a) The commission shall adopt by rule a form for
2577 notification to an insured of his or her right to receive
2578 medical payments coverage. Such notice must include:

2579 1. A description of the benefits provided by medical
2580 payments coverage, when payments are due, how benefits are
2581 coordinated with other insurance benefits that the insured may

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2582 have, penalties and interest that may be imposed on insurers for
2583 failure to make timely payments of benefits, and rights of
2584 parties regarding disputes as to benefits.

2585 2. The following statement in at least 12-point type:

2586
2587 BILLING REQUIREMENTS.—Florida law provides that with
2588 respect to any treatment or services, other than
2589 certain hospital and emergency services, the statement
2590 of charges furnished to the insurer by the provider
2591 may not include, and the insurer and the injured party
2592 are not required to pay, charges for treatment or
2593 services rendered more than 35 days before the
2594 postmark date of the statement, except for past due
2595 amounts previously billed on a timely basis and except
2596 that, if the provider submits to the insurer a notice
2597 of initiation of treatment within 21 days after its
2598 first examination or treatment of the claimant, the
2599 statement may include charges for treatment or
2600 services rendered up to, but not more than, 75 days
2601 before the postmark date of the statement.

2602
2603 3. An advisory informing the insured that, pursuant to s.
2604 626.9892, the department may pay rewards of up to \$25,000 to
2605 persons providing information leading to the arrest and
2606 conviction of persons committing crimes investigated by the
2607 Division of Investigative and Forensic Services arising from
2608 violations of s. 440.105, s. 624.15, s. 626.9541, s. 626.989, or
2609 s. 817.234.

2610 4. An advisory informing the insured that, pursuant to sub-

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2611 subparagraph (6) (e) 1.e., if the insured notifies the insurer of
2612 a billing error, the insured may be entitled to a certain
2613 percentage of a reduction in the amount paid by the insured's
2614 motor vehicle insurer.

2615 5. A notice that solicitation of a person injured in a
2616 motor vehicle crash for purposes of filing medical payments
2617 coverage or tort claims could be a violation of s. 817.234, s.
2618 817.505, or the rules regulating The Florida Bar and should be
2619 immediately reported to the Division of Investigative and
2620 Forensic Services if such conduct has taken place.

2621 (b) An insurer issuing a policy in this state providing
2622 medical payments coverage benefits must mail or deliver the
2623 notice as specified in paragraph (a) to the named insured within
2624 21 days after receiving from the insured notice of an automobile
2625 accident or claim involving personal injury to an insured who is
2626 covered under the policy. The office may allow an insurer
2627 additional time to provide the notice specified in paragraph
2628 (a), not to exceed 30 days, upon a showing by the insurer that
2629 an emergency justifies an extension of time.

2630 (c) The notice required by this subsection does not alter
2631 or modify the terms of the insurance contract or other
2632 requirements of this section.

2633 (8) DISCOVERY OF FACTS ABOUT AN INJURED PERSON; DISPUTES.—

2634 (a) A person making a claim under medical payments coverage
2635 must, if requested by the insurer against whom the claim has
2636 been made, furnish a written report of the history, condition,
2637 treatment, dates, and costs of treatment of the injured person
2638 and why the items identified by the insurer were reasonable in
2639 amount and medically necessary, together with a sworn statement

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2640 that the medical care rendered was reasonable and necessary with
2641 respect to the bodily injury sustained and identifying which
2642 portion of the expenses for the medical care was incurred as a
2643 result of the bodily injury. If requested by the insurer, the
2644 person making the claim under medical payments coverage must
2645 also produce, and allow the inspection and copying of, his, her,
2646 or its records regarding the history, condition, treatment,
2647 dates, and costs of treatment of the injured person. The sworn
2648 statement must read as follows: "Under penalty of perjury, I
2649 declare that I have read the foregoing, and the facts alleged
2650 are true, to the best of my knowledge and belief." A cause of
2651 action for violation of the physician-patient privilege or
2652 invasion of the right of privacy may not be brought against any
2653 physician, hospital, clinic, or other medical institution
2654 complying with this section. The person requesting such records
2655 and sworn statement shall pay all reasonable costs connected
2656 therewith. If an insurer makes a written request for
2657 documentation or information under this paragraph within 30 days
2658 after having received notice of the amount of a covered loss
2659 under paragraph (5) (b), the amount or the partial amount that is
2660 the subject of the insurer's inquiry is overdue if the insurer
2661 does not pay in accordance with paragraph (5) (b) or within 10
2662 days after the insurer's receipt of the requested documentation
2663 or information, whichever occurs later. As used in this
2664 paragraph, the term "receipt" includes, but is not limited to,
2665 inspection and copying pursuant to this paragraph. An insurer
2666 that requests documentation or information pertaining to
2667 reasonableness of charges or medical necessity under this
2668 paragraph without a reasonable basis for such requests as a

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2669 general business practice is engaging in an unfair trade
2670 practice under the Florida Insurance Code.

2671 (b) In the event of a dispute regarding an insurer's right
2672 to discovery of facts under this section, the insurer may
2673 petition a court of competent jurisdiction to enter an order
2674 permitting such discovery. The order may be made only on motion
2675 for good cause shown and upon notice to all persons having an
2676 interest and must specify the time, place, manner, conditions,
2677 and scope of the discovery. In order to protect against
2678 annoyance, embarrassment, or oppression, as justice requires,
2679 the court may enter an order refusing discovery or specifying
2680 conditions of discovery and may order payment of costs and
2681 expenses of the proceeding, including reasonable fees for the
2682 appearance of attorneys at the proceedings, as justice requires.

2683 (c) Upon request, the injured person must be furnished a
2684 copy of all information obtained by the insurer under this
2685 section, and pay a reasonable charge, if required by the
2686 insurer.

2687 (d) An insured may not unreasonably withhold notice to an
2688 insurer of the existence of a claim.

2689 (e) In a dispute between the insured and the insurer, or
2690 between an assignee of the insured's rights and the insurer,
2691 upon request, the insurer must notify the insured or the
2692 assignee that the policy limits under this section have been
2693 reached within 15 days after the limits have been reached.

2694 (f) In any civil action to recover medical payments
2695 benefits brought against an insurer by a claimant pursuant to
2696 this section, all claims related to the same health care
2697 provider for the same injured person must be brought in one

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2698 action, unless good cause is shown why the claims should be
2699 brought separately.

2700 (g) An insured seeking medical payments coverage benefits,
2701 including an omnibus insured, must comply with the terms of the
2702 policy, which include, but are not limited to, submitting to an
2703 examination under oath. The scope of questioning during the
2704 examination under oath is limited to relevant information or
2705 information that could reasonably be expected to lead to
2706 relevant information. Compliance with this paragraph is a
2707 condition precedent to receiving benefits. An insurer that, as a
2708 general business practice as determined by the office, requests
2709 an examination under oath of an insured or an omnibus insured
2710 without a reasonable basis is subject to s. 626.9541.

2711 (9) MENTAL AND PHYSICAL EXAMINATION OF INJURED PERSON;
2712 REPORTS.—

2713 (a) Whenever the mental or physical condition of an injured
2714 person covered by medical payments benefits is material to any
2715 claim that has been or may be made for past or future medical
2716 payments coverage benefits, such person must, upon the request
2717 of an insurer, submit to a mental or physical examination by a
2718 physician or physicians. The costs of any examination requested
2719 by an insurer must be borne entirely by the insurer. Such
2720 examination must be conducted within the municipality where the
2721 insured is receiving treatment; in a location reasonably
2722 accessible to the insured, which, for purposes of this
2723 paragraph, means any location within the municipality in which
2724 the insured resides; or any location within 10 miles by road of
2725 the insured's residence, if such location is within the county
2726 in which the insured resides. If the examination is to be

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2727 conducted in a location reasonably accessible to the insured and
2728 if there is no qualified physician to conduct the examination in
2729 a location reasonably accessible to the insured, such
2730 examination must be conducted in an area of the closest
2731 proximity to the insured's residence. Insurers may include
2732 reasonable provisions in medical payments coverage insurance
2733 policies for mental and physical examination of those claiming
2734 medical payments coverage benefits. An insurer may not withdraw
2735 payment of a treating physician without the consent of the
2736 injured person covered by medical payments benefits unless the
2737 insurer first obtains a valid report by a Florida physician
2738 licensed under the same chapter as the treating physician whose
2739 treatment authorization is sought to be withdrawn, stating that
2740 treatment was not reasonable, related, or necessary. For
2741 purposes of this paragraph, a valid report is one that is
2742 prepared and signed by the physician examining the injured
2743 person or reviewing the treatment records of the injured person;
2744 that is factually supported by the examination and treatment
2745 records, if reviewed; and that has not been modified by anyone
2746 other than the physician. The physician preparing the report
2747 must be in active practice unless the physician is physically
2748 disabled. As used in this paragraph, the term "active practice"
2749 means that during the 3 years immediately preceding the date of
2750 the physical examination or review of the treatment records, the
2751 physician must have devoted professional time to the active
2752 clinical practice of evaluation, diagnosis, or treatment of
2753 medical conditions, or to the instruction of students in an
2754 accredited health professional school or accredited residency
2755 program, or a clinical research program that is affiliated with

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2756 an accredited health professional school, a teaching hospital,
2757 or an accredited residency program. The physician preparing a
2758 report at the request of an insurer and the physicians rendering
2759 expert opinions on behalf of persons claiming medical payments
2760 coverage benefits, or on behalf of an insured through an
2761 attorney or another entity, shall maintain, for at least 3
2762 years, copies of all examination reports as medical records and
2763 shall maintain, for at least 3 years, records of all payments
2764 for the examinations and reports. An insurer or any person
2765 acting at the direction of or on behalf of an insurer may not
2766 materially change an opinion in a report prepared under this
2767 paragraph or direct the physician preparing the report to change
2768 such opinion. The denial of a payment as the result of such a
2769 changed opinion constitutes a material misrepresentation under
2770 s. 626.9541(1)(i)2.; however, this provision does not preclude
2771 the insurer from calling to the attention of the physician
2772 errors of fact in the report based upon information in the claim
2773 file.

2774 (b) If requested by the person examined, a party causing an
2775 examination to be made shall deliver to him or her a copy of
2776 every written report concerning the examination rendered by an
2777 examining physician, at least one of which reports must set out
2778 the examining physician's findings and conclusions in detail.
2779 After such request and delivery, the party causing the
2780 examination to be made is entitled, upon request, to receive
2781 from the person examined every written report available to him
2782 or her or his or her representative concerning any examination,
2783 previously or thereafter made, of the same mental or physical
2784 condition. By requesting and obtaining a report of the

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2785 examination so ordered, or by taking the deposition of the
2786 examiner, the person examined waives any privilege he or she may
2787 have, in relation to the claim for benefits, regarding the
2788 testimony of every other person who has examined, or may
2789 thereafter examine, him or her in respect to the same mental or
2790 physical condition. If a person unreasonably refuses to submit
2791 to, or fails to appear at, an examination, the medical payments
2792 benefits carrier is no longer liable for subsequent medical
2793 payments benefits. An insured's refusal to submit to or failure
2794 to appear at two examinations raises a rebuttable presumption
2795 that the insured's refusal or failure was unreasonable.

2796 (10) APPLICABILITY OF PROVISION REGULATING ATTORNEY FEES.—

2797 With respect to any dispute under this section between the
2798 insured and the insurer or between an assignee of an insured's
2799 rights and the insurer, ss. 627.428 and 768.79 apply except as
2800 provided in subsections (11) and (12) and except that any
2801 attorney fees recovered must:

2802 (a) Comply with prevailing professional standards;

2803 (b) Not overstate or inflate the number of hours reasonably
2804 necessary for a case of comparable skill or complexity; and

2805 (c) Represent legal services that are reasonable and
2806 necessary to achieve the result obtained.

2807
2808 Upon request by either party, a judge must make written
2809 findings, substantiated by evidence presented at trial or any
2810 hearings associated therewith, that any award of attorney fees
2811 complies with this subsection. Notwithstanding s. 627.428,
2812 attorney fees recovered under this section must be calculated
2813 without regard to a contingency risk multiplier.

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2814 (11) DEMAND LETTER.—

2815 (a) As a condition precedent to filing any action for
2816 benefits under this section, written notice of an intent to
2817 initiate litigation must be provided to the insurer. Such notice
2818 may not be sent until the claim is overdue, including any
2819 additional time the insurer has to pay the claim pursuant to
2820 paragraph (5) (b).

2821 (b) The notice must state with specificity:

2822 1. "This is a demand letter under s. 627.7265, Florida
2823 Statutes."

2824 2. The name of the insured for whom such benefits are being
2825 sought, including a copy of the assignment giving rights to the
2826 claimant if the claimant is not the insured.

2827 3. The claim number or policy number upon which the claim
2828 was originally submitted to the insurer.

2829 4. To the extent applicable, the name of any medical
2830 provider who rendered to an insured the treatment, services,
2831 accommodations, or supplies that form the basis of such claim;
2832 and an itemized statement specifying each exact amount, the date
2833 of treatment, service, or accommodation, and the type of benefit
2834 claimed to be due. To the extent that the demand involves an
2835 insurer's withdrawal of payment for future treatment not yet
2836 rendered, the claimant shall attach a copy of the insurer's
2837 notice withdrawing such payment and an itemized statement of the
2838 type, frequency, and duration of future treatment claimed to be
2839 reasonable and medically necessary.

2840 (c) Each notice required by this subsection must be
2841 delivered to the insurer by certified or registered mail, return
2842 receipt requested. Such postal costs must be reimbursed by the

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2843 insurer, if requested by the claimant in the notice, when the
2844 insurer pays the claim. Such notice must be sent to the person
2845 and address specified by the insurer for the purposes of
2846 receiving notices under this subsection. Each licensed insurer,
2847 whether domestic, foreign, or alien, shall file with the office
2848 the name and address of the designated person to whom notices
2849 must be sent, which the office shall make available on its
2850 website. The person whose name and address is on file with the
2851 office pursuant to s. 624.422 is deemed the authorized
2852 representative to accept notice pursuant to this subsection if
2853 no other designation has been made.

2854 (d) If, within 30 days after receipt of notice by the
2855 insurer, the overdue claim specified in the notice is paid by
2856 the insurer together with applicable interest and a penalty of
2857 10 percent of the overdue amount paid by the insurer, subject to
2858 a maximum penalty of \$250, an action may not be brought against
2859 the insurer. If the demand involves an insurer's withdrawal of
2860 payment for future treatment not yet rendered, an action may not
2861 be brought against the insurer if, within 30 days after its
2862 receipt of the notice, the insurer mails to the person filing
2863 the notice a written statement of the insurer's agreement to pay
2864 for such treatment in accordance with the notice and to pay a
2865 penalty of 10 percent, subject to a maximum penalty of \$250,
2866 when it pays for such future treatment in accordance with the
2867 requirements of this section. To the extent the insurer
2868 determines not to pay any amount demanded, the penalty is not
2869 payable in any subsequent action. For purposes of this
2870 subsection, payment or the insurer's agreement must be treated
2871 as being made on the date a draft or other valid instrument that

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2872 is equivalent to payment, or the insurer's written statement of
2873 agreement, is placed in the United States mail in a properly
2874 addressed, postpaid envelope or, if not so posted, on the date
2875 of delivery. The insurer is not obligated to pay any attorney
2876 fees if the insurer pays the claim or mails its agreement to pay
2877 for future treatment within the time prescribed by this
2878 subsection.

2879 (e) The applicable statute of limitation for an action
2880 under this section is tolled for 30 business days by the mailing
2881 of the notice required by this subsection.

2882 (12) ALL CLAIMS BROUGHT IN A SINGLE ACTION.—In any civil
2883 action to recover medical payments coverage benefits brought by
2884 a claimant pursuant to this section against an insurer, all
2885 claims related to the same health care provider for the same
2886 injured person must be brought in one action unless good cause
2887 is shown why such claims should be brought separately. If the
2888 court determines that a civil action is filed for a claim that
2889 should have been brought in a prior civil action, the court may
2890 not award attorney fees to the claimant.

2891 (13) FAILURE TO PAY VALID CLAIMS; UNFAIR OR DECEPTIVE
2892 PRACTICE.—

2893 (a) An insurer is engaging in a prohibited unfair or
2894 deceptive practice that is subject to the penalties provided in
2895 s. 626.9521, and the office has the powers and duties specified
2896 in ss. 626.9561-626.9601, if the insurer, with such frequency so
2897 as to indicate a general business practice, fails to pay valid
2898 claims for medical payments benefits or fails to pay valid
2899 claims until receipt of the notice required under subsection

2900 (11).

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2901 (b) Notwithstanding s. 501.212, the Department of Legal
2902 Affairs may investigate and initiate actions for a violation of
2903 this subsection, including, but not limited to, the powers and
2904 duties specified in part II of chapter 501.

2905 (14) CIVIL ACTION FOR INSURANCE FRAUD.—An insurer has a
2906 cause of action against any person convicted of, or who,
2907 regardless of adjudication of guilt, pleads guilty or nolo
2908 contendere to, insurance fraud under s. 817.234, patient
2909 brokering under s. 817.505, or kickbacks under s. 456.054,
2910 associated with a claim for medical payments coverage benefits
2911 in accordance with this section. An insurer prevailing in an
2912 action brought under this subsection may recover compensatory,
2913 consequential, and punitive damages subject to the requirements
2914 and limitations of part II of chapter 768 and attorney fees and
2915 costs incurred in litigating a cause of action against any
2916 person convicted of, or who, regardless of adjudication of
2917 guilt, pleads guilty or nolo contendere to, insurance fraud
2918 under s. 817.234, patient brokering under s. 817.505, or
2919 kickbacks under s. 456.054, associated with a claim for medical
2920 payments coverage benefits in accordance with this section.

2921 (15) FRAUD ADVISORY NOTICE.—Upon receiving notice of a
2922 claim under this section, an insurer shall provide a notice to
2923 the insured or to a person for whom a claim for reimbursement
2924 for diagnosis or treatment of injuries has been filed, advising
2925 that:

2926 (a) Pursuant to s. 626.9892, the department may pay rewards
2927 of up to \$25,000 to persons who provide information leading to
2928 the arrest and conviction of persons committing crimes
2929 investigated by the Division of Investigative and Forensic

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2930 Services arising from violations of s. 440.105, s. 624.15, s.
2931 626.9541, s. 626.989, or s. 817.234.

2932 (b) Solicitation of a person injured in a motor vehicle
2933 crash for purposes of filing medical payments coverage or tort
2934 claims could be a violation of s. 817.234, s. 817.505, or the
2935 rules regulating The Florida Bar and should be immediately
2936 reported to the Division of Investigative and Forensic Services
2937 if such conduct has taken place.

2938 (16) NONREIMBURSABLE CLAIMS.—Claims generated as a result
2939 of activities that are unlawful pursuant to s. 817.505 are not
2940 reimbursable.

2941 (17) SECURE ELECTRONIC DATA TRANSFER.—Except as otherwise
2942 provided in subparagraph (6) (e)5., a notice, documentation,
2943 transmission, or communication of any kind required or
2944 authorized under this section may be transmitted electronically
2945 if it is transmitted by secure electronic data transfer that is
2946 consistent with state and federal privacy and security laws.

2947 (18) INSURER'S RIGHT OF SUBROGATION.—

2948 (a) A medical payments insurer may include a provision in
2949 its policy which permits subrogation for medical payments
2950 benefits it paid if the expenses giving rise to the payments
2951 were caused by the wrongful act or omission of another. However,
2952 this subrogation right is inferior to the rights of the injured
2953 insured, and is available only after all the insured's damages
2954 have been recovered and the insured has been made whole. An
2955 insured who obtains a recovery from a third party of the full
2956 amount of the damages sustained and delivers a release or
2957 satisfaction that impairs a medical payments insurer's
2958 subrogation right is liable to the insurer for repayment of

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2959 medical payments benefits, less any expenses of acquiring the
 2960 recovery, including a prorated share of attorney fees and costs,
 2961 and shall hold that net recovery in trust to be delivered to the
 2962 medical payments insurer.

2963 (b) The insurer does not have a right of subrogation for
 2964 medical payments coverage benefits paid for the insured if the
 2965 tortfeasor who caused the motor vehicle accident is also an
 2966 insured under the policy that paid the medical payments
 2967 benefits.

2968 Section 40. Subsections (1) and (7) of section 627.727,
 2969 Florida Statutes, are amended to read:

2970 627.727 Motor vehicle insurance; uninsured and underinsured
 2971 vehicle coverage; insolvent insurer protection.—

2972 (1) A ~~No~~ motor vehicle liability insurance policy that
 2973 ~~which~~ provides bodily injury liability coverage may not shall be
 2974 delivered or issued for delivery in this state with respect to
 2975 any specifically insured or identified motor vehicle registered
 2976 or principally garaged in this state, unless uninsured motor
 2977 vehicle coverage is provided therein or supplemental thereto for
 2978 the protection of persons insured thereunder who are legally
 2979 entitled to recover damages from owners or operators of
 2980 uninsured motor vehicles because of bodily injury, sickness, or
 2981 disease, including death, resulting therefrom. However, the
 2982 coverage required under this section is not applicable if when,
 2983 or to the extent that, an insured named in the policy makes a
 2984 written rejection of the coverage on behalf of all insureds
 2985 under the policy. If when a motor vehicle is leased for ~~a period~~
 2986 ~~of~~ 1 year or longer and the lessor of such vehicle, by the terms
 2987 of the lease contract, provides liability coverage on the leased

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2988 vehicle, the lessee of such vehicle has ~~shall have~~ the sole
2989 privilege to reject uninsured motorist coverage or to select
2990 lower limits than the bodily injury liability limits, regardless
2991 of whether the lessor is qualified as a self-insurer pursuant to
2992 s. 324.171. Unless an insured, or lessee having the privilege of
2993 rejecting uninsured motorist coverage, requests such coverage or
2994 requests higher uninsured motorist limits in writing, the
2995 coverage or such higher uninsured motorist limits need not be
2996 provided in or supplemental to any other policy which renews,
2997 extends, changes, supersedes, or replaces an existing policy
2998 with the same bodily injury liability limits when an insured or
2999 lessee had rejected the coverage. When an insured or lessee has
3000 initially selected limits of uninsured motorist coverage lower
3001 than her or his bodily injury liability limits, higher limits of
3002 uninsured motorist coverage need not be provided in or
3003 supplemental to any other policy that ~~which~~ renews, extends,
3004 changes, supersedes, or replaces an existing policy with the
3005 same bodily injury liability limits unless an insured requests
3006 higher uninsured motorist coverage in writing. The rejection or
3007 selection of lower limits must ~~shall~~ be made on a form approved
3008 by the office. The form must ~~shall~~ fully advise the applicant of
3009 the nature of the coverage and must ~~shall~~ state that the
3010 coverage is equal to bodily injury liability limits unless lower
3011 limits are requested or the coverage is rejected. The heading of
3012 the form must ~~shall~~ be in 12-point bold type and must ~~shall~~
3013 state: "You are electing not to purchase certain valuable
3014 coverage that ~~which~~ protects you and your family or you are
3015 purchasing uninsured motorist limits less than your bodily
3016 injury liability limits when you sign this form. Please read

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3017 carefully." If this form is signed by a named insured, it will
3018 be conclusively presumed that there was an informed, knowing
3019 rejection of coverage or election of lower limits on behalf of
3020 all insureds. The insurer shall notify the named insured at
3021 least annually of her or his options as to the coverage required
3022 by this section. Such notice must ~~shall~~ be part of, and attached
3023 to, the notice of premium, must ~~shall~~ provide for a means to
3024 allow the insured to request such coverage, and must ~~shall~~ be
3025 given in a manner approved by the office. Receipt of this notice
3026 does not constitute an affirmative waiver of the insured's right
3027 to uninsured motorist coverage if ~~where~~ the insured has not
3028 signed a selection or rejection form. The coverage described
3029 under this section must ~~shall~~ be over and above, but may ~~shall~~
3030 not duplicate, the benefits available to an insured under any
3031 workers' compensation law, ~~personal injury protection benefits,~~
3032 disability benefits law, or similar law; under any automobile
3033 medical payments ~~expense~~ coverage; under any motor vehicle
3034 liability insurance coverage; or from the owner or operator of
3035 the uninsured motor vehicle or any other person or organization
3036 jointly or severally liable together with such owner or operator
3037 for the accident; and such coverage must ~~shall~~ cover the
3038 difference, if any, between the sum of such benefits and the
3039 damages sustained, up to the maximum amount of such coverage
3040 provided under this section. The amount of coverage available
3041 under this section may ~~shall~~ not be reduced by a setoff against
3042 any coverage, including liability insurance. Such coverage does
3043 ~~shall~~ not inure directly or indirectly to the benefit of any
3044 workers' compensation or disability benefits carrier or any
3045 person or organization qualifying as a self-insurer under any

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workers' compensation or disability benefits law or similar law.

(7) The legal liability of an uninsured motorist coverage insurer includes ~~does not include~~ damages in tort for pain, suffering, disability or physical impairment, disfigurement, mental anguish, and inconvenience, and the loss of capacity for the enjoyment of life experienced in the past and to be experienced in the future ~~unless the injury or disease is described in one or more of paragraphs (a)-(d) of s. 627.737(2).~~

Section 41. Subsection (1) and paragraphs (a) and (b) of subsection (2) of section 627.7275, Florida Statutes, are amended to read:

627.7275 Motor vehicle liability.—

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

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

1. Coverage under policies as described in subsection (1) to an applicant for private passenger motor vehicle insurance coverage who is seeking the coverage in order to reinstate the applicant's driving privileges in this state if the driving privileges were revoked or suspended pursuant to s. 316.646 or

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3075 s. 324.0221 due to the failure of the applicant to maintain
3076 required security.

3077 2. Coverage under policies as described in subsection (1),
3078 which includes bodily injury ~~also provides~~ liability coverage
3079 and property damage liability coverage for bodily injury, death,
3080 ~~and property damage arising out of the ownership, maintenance,~~
3081 ~~or use of the motor vehicle~~ in an amount not less than the
3082 minimum limits required under ~~described in~~ s. 324.021(7) or s.
3083 324.023 and which conforms to the requirements of s. 324.151, to
3084 an applicant for private passenger motor vehicle insurance
3085 coverage who is seeking the coverage in order to reinstate the
3086 applicant's driving privileges in this state after such
3087 privileges were revoked or suspended under s. 316.193 or s.
3088 322.26(2) for driving under the influence.

3089 (b) The policies described in paragraph (a) must ~~shall~~ be
3090 issued for at least 6 months and, as to the minimum coverages
3091 required under this section, may not be canceled by the insured
3092 for any reason or by the insurer after 60 days, during which
3093 period the insurer is completing the underwriting of the policy.
3094 After the insurer has completed underwriting the policy, the
3095 insurer shall notify the Department of Highway Safety and Motor
3096 Vehicles that the policy is in full force and effect and is not
3097 cancelable for the remainder of the policy period. A premium
3098 must ~~shall~~ be collected and the coverage is in effect for the
3099 60-day period during which the insurer is completing the
3100 underwriting of the policy, whether or not the person's driver
3101 license, motor vehicle tag, and motor vehicle registration are
3102 in effect. Once the noncancelable provisions of the policy
3103 become effective, the bodily injury liability and property

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3104 ~~damage liability coverages for bodily injury, property damage,~~
3105 ~~and personal injury protection~~ may not be reduced below the
3106 minimum limits required under s. 324.021 or s. 324.023 during
3107 the policy period, and the medical payments coverage may not be
3108 reduced below the minimum limit required under s. 627.7265.

3109 Section 42. Paragraph (a) of subsection (1) of section
3110 627.728, Florida Statutes, is amended to read:

3111 627.728 Cancellations; nonrenewals.—

3112 (1) As used in this section, the term:

3113 (a) "Policy" means the bodily injury and property damage
3114 liability, ~~personal injury protection~~, medical payments,
3115 comprehensive, collision, and uninsured motorist coverage
3116 portions of a policy of motor vehicle insurance delivered or
3117 issued for delivery in this state:

3118 1. Insuring a natural person as named insured or one or
3119 more related individuals who are residents ~~resident~~ of the same
3120 household; and

3121 2. Insuring only a motor vehicle of the private passenger
3122 type or station wagon type which is not used as a public or
3123 livery conveyance for passengers or rented to others; or
3124 insuring any other four-wheel motor vehicle having a load
3125 capacity of 1,500 pounds or less which is not used in the
3126 occupation, profession, or business of the insured other than
3127 farming; other than any policy issued under an automobile
3128 insurance assigned risk plan or covering garage, automobile
3129 sales agency, repair shop, service station, or public parking
3130 place operation hazards.

3131
3132 The term "policy" does not include a binder as defined in s.

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3133 627.420 unless the duration of the binder period exceeds 60
3134 days.

3135 Section 43. Subsection (1), paragraph (a) of subsection
3136 (5), and subsections (6) and (7) of section 627.7295, Florida
3137 Statutes, are amended to read:

3138 627.7295 Motor vehicle insurance contracts.—

3139 (1) As used in this section, the term:

3140 (a) "Policy" means a motor vehicle insurance policy that
3141 provides bodily injury liability ~~personal injury protection~~
3142 coverage, property damage liability coverage, and medical
3143 payments coverage ~~or both~~.

3144 (b) "Binder" means a binder that provides motor vehicle
3145 bodily injury liability coverage, ~~personal injury protection~~ and
3146 property damage liability coverage, and medical payments
3147 coverage.

3148 (5) (a) A licensed general lines agent may charge a per-
3149 policy fee up to ~~not to exceed~~ \$10 to cover the administrative
3150 costs of the agent associated with selling the motor vehicle
3151 insurance policy if the policy covers only bodily injury
3152 liability coverage, ~~personal injury protection coverage~~ as
3153 ~~provided by s. 627.736~~ and property damage liability coverage,
3154 and medical payments coverage as provided by s. 627.7275 and if
3155 no other insurance is sold or issued in conjunction with or
3156 collateral to the policy. The fee is not ~~considered~~ part of the
3157 premium.

3158 (6) If a motor vehicle owner's driver license, license
3159 plate, and registration have previously been suspended pursuant
3160 to s. 316.646 ~~or s. 627.733~~, an insurer may cancel a new policy
3161 only as provided in s. 627.7275.

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3162 (7) A policy of private passenger motor vehicle insurance
3163 or a binder for such a policy may be initially issued in this
3164 state only if, before the effective date of such binder or
3165 policy, the insurer or agent has collected ~~from the insured an~~
3166 ~~amount equal to~~ 2 months' premium from the insured. An insurer,
3167 agent, or premium finance company may not, directly or
3168 indirectly, take any action that results ~~resulting~~ in the
3169 insured paying ~~having paid~~ from the insured's own funds an
3170 amount less than the 2 months' premium required by this
3171 subsection. This subsection applies without regard to whether
3172 the premium is financed by a premium finance company or is paid
3173 pursuant to a periodic payment plan of an insurer or an
3174 insurance agent.

3175 (a) This subsection does not apply:

3176 1. If an insured or member of the insured's family is
3177 renewing or replacing a policy or a binder for such policy
3178 written by the same insurer or a member of the same insurer
3179 group. ~~This subsection does not apply~~

3180 2. To an insurer that issues private passenger motor
3181 vehicle coverage primarily to active duty or former military
3182 personnel or their dependents. ~~This subsection does not apply~~

3183 3. If all policy payments are paid pursuant to a payroll
3184 deduction plan, an automatic electronic funds transfer payment
3185 plan from the policyholder, or a recurring credit card or debit
3186 card agreement with the insurer.

3187 (b) This subsection and subsection (4) do not apply if:

3188 1. All policy payments to an insurer are paid pursuant to
3189 an automatic electronic funds transfer payment plan from an
3190 agent, a managing general agent, or a premium finance company

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3191 and if the policy includes, at a minimum, bodily injury
3192 liability coverage, ~~personal injury protection pursuant to ss.~~
3193 ~~627.730-627.7405; motor vehicle property damage liability~~
3194 coverage, and medical payments coverage pursuant to s. 627.7275;
3195 ~~or and bodily injury liability in at least the amount of \$10,000~~
3196 ~~because of bodily injury to, or death of, one person in any one~~
3197 ~~accident and in the amount of \$20,000 because of bodily injury~~
3198 ~~to, or death of, two or more persons in any one accident. This~~
3199 ~~subsection and subsection (4) do not apply if~~

3200 2. An insured has had a policy in effect for at least 6
3201 months, the insured's agent is terminated by the insurer that
3202 issued the policy, and the insured obtains coverage on the
3203 policy's renewal date with a new company through the terminated
3204 agent.

3205 Section 44. Subsections (1) and (2) of section 627.7415,
3206 Florida Statutes, are amended to read:

3207 627.7415 Commercial motor vehicles; additional liability
3208 insurance coverage.—Commercial motor vehicles, as defined in s.
3209 207.002 or s. 320.01, operated upon the roads and highways of
3210 this state shall be insured with the ~~following~~ minimum levels of
3211 combined bodily liability insurance and property damage
3212 liability insurance under subsections (1) and (2) in addition to
3213 any other insurance requirements.÷

3214 (1) ~~Fifty thousand dollars per occurrence~~ For a commercial
3215 motor vehicle with a gross vehicle weight of 26,000 pounds or
3216 more, but less than 35,000 pounds:

3217 (a) Beginning January 1, 2019, through December 31, 2020,
3218 no less than \$50,000 per occurrence.

3219 (b) Beginning January 1, 2021, through December 31, 2022,

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3220 no less than \$60,000 per occurrence.

3221 (c) Beginning January 1, 2023, and thereafter, no less than
3222 \$70,000 per occurrence.

3223 ~~(2) One hundred thousand dollars per occurrence~~ For a
3224 commercial motor vehicle with a gross vehicle weight of 35,000
3225 pounds or more, but less than 44,000 pounds:

3226 (a) Beginning January 1, 2019, through December 31, 2020,
3227 no less than \$100,000 per occurrence.

3228 (b) Beginning January 1, 2021, through December 31, 2022,
3229 no less than \$120,000 per occurrence.

3230 (c) Beginning January 1, 2023, and thereafter, no less than
3231 \$140,000 per occurrence.

3232

3233 A violation of this section is a noncriminal traffic infraction,
3234 punishable as a nonmoving violation as provided in chapter 318.

3235 Section 45. Section 627.8405, Florida Statutes, is amended
3236 to read:

3237 627.8405 Prohibited acts; financing companies.—~~A~~ ~~No~~ premium
3238 finance company ~~shall~~, in a premium finance agreement or other
3239 agreement, may not finance the cost of or otherwise provide for
3240 the collection or remittance of dues, assessments, fees, or
3241 other periodic payments of money for the cost of:

3242 (1) A membership in an automobile club. The term
3243 "automobile club" means a legal entity that ~~which~~, in
3244 consideration of dues, assessments, or periodic payments of
3245 money, promises its members or subscribers to assist them in
3246 matters relating to the ownership, operation, use, or
3247 maintenance of a motor vehicle; however, the term ~~this~~
3248 ~~definition of "automobile club"~~ does not include persons,

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3249 associations, or corporations ~~which are~~ organized and operated
3250 solely for the purpose of conducting, sponsoring, or sanctioning
3251 motor vehicle races, exhibitions, or contests upon racetracks,
3252 or upon racecourses established and marked as such for the
3253 duration of such particular events. The term ~~words~~ "motor
3254 vehicle" used herein has ~~have~~ the same meaning as defined in
3255 chapter 320.

3256 (2) An accidental death and dismemberment policy sold in
3257 combination with a policy providing only medical payments
3258 coverage, bodily injury liability coverage, ~~personal injury~~
3259 ~~protection~~ and property damage liability coverage only policy.

3260 (3) Any product not regulated under ~~the provisions of this~~
3261 insurance code.

3262

3263 This section also applies to premium financing by any insurance
3264 agent or insurance company under part XVI. The commission shall
3265 adopt rules to assure disclosure, at the time of sale, of
3266 coverages financed ~~with personal injury protection~~ and shall
3267 prescribe the form of such disclosure.

3268 Section 46. Subsection (1) of section 627.915, Florida
3269 Statutes, is amended to read:

3270 627.915 Insurer experience reporting.—

3271 (1) Each insurer transacting private passenger automobile
3272 insurance in this state shall report certain information
3273 annually to the office. The information will be due on or before
3274 July 1 of each year. The information must ~~shall~~ be divided into
3275 the following categories: bodily injury liability; property
3276 damage liability; uninsured motorist; ~~personal injury protection~~
3277 ~~benefits~~; and comprehensive and collision. The

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3278 information given must ~~shall~~ be on direct insurance writings in
3279 the state alone and ~~shall~~ represent total limits data. The
3280 information set forth in paragraphs (a)-(f) is applicable to
3281 voluntary private passenger and Joint Underwriting Association
3282 private passenger writings and must ~~shall~~ be reported for each
3283 of the latest 3 calendar-accident years, with an evaluation date
3284 of March 31 of the current year. The information set forth in
3285 paragraphs (g)-(j) is applicable to voluntary private passenger
3286 writings and must ~~shall~~ be reported on a calendar-accident year
3287 basis ultimately seven times at seven different stages of
3288 development.

3289 (a) Premiums earned for the latest 3 calendar-accident
3290 years.

3291 (b) Loss development factors and the historic development
3292 of those factors.

3293 (c) Policyholder dividends incurred.

3294 (d) Expenses for other acquisition and general expense.

3295 (e) Expenses for agents' commissions and taxes, licenses,
3296 and fees.

3297 (f) Profit and contingency factors as utilized in the
3298 insurer's automobile rate filings for the applicable years.

3299 (g) Losses paid.

3300 (h) Losses unpaid.

3301 (i) Loss adjustment expenses paid.

3302 (j) Loss adjustment expenses unpaid.

3303 Section 47. Subsections (2) and (3) of section 628.909,
3304 Florida Statutes, are amended to read:

3305 628.909 Applicability of other laws.—

3306 (2) The following provisions of the Florida Insurance Code

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3307 apply to captive insurance companies who are not industrial
3308 insured captive insurance companies to the extent that such
3309 provisions are not inconsistent with this part:

3310 (a) Chapter 624, except for ss. 624.407, 624.408, 624.4085,
3311 624.40851, 624.4095, 624.411, 624.425, and 624.426.

3312 (b) Chapter 625, part II.

3313 (c) Chapter 626, part IX.

3314 (d) ~~Sections 627.730-627.7405, when no fault coverage is~~
3315 ~~provided.~~

3316 ~~(e) Chapter 628.~~

3317 (3) The following provisions of the Florida Insurance Code
3318 ~~shall~~ apply to industrial insured captive insurance companies to
3319 the extent that such provisions are not inconsistent with this
3320 part:

3321 (a) Chapter 624, except for ss. 624.407, 624.408, 624.4085,
3322 624.40851, 624.4095, 624.411, 624.425, 624.426, and 624.609(1).

3323 (b) Chapter 625, part II, if the industrial insured captive
3324 insurance company is incorporated in this state.

3325 (c) Chapter 626, part IX.

3326 (d) ~~Sections 627.730-627.7405 when no fault coverage is~~
3327 ~~provided.~~

3328 ~~(e) Chapter 628, except for ss. 628.341, 628.351, and~~
3329 ~~628.6018.~~

3330 Section 48. Subsections (2), (6), and (7) of section
3331 705.184, Florida Statutes, are amended to read:

3332 705.184 Derelict or abandoned motor vehicles on the
3333 premises of public-use airports.-

3334 (2) The airport director or the director's designee shall
3335 contact the Department of Highway Safety and Motor Vehicles to

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3336 notify that department that the airport has possession of the
3337 abandoned or derelict motor vehicle and to determine the name
3338 and address of the owner of the motor vehicle, the insurance
3339 company insuring the motor vehicle, ~~notwithstanding the~~
3340 ~~provisions of s. 627.736,~~ and any person who has filed a lien on
3341 the motor vehicle. Within 7 business days after receipt of the
3342 information, the director or the director's designee shall send
3343 notice by certified mail, return receipt requested, to the owner
3344 of the motor vehicle, the insurance company insuring the motor
3345 vehicle, ~~notwithstanding the provisions of s. 627.736,~~ and all
3346 persons of record claiming a lien against the motor vehicle. The
3347 notice must ~~shall~~ state the fact of possession of the motor
3348 vehicle, that charges for reasonable towing, storage, and
3349 parking fees, if any, have accrued and the amount thereof, that
3350 a lien as provided in subsection (6) will be claimed, that the
3351 lien is subject to enforcement pursuant to law, that the owner
3352 or lienholder, if any, has the right to a hearing as set forth
3353 in subsection (4), and that any motor vehicle which, at the end
3354 of 30 calendar days after receipt of the notice, has not been
3355 removed from the airport upon payment in full of all accrued
3356 charges for reasonable towing, storage, and parking fees, if
3357 any, may be disposed of as provided in s. 705.182(2)(a), (b),
3358 (d), or (e), including, but not limited to, the motor vehicle
3359 being sold free of all prior liens after 35 calendar days after
3360 the time the motor vehicle is stored if any prior liens on the
3361 motor vehicle are more than 5 years of age or after 50 calendar
3362 days after the time the motor vehicle is stored if any prior
3363 liens on the motor vehicle are 5 years of age or less.

3364 (6) The airport pursuant to this section or, if used, a

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3365 licensed independent wrecker company pursuant to s. 713.78 shall
3366 have a lien on an abandoned or derelict motor vehicle for all
3367 reasonable towing, storage, and accrued parking fees, if any,
3368 except that no storage fee may ~~shall~~ be charged if the motor
3369 vehicle is stored less than 6 hours. As a prerequisite to
3370 perfecting a lien under this section, the airport director or
3371 the director's designee must serve a notice in accordance with
3372 subsection (2) on the owner of the motor vehicle, the insurance
3373 company insuring the motor vehicle, ~~notwithstanding the~~
3374 ~~provisions of s. 627.736,~~ and all persons of record claiming a
3375 lien against the motor vehicle. If attempts to notify the owner,
3376 the insurance company insuring the motor vehicle,
3377 ~~notwithstanding the provisions of s. 627.736,~~ or lienholders are
3378 not successful, the requirement of notice by mail shall be
3379 considered met. Serving of the notice does not dispense with
3380 recording the claim of lien.

3381 (7) (a) For the purpose of perfecting its lien under this
3382 section, the airport shall record a claim of lien which states
3383 ~~shall state:~~

3384 1. The name and address of the airport.

3385 2. The name of the owner of the motor vehicle, the
3386 insurance company insuring the motor vehicle, ~~notwithstanding~~
3387 ~~the provisions of s. 627.736,~~ and all persons of record claiming
3388 a lien against the motor vehicle.

3389 3. The costs incurred from reasonable towing, storage, and
3390 parking fees, if any.

3391 4. A description of the motor vehicle sufficient for
3392 identification.

3393 (b) The claim of lien must ~~shall~~ be signed and sworn to or

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3394 affirmed by the airport director or the director's designee.

3395 (c) The claim of lien is ~~shall be~~ sufficient if it is in
3396 substantially the following form:

3397
3398 CLAIM OF LIEN

3399 State of

3400 County of

3401 Before me, the undersigned notary public, personally appeared
3402, who was duly sworn and says that he/she is the
3403 of, whose address is.....; and that the
3404 following described motor vehicle:

3405 ...(Description of motor vehicle)...

3406 owned by, whose address is, has accrued
3407 \$..... in fees for a reasonable tow, for storage, and for
3408 parking, if applicable; that the lienor served its notice to the
3409 owner, the insurance company insuring the motor vehicle
3410 ~~notwithstanding the provisions of s. 627.736, Florida Statutes,~~
3411 and all persons of record claiming a lien against the motor
3412 vehicle on, ...(year)...., by.....

3413 ...(Signature)...

3414 Sworn to (or affirmed) and subscribed before me this day of
3415, ...(year)...., by ...(name of person making statement)....

3416 ...(Signature of Notary Public).....(Print, Type, or Stamp

3417 Commissioned name of Notary Public)...

3418 Personally Known....OR Produced....as identification.

3419
3420 However, the negligent inclusion or omission of any information
3421 in this claim of lien which does not prejudice the owner does
3422 not constitute a default that operates to defeat an otherwise

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3423 valid lien.

3424 (d) The claim of lien must ~~shall~~ be served on the owner of
3425 the motor vehicle, the insurance company insuring the motor
3426 vehicle, ~~notwithstanding the provisions of s. 627.736,~~ and all
3427 persons of record claiming a lien against the motor vehicle. If
3428 attempts to notify the owner, the insurance company insuring the
3429 motor vehicle ~~notwithstanding the provisions of s. 627.736,~~ or
3430 lienholders are not successful, the requirement of notice by
3431 mail shall be considered met. The claim of lien must ~~shall~~ be so
3432 served before recordation.

3433 (e) The claim of lien must ~~shall~~ be recorded with the clerk
3434 of court in the county where the airport is located. The
3435 recording of the claim of lien shall be constructive notice to
3436 all persons of the contents and effect of such claim. The lien
3437 attaches ~~shall attach~~ at the time of recordation and takes ~~shall~~
3438 ~~take~~ priority as of that time.

3439 Section 49. Subsection (4) of section 713.78, Florida
3440 Statutes, is amended to read:

3441 713.78 Liens for recovering, towing, or storing vehicles
3442 and vessels.—

3443 (4) (a) Any person regularly engaged in the business of
3444 recovering, towing, or storing vehicles or vessels who comes
3445 into possession of a vehicle or vessel pursuant to subsection
3446 (2), and who claims a lien for recovery, towing, or storage
3447 services, shall give notice to the registered owner, the
3448 insurance company insuring the vehicle ~~notwithstanding the~~
3449 ~~provisions of s. 627.736,~~ and to all persons claiming a lien
3450 thereon, as disclosed by the records in the Department of
3451 Highway Safety and Motor Vehicles or as disclosed by the records

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3452 of any corresponding agency in any other state in which the
3453 vehicle is identified through a records check of the National
3454 Motor Vehicle Title Information System or an equivalent
3455 commercially available system as being titled or registered.

3456 (b) If a ~~Whenever any~~ law enforcement agency authorizes the
3457 removal of a vehicle or vessel or if a ~~whenever any~~ towing
3458 service, garage, repair shop, or automotive service, storage, or
3459 parking place notifies the law enforcement agency of possession
3460 of a vehicle or vessel pursuant to s. 715.07(2)(a)2., the law
3461 enforcement agency of the jurisdiction where the vehicle or
3462 vessel is stored shall contact the Department of Highway Safety
3463 and Motor Vehicles, or the appropriate agency of the state of
3464 registration, if known, within 24 hours through the medium of
3465 electronic communications, giving the full description of the
3466 vehicle or vessel. Upon receipt of the full description of the
3467 vehicle or vessel, the department shall search its files to
3468 determine the owner's name, the insurance company insuring the
3469 vehicle or vessel, and whether any person has filed a lien upon
3470 the vehicle or vessel as provided in s. 319.27(2) and (3) and
3471 notify the applicable law enforcement agency within 72 hours.
3472 The person in charge of the towing service, garage, repair shop,
3473 or automotive service, storage, or parking place shall obtain
3474 such information from the applicable law enforcement agency
3475 within 5 days after the date of storage and shall give notice
3476 pursuant to paragraph (a). The department may release the
3477 insurance company information to the requestor ~~notwithstanding~~
3478 ~~the provisions of s. 627.736.~~

3479 (c) Notice by certified mail must ~~shall~~ be sent within 7
3480 business days after the date of storage of the vehicle or vessel

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3481 to the registered owner, the insurance company insuring the
3482 vehicle ~~notwithstanding the provisions of s. 627.736~~, and all
3483 persons of record claiming a lien against the vehicle or vessel.
3484 The notice must ~~It shall~~ state the fact of possession of the
3485 vehicle or vessel, that a lien as provided in subsection (2) is
3486 claimed, that charges have accrued and the amount thereof, that
3487 the lien is subject to enforcement pursuant to law, ~~and~~ that the
3488 owner or lienholder, if any, has the right to a hearing as set
3489 forth in subsection (5), and that any vehicle or vessel which
3490 remains unclaimed, or for which the charges for recovery,
3491 towing, or storage services remain unpaid, may be sold free of
3492 all prior liens after 35 days if the vehicle or vessel is more
3493 than 3 years of age or after 50 days if the vehicle or vessel is
3494 3 years of age or less.

3495 (d) If attempts to locate the name and address of the owner
3496 or lienholder prove unsuccessful, the towing-storage operator
3497 must ~~shall~~, after 7 working days, excluding Saturday and Sunday,
3498 of the initial tow or storage, notify the public agency of
3499 jurisdiction where the vehicle or vessel is stored in writing by
3500 certified mail or acknowledged hand delivery that the towing-
3501 storage company has been unable to locate the name and address
3502 of the owner or lienholder and a physical search of the vehicle
3503 or vessel has disclosed no ownership information and a good
3504 faith effort has been made, including records checks of the
3505 Department of Highway Safety and Motor Vehicles database and the
3506 National Motor Vehicle Title Information System or an equivalent
3507 commercially available system. As used in ~~For purposes of~~ this
3508 paragraph and subsection (9), the term "good faith effort" means
3509 that the following checks have been performed by the company to

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- 3510 establish prior state of registration and for title:
- 3511 1. Check of the Department of Highway Safety and Motor
- 3512 Vehicles database for the owner and any lienholder.
- 3513 2. Check of the electronic National Motor Vehicle Title
- 3514 Information System or an equivalent commercially available
- 3515 system to determine the state of registration when there is not
- 3516 a current registration record for the vehicle on file with the
- 3517 Department of Highway Safety and Motor Vehicles.
- 3518 3. Check of vehicle or vessel for any type of tag, tag
- 3519 record, temporary tag, or regular tag.
- 3520 4. Check of law enforcement report for tag number or other
- 3521 information identifying the vehicle or vessel, if the vehicle or
- 3522 vessel was towed at the request of a law enforcement officer.
- 3523 5. Check of trip sheet or tow ticket of tow truck operator
- 3524 to see if a tag was on vehicle or vessel at beginning of tow, if
- 3525 private tow.
- 3526 6. If there is no address of the owner on the impound
- 3527 report, check of law enforcement report to see if an out-of-
- 3528 state address is indicated from driver license information.
- 3529 7. Check of vehicle or vessel for inspection sticker or
- 3530 other stickers and decals that may indicate a state of possible
- 3531 registration.
- 3532 8. Check of the interior of the vehicle or vessel for any
- 3533 papers that may be in the glove box, trunk, or other areas for a
- 3534 state of registration.
- 3535 9. Check of vehicle for vehicle identification number.
- 3536 10. Check of vessel for vessel registration number.
- 3537 11. Check of vessel hull for a hull identification number
- 3538 which should be carved, burned, stamped, embossed, or otherwise

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3539 permanently affixed to the outboard side of the transom or, if
3540 there is no transom, to the outmost seaboard side at the end of
3541 the hull that bears the rudder or other steering mechanism.

3542 Section 50. Paragraph (a) of subsection (1), paragraph (c)
3543 of subsection (7), paragraphs (a), (b), and (c) of subsection
3544 (8), and subsections (9) and (10) of section 817.234, Florida
3545 Statutes, are amended to read:

3546 817.234 False and fraudulent insurance claims.—

3547 (1) (a) A person commits insurance fraud punishable as
3548 provided in subsection (11) if that person, with the intent to
3549 injure, defraud, or deceive any insurer:

3550 1. Presents or causes to be presented any written or oral
3551 statement as part of, or in support of, a claim for payment or
3552 other benefit pursuant to an insurance policy or a health
3553 maintenance organization subscriber or provider contract,
3554 knowing that such statement contains ~~any~~ false, incomplete, or
3555 misleading information concerning any fact or thing material to
3556 such claim;

3557 2. Prepares or makes any written or oral statement that is
3558 intended to be presented to an ~~any~~ insurer in connection with,
3559 or in support of, any claim for payment or other benefit
3560 pursuant to an insurance policy or a health maintenance
3561 organization subscriber or provider contract, knowing that such
3562 statement contains ~~any~~ false, incomplete, or misleading
3563 information concerning any fact or thing material to such claim;

3564 3.a. Knowingly presents, causes to be presented, or
3565 prepares or makes with knowledge or belief that it will be
3566 presented to an ~~any~~ insurer, purported insurer, servicing
3567 corporation, insurance broker, or insurance agent, or any

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3568 employee or agent thereof, ~~any~~ false, incomplete, or misleading
3569 information or a written or oral statement as part of, or in
3570 support of, an application for the issuance of, or the rating
3571 of, any insurance policy, or a health maintenance organization
3572 subscriber or provider contract; or

3573 b. Knowingly conceals information concerning any fact
3574 material to such application; or

3575 4. Knowingly presents, causes to be presented, or prepares
3576 or makes with knowledge or belief that it will be presented to
3577 any insurer a claim for payment or other benefit under medical
3578 payments coverage in a motor vehicle ~~a personal injury~~
3579 ~~protection~~ insurance policy if the person knows that the payee
3580 knowingly submitted a false, misleading, or fraudulent
3581 application or other document when applying for licensure as a
3582 health care clinic, seeking an exemption from licensure as a
3583 health care clinic, or demonstrating compliance with part X of
3584 chapter 400.

3585 (7)

3586 (c) An insurer, or any person acting at the direction of or
3587 on behalf of an insurer, may not change an opinion in a mental
3588 or physical report prepared under s. 627.7265(9) ~~s. 627.736(7)~~
3589 or direct the physician preparing the report to change such
3590 opinion; however, this provision does not preclude the insurer
3591 from calling to the attention of the physician errors of fact in
3592 the report based upon information in the claim file. Any person
3593 who violates this paragraph commits a felony of the third
3594 degree, punishable as provided in s. 775.082, s. 775.083, or s.
3595 775.084.

3596 (8) (a) It is unlawful for any person intending to defraud

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3597 any other person to solicit or cause to be solicited any
3598 business from a person involved in a motor vehicle accident for
3599 the purpose of making, adjusting, or settling motor vehicle tort
3600 claims or claims for benefits under medical payments coverage in
3601 a motor vehicle insurance policy ~~personal injury protection~~
3602 ~~benefits required by s. 627.736~~. Any person who violates ~~the~~
3603 ~~provisions of~~ this paragraph commits a felony of the second
3604 degree, punishable as provided in s. 775.082, s. 775.083, or s.
3605 775.084. A person who is convicted of a violation of this
3606 subsection shall be sentenced to a minimum term of imprisonment
3607 of 2 years.

3608 (b) A person may not solicit or cause to be solicited any
3609 business from a person involved in a motor vehicle accident by
3610 any means of communication other than advertising directed to
3611 the public for the purpose of making motor vehicle tort claims
3612 or claims for benefits under medical payments coverage in a
3613 motor vehicle insurance policy ~~personal injury protection~~
3614 ~~benefits required by s. 627.736~~, within 60 days after the
3615 occurrence of the motor vehicle accident. Any person who
3616 violates this paragraph commits a felony of the third degree,
3617 punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

3618 (c) A lawyer, health care practitioner as defined in s.
3619 456.001, or owner or medical director of a clinic required to be
3620 licensed pursuant to s. 400.9905 may not, at any time after 60
3621 days have elapsed from the occurrence of a motor vehicle
3622 accident, solicit or cause to be solicited any business from a
3623 person involved in a motor vehicle accident by means of in
3624 person or telephone contact at the person's residence, for the
3625 purpose of making motor vehicle tort claims or claims for

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3626 benefits under medical payments coverage in a motor vehicle
3627 insurance policy ~~personal injury protection benefits required by~~
3628 ~~s. 627.736~~. Any person who violates this paragraph commits a
3629 felony of the third degree, punishable as provided in s.
3630 775.082, s. 775.083, or s. 775.084.

3631 (9) A person may not organize, plan, or knowingly
3632 participate in an intentional motor vehicle crash or a scheme to
3633 create documentation of a motor vehicle crash that did not occur
3634 for the purpose of making motor vehicle tort claims or claims
3635 for benefits under medical payments coverage in a motor vehicle
3636 insurance policy ~~personal injury protection benefits as required~~
3637 ~~by s. 627.736~~. Any person who violates this subsection commits a
3638 felony of the second degree, punishable as provided in s.
3639 775.082, s. 775.083, or s. 775.084. A person who is convicted of
3640 a violation of this subsection shall be sentenced to a minimum
3641 term of imprisonment of 2 years.

3642 (10) A licensed health care practitioner who is found
3643 guilty of insurance fraud under this section for an act relating
3644 to a motor vehicle ~~personal injury protection~~ insurance policy
3645 loses his or her license to practice for 5 years and may not
3646 receive reimbursement under medical payments coverage in a motor
3647 vehicle insurance policy ~~for personal injury protection benefits~~
3648 for 10 years.

3649 Section 51. Applicability and construction; notice to
3650 policyholders.—

3651 (1) As used in this section, the term "minimum security
3652 requirements" means security that enables a person to respond in
3653 damages for liability on account of crashes arising out of the
3654 ownership, maintenance, or use of a motor vehicle in the amounts

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3655 required by s. 324.021(7), Florida Statutes.

3656 (2) Effective January 1, 2019:

3657 (a) Motor vehicle insurance policies issued or renewed on
3658 or after that date may not include personal injury protection.

3659 (b) All persons subject to s. 324.022, s. 324.032, s.
3660 627.7415, or s. 627.742, Florida Statutes, must maintain at
3661 least minimum security requirements.

3662 (c) Any new or renewal motor vehicle insurance policy
3663 delivered or issued for delivery in this state must provide
3664 coverage that complies with minimum security requirements.

3665 (d) Any new or renewal motor vehicle insurance policy
3666 furnished to an owner or operator of a motor vehicle as proof of
3667 financial responsibility pursuant to s. 324.022 or s. 324.031,
3668 Florida Statutes, must provide medical payments coverage that
3669 complies with s. 627.7265, Florida Statutes.

3670 (e) An existing motor vehicle insurance policy issued
3671 before that date which provides personal injury protection and
3672 property damage liability coverage that meets the requirements
3673 of s. 324.022, Florida Statutes, on December 31, 2018, but which
3674 does not meet minimum security requirements on or after January
3675 1, 2019, is deemed to meet the security requirements of s.
3676 324.022, Florida Statutes, and the medical payments coverage
3677 requirements of s. 627.7265, Florida Statutes, until such policy
3678 is renewed, nonrenewed, or canceled on or after January 1, 2019.

3679 (3) Each insurer shall allow each insured who has a new or
3680 renewal policy providing personal injury protection, which
3681 becomes effective before January 1, 2019, and whose policy does
3682 not meet minimum security requirements on or after January 1,
3683 2019, to change coverages so as to eliminate personal injury

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3684 protection and obtain coverage providing minimum security
3685 requirements, which shall be effective on or after January 1,
3686 2019. The insurer is not required to provide coverage complying
3687 with minimum security requirements in such policies if the
3688 insured does not pay the required premium, if any, by January 1,
3689 2019, or such later date as the insurer may allow. Any reduction
3690 in the premium must be refunded by the insurer. The insurer may
3691 not impose on the insured an additional fee or charge that
3692 applies solely to a change in coverage; however, the insurer may
3693 charge an additional required premium that is actuarially
3694 indicated.

3695 (4) By September 1, 2018, each motor vehicle insurer shall
3696 provide notice of this section to each motor vehicle
3697 policyholder who is subject to this section. The notice is
3698 subject to approval by the Office of Insurance Regulation and
3699 must clearly inform the policyholder that:

3700 (a) The Florida Motor Vehicle No-Fault Law is repealed,
3701 effective January 1, 2019, and that on or after that date, the
3702 insured is no longer required to maintain personal injury
3703 protection insurance coverage, that personal injury protection
3704 coverage is no longer available for purchase in this state, and
3705 that all new or renewal policies issued on or after that date do
3706 not contain such coverage.

3707 (b) Effective January 1, 2019, a person subject to the
3708 financial responsibility requirements of s. 324.022, Florida
3709 Statutes, must maintain minimum security requirements that
3710 enable the person to respond in damages for liability on account
3711 of accidents arising out of the ownership, maintenance, or use
3712 of a motor vehicle in the following amounts:

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3713 1. Beginning January 1, 2019, and continuing through
3714 December 31, 2020:

3715 a. Twenty thousand dollars for bodily injury to, or the
3716 death of, one person in any one crash and, subject to such
3717 limits for one person, in the amount of \$40,000 for bodily
3718 injury to, or the death of, two or more persons in any one
3719 crash; and

3720 b. Ten thousand dollars for damage to, or destruction of,
3721 the property of others in any one crash.

3722 2. Beginning January 1, 2021, and continuing through
3723 December 31, 2022:

3724 a. Twenty-five thousand dollars for bodily injury to, or
3725 the death of, one person in any one crash and, subject to such
3726 limits for one person, in the amount of \$50,000 for bodily
3727 injury to, or the death of, two or more persons in any one
3728 crash; and

3729 b. Ten thousand dollars for damage to, or destruction of,
3730 the property of others in any one crash.

3731 3. Beginning January 1, 2023, and continuing thereafter:

3732 a. Thirty thousand dollars for bodily injury to, or the
3733 death of, one person in any one crash and, subject to such
3734 limits for one person, in the amount of \$60,000 for bodily
3735 injury to, or the death of, two or more persons in any one
3736 crash; and

3737 b. Ten thousand dollars for damage to, or destruction of,
3738 the property of others in any one crash.

3739 (c) Personal injury protection insurance paid covered
3740 medical expenses for injuries sustained in a motor vehicle crash
3741 by the policyholder, passengers, and relatives residing in the

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3742 policyholder's household.

3743 (d) Bodily injury liability coverage protects the insured,
3744 up to the coverage limits, against loss if the insured is
3745 legally responsible for the death of or bodily injury to others
3746 in a motor vehicle accident.

3747 (e) Effective January 1, 2019, a person who purchases a
3748 motor vehicle liability insurance policy as proof of financial
3749 responsibility must maintain medical payments coverage that
3750 complies with s. 627.7265, Florida Statutes. Medical payments
3751 coverage pays covered medical expenses, up to the limits of such
3752 coverage, for injuries sustained in a motor vehicle crash by the
3753 policyholder, passengers, and relatives residing in the
3754 policyholder's household, as provided in s. 627.7265, Florida
3755 Statutes.

3756 (f) The policyholder may obtain underinsured motorist
3757 coverage, which provides benefits, up to the limits of such
3758 coverage, to a policyholder or other insured entitled to recover
3759 damages for bodily injury, sickness, disease, or death resulting
3760 from a motor vehicle accident with an uninsured or underinsured
3761 owner or operator of a motor vehicle.

3762 (g) If the policyholder's new or renewal motor vehicle
3763 insurance policy is effective before January 1, 2019, and
3764 contains personal injury protection and property damage
3765 liability coverage as required by state law before January 1,
3766 2019, but does not meet minimum security requirements on or
3767 after January 1, 2019, the policy is deemed to meet minimum
3768 security requirements until it is renewed, nonrenewed, or
3769 canceled on or after January 1, 2019.

3770 (h) A policyholder whose new or renewal policy becomes

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3771 effective before January 1, 2019, but does not meet minimum
3772 security requirements on or after January 1, 2019, may change
3773 coverages under the policy so as to eliminate personal injury
3774 protection and to obtain coverage providing minimum security
3775 requirements, including bodily injury liability coverage, which
3776 are effective on or after January 1, 2019.

3777 (i) If the policyholder has any questions, he or she should
3778 contact the person named at the telephone number provided in the
3779 notice.

3780 (5) This section takes effect upon this act becoming a law.

3781 Section 52. Application of suspensions for failure to
3782 maintain security; reinstatement.—All suspensions for failure to
3783 maintain required security as required by law in effect before
3784 January 1, 2019, remain in full force and effect after January
3785 1, 2019. A driver may reinstate a suspended driver license or
3786 registration as provided under s. 324.0221, Florida Statutes.

3787 Section 53. Except as otherwise expressly provided in this
3788 act and except for this section, which shall take effect upon
3789 this act becoming a law, this act shall take effect January 1,
3790 2019.