

1 2

3

4

5

6

7

8

9

10

11 12

13

14

15

16 17

18 19

20 2.1

22

23

24

25

26

Proposed Committee Substitute by the Committee on Appropriations (Appropriations Subcommittee on Agriculture, Environment, and General Government)

A bill to be entitled

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



27

28

29

30 31

32

33

34

35

36

37

38

39

40

41

42

43

44

45 46

47

48

49

50

51

52

53

54

55

subsystem of the Florida Financial Management Information System; amending s. 215.94, F.S.; conforming a provision to changes made by the act; amending s. 216.102, F.S.; making technical changes; amending s. 218.32, F.S.; revising legislative intent; providing functions of the Florida Open Financial Statement System; requiring local governments to use the system to file specified reports; providing requirements for the system; revising the list of entities with which the Chief Financial Officer may consult with regard to the system; authorizing, rather than requiring, certain local governmental financial statements to be filed in a specified format; deleting certain requirements for such statements; providing construction; providing an exception; creating s. 395.1061, F.S.; defining terms; requiring certain hospitals to demonstrate financial responsibility for maintaining professional liability coverage; specifying requirements for such financial responsibility; requiring hospitals to provide evidence of compliance and to remain in compliance; prohibiting the Agency for Health Care Administration from issuing or renewing licenses of hospitals under certain circumstances; providing exemptions from professional liability coverage requirements; authorizing hospital systems to meet such professional liability coverage requirements in a specified manner; amending s. 440.02, F.S.; revising the definition of the term "employer"; amending s. 440.05, F.S.;



56

57

58

59

60

61 62

63 64

65

66

67

68 69

70

71

72

73 74

7.5

76

77 78

79

80

81

82

83 84

revising information that must be submitted with the notice of election to be exempt from workers' compensation coverage; specifying the circumstances under which the Department of Financial Services is required to send certain notifications to workers' compensation carriers; requiring such notifications to be electronic; requiring certificates of election to be exempt to contain a specified notice; deleting a provision requiring certain corporation officers to maintain business records; revising applicability of certificates of election to be exempt; amending s. 440.107, F.S.; revising the timeframe for certain employers to produce specified records under certain circumstances; prohibiting employers who failed to secure payment of workers' compensation from entering a payment agreement schedule with the department unless a specified condition is met; revising circumstances that result in immediate reinstatement of stop-work orders; revising penalty assessments; amending s. 440.13, F.S.; revising statewide schedules of maximum reimbursement allowances for medically necessary treatment, care, and attendance; authorizing the department to adopt rules; amending s. 440.185, F.S.; revising the timeline and methods for workers' compensation carriers to send a certain informational brochure to injured workers; revising methods by which such informational brochure is sent to employers; amending s. 440.381, F.S.; specifying workers' compensation policies that require physical onsite



85

86

87

88 89

90

91

92 93

94

95

96

97

98

99

100 101

102

103

104

105

106

107

108

109

110

111

112 113

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



114

115

116

117

118

119

120

121 122

123

124

125

126

127

128

129

130

131 132

133

134

135

136

137

138

139

140

141

142

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



143

144

145

146147

148

149

150

151

152

153

154

155

156

157

158

159

160

161

162

163

164

165166

167

168

169

170

171

certain proceedings and imposition of fines until specified prerequisites are completed; providing a cap on such fines; authorizing the department to suspend or revoke licenses under certain circumstances: providing requirements for determining penalties and remedies; amending s. 626.201, F.S.; conforming a provision to changes made by the act; providing continuation of jurisdiction of the licensing authority to investigate and prosecute specified violations under certain circumstances; amending s. 626.202, F.S.; conforming provisions to changes made by the act; amending s. 626.221, F.S.; adding a designation to the list of designations that allow applicants for an all-lines adjuster license to be exempt from an examination; amending s. 626.311, F.S.; providing an exception to the prohibition against unaffiliated insurance agents holding appointments from insurers; authorizing certain adjusters to obtain adjuster appointments while maintaining unaffiliated insurance agent appointments and to adjust claims and receive certain compensation; amending ss. 626.321 and 626.601, F.S.; conforming provisions to changes made by the act; amending s. 626.7845, F.S.; conforming a cross-reference; amending ss. 626.8411 and 626.8412, F.S.; conforming provisions to changes made by the act; amending s. 626.8417, F.S.; revising requirements to qualify for title insurance agent licenses; amending s. 626.8421, F.S.; requiring title agencies to have separate appointments under certain



172

173

174

175

176 177

178

179

180

181

182

183

184 185

186

187

188

189 190

191

192

193

194

195

196 197

198

199

200

circumstances; amending s. 626.843, F.S.; providing requirements for appointments of title insurance agencies; amending s. 626.8433, F.S.; requiring title insurers that terminate appointments of title insurance agencies to file certain information with the department; amending s. 626.8447, F.S.; providing effects of suspension or revocation of title insurance agency licenses; amending s. 626.854, F.S.; revising and providing restrictions on public adjuster compensation; providing exceptions to such restrictions; amending s. 626.8561, F.S.; revising the definition of the term "public adjuster apprentice"; amending s. 626.865, F.S.; revising requirements to qualify for public adjuster licenses; requiring that certain bonds remain in effect for a specified period after expiration of the license; amending s. 626.8651, F.S.; requiring that certain bonds remain in effect for a specified period after expiration of a public adjuster apprentice license; revising requirements for public adjuster apprentices to be, act as, or hold themselves out to be public adjuster apprentices; amending s. 626.8696, F.S.; revising requirements for adjusting firm license applications; amending s. 626.8732, F.S.; requiring applicants for nonresident public adjuster licenses to maintain certain bonds after the expiration or termination of licenses; amending ss. 626.8734, 626.906, 626.912, 626.937, and 626.9953, F.S.; conforming provisions to changes made by the act; amending s. 633.135, F.S.; providing



201

202

203

204

205

206

207

208

209

210

211

212

213

214

215

216

217

218219

220

221

222

223

224

225

226

227

228

229

additional uses for firefighter funds; amending s. 633.216, F.S.; revising requirements for renewal of firesafety inspector certificates; amending s. 633.408, F.S.; revising requirements for the issuance of a Firefighter Certificate of Compliance and Special Certificate of Compliance; deleting provisions relating to requirements to retain a Special Certificate of Compliance; amending s. 633.414, F.S.; providing requirements to retain a Special Certificate of Compliance; revising requirements to retain a Firefighter Certificate of Compliance; redefining the term "active"; amending ss. 648.34 and 648.355, F.S.; conforming provisions to changes made by the act; amending s. 648.46, F.S.; providing continuation of jurisdiction of the licensing authority to investigate and prosecute specified violations under certain circumstances; amending s. 766.105, F.S.; deleting requirements and procedures for the certification of hospital compliance with the Florida Patient's Compensation Fund; providing that the fund is subject to the supervision and approval of the Chief Financial Officer or his or her designee, rather than the board of governors; conforming provisions to changes made by the act; providing for supervision of the fund until dissolution; specifying duties of the Department of Financial Services before dissolution of the fund; providing for future repeal; amending ss. 945.6041 and 985.6441, F.S.; revising the definition of the term "health care provider"; defining the term "other



medical facility"; providing effective dates.

230 231 232

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

233 234

237

238

239

240

241

242 243

244 245

246

247 248

249

250

251

252

253

254

255

256

257

258

- Section 1. Section 17.0315, Florida Statutes, is repealed. Section 2. Subsections (1) and (3) of section 48.151,
- 235 236 Florida Statutes, are amended to read:
  - 48.151 Service on statutory agents for certain persons.
  - (1) When any law designates a public officer, board, agency, or commission as the agent for service of process on any person, firm, or corporation, service of process thereunder shall be made by leaving one copy of the process with the public officer, board, agency, or commission or in the office thereof, or by mailing one copy to the public officer, board, agency, or commission, except as provided in subsection (3). The public officer, board, agency, or commission so served shall retain a record copy and promptly send the copy served, by registered or certified mail, to the person to be served as shown by his or her or its records. Proof of service on the public officer, board, agency, or commission shall be by a notice accepting the process which shall be issued by the public officer, board, agency, or commission promptly after service and filed in the court issuing the process. The notice accepting service shall state the date upon which the copy of the process was mailed by the public officer, board, agency, or commission to the person being served and the time for pleading prescribed by the rules of procedure shall run from this date. The service is valid service for all purposes on the person for whom the public officer, board, agency, or commission is statutory agent for



259

260 261

262

263

264

265 266

2.67

268

269

270 271

272

273

274

275

276

277

278

279

280 281

282

283 284

285

286

287

service of process.

(3) The Chief Financial Officer or his or her assistant or deputy or another person in charge of the office is the agent for service of process on all insurers applying for authority to transact insurance in this state, all licensed nonresident insurance agents, all nonresident disability insurance agents licensed pursuant to s. 626.835, any unauthorized insurer under s. 626.906 or s. 626.937, domestic reciprocal insurers, fraternal benefit societies under chapter 632, warranty associations under chapter 634, prepaid limited health service organizations under chapter 636, and persons required to file statements under s. 628.461. As an alternative to service of process made by mail or personal service on the Chief Financial Officer, on his or her assistant or deputy, or on another person in charge of the office, The Department of Financial Services shall may create a secure online portal as the sole means an Internet-based transmission system to accept service of process on the Chief Financial Officer under this section by electronic transmission of documents.

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

- 110.123 State group insurance program.-
- (2) DEFINITIONS.—As used in ss. 110.123-110.1239, the term:
- (b) "Enrollee" means all state officers and employees, retired state officers and employees, surviving spouses of



288

289

290

291

292

293

294

295

296

297

298

299

300

301

302

303

304

305

306

307

308

309

310

311 312

313

314

315

316

deceased state officers and employees, and terminated employees or individuals with continuation coverage who are enrolled in an insurance plan offered by the state group insurance program. The term "Enrollee" includes all state university officers and employees, retired state university officers and employees, surviving spouses of deceased state university officers and employees, and terminated state university employees or individuals with continuation coverage who are enrolled in an insurance plan offered by the state group insurance program. As used in this paragraph, state employees and retired state employees also include employees and retired employees of the Division of Rehabilitation and Liquidation.

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



317

318 319

320

321

322

323

324

325

326

327

328

329

330

331 332

333

334 335

336 337

338

339

340

341

342

343

344 345

through September 30, 2013; or

- b. Has worked an average of at least 30 hours or more per week during a subsequent measurement period.
- 2. For persons hired after April 1, 2013, the term includes any person paid from OPS funds who:
- a. Is reasonably expected to work an average of at least 30 hours or more per week; or
- b. Has worked an average of at least 30 hours or more per week during the person's measurement period.
- (f) "Part-time state employee" means an employee of any branch or agency of state government paid by state warrant from salary appropriations or from agency funds, or an employee of the Division of Rehabilitation and Liquidation, and who is employed for less than an average of 30 hours per week or, if on academic contract or seasonal or other type of employment which is less than year-round, is employed for less than 8 months during any 12-month period, but does not include a person paid from other-personal-services (OPS) funds. The term includes all part-time employees of the state universities.
- (h) "Retired state officer or employee" or "retiree" means any state or state university officer or employee, or, beginning with the 2023 plan year, an employee of the Division of Rehabilitation and Liquidation, who retires under a state retirement system or a state optional annuity or retirement program or is placed on disability retirement, and who was insured under the state group insurance program or the Division of Rehabilitation and Liquidation's group insurance program at the time of retirement, and who begins receiving retirement benefits immediately after retirement from state or state



346

347

348

349

350

351

352

353

354

355

356

357

358

359

360

361

362

363

364

365

366

367

368

369

370

371

372

373

374

university office or employment. The term also includes any state officer or state employee who retires under the Florida Retirement System Investment Plan established under part II of chapter 121 if he or she:

- 1. Meets the age and service requirements to qualify for normal retirement as set forth in s. 121.021(29); or
- 2. Has attained the age specified by s. 72(t)(2)(A)(i) of the Internal Revenue Code and has 6 years of creditable service.
- (i) "State agency" or "agency" means any branch, department, or agency of state government. "State agency" or "agency" includes any state university and the Division of Rehabilitation and Liquidation for purposes of this section only.
- (o) "Surviving spouse" means the widow or widower of a deceased state officer, full-time state employee, part-time state employee, or retiree if such widow or widower was covered as a dependent under the state group health insurance plan, TRICARE supplemental insurance plan, or a health maintenance organization plan established pursuant to this section, or the Division of Rehabilitation and Liquidation's group insurance program at the time of the death of the deceased officer, employee, or retiree. "Surviving spouse" also means any widow or widower who is receiving or eligible to receive a monthly state warrant from a state retirement system as the beneficiary of a state officer, full-time state employee, or retiree who died prior to July 1, 1979. For the purposes of this section, any such widow or widower shall cease to be a surviving spouse upon his or her remarriage.
  - (5) DEPARTMENT POWERS AND DUTIES.—The department is



responsible for the administration of the state group insurance program. The department shall initiate and supervise the program as established by this section and shall adopt such rules as are necessary to perform its responsibilities. To implement this program, the department shall, with prior approval by the Legislature:

(i) Contract with a single custodian to provide services necessary to implement and administer the health savings accounts authorized in subsection (13)  $\frac{(12)}{(12)}$ .

384 385

386

387

388

389

390

391

392

393

394 395

396

397

398

399

400

401

402

403

375

376

377

378

379

380

381

382

383

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

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



404

405

406

407

408

409

410

411

412

413

414

415

416 417

418

419

420

421

422

423

424

425

426

427

428

429

430

431

432

is insured under the Division of Rehabilitation and Liquidation's group insurance program may purchase coverage in a state group health insurance plan at the same premium cost as that for a terminated employee or an individual with continuation coverage, respectively, enrolled in the state group insurance program.

- (b) The enrollment period for the state group insurance program begins with the 2023 plan year for:
- 1. Current and retired employees of the Division of Rehabilitation and Liquidation.
- 2. Widows and widowers of employees and of retired employees of the Division of Rehabilitation and Liquidation.
- 3. Terminated employees of the Division of Rehabilitation and Liquidation or individuals with continuation coverage who are insured under the Division of Rehabilitation and Liquidation's group insurance program.
- Section 4. Subsection (5) of section 110.131, Florida Statutes, is amended to read:
  - 110.131 Other-personal-services employment.
- (5) Beginning January 1, 2014, an other-personal-services (OPS) employee who has worked an average of at least 30 or more hours per week during the measurement period described in s. 110.123(14)(c) or (d) s. 110.123(13)(c) or (d), or who is reasonably expected to work an average of at least 30 or more hours per week following his or her employment, is eligible to participate in the state group insurance program as provided under s. 110.123.
- Section 5. Paragraph (d) is added to subsection (4) of section 120.541, Florida Statutes, and paragraph (a) of



433

434

435

436

437

438

439

440

441

442

443

444

445 446

447

448

449

450

451

452

453

454

455

456

457

458 459

460

461

subsection (2) and subsection (3) of that section are republished, to read:

120.541 Statement of estimated regulatory costs.-

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



462

463

464

465

466

467

468

469

470

471

472

473

474

475

476

477

478

479 480

481

482

483

484

485

486

487

488

489

490

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

215.34 State funds; noncollectible items; procedure.-

(1) Any check, draft, or other order for the payment of money in payment of any licenses, fees, taxes, commissions, or charges of any sort authorized to be made under the laws of the state and deposited in the State Treasury as provided herein, which may be returned for any reason by the bank or other payor upon which same shall have been drawn shall be forthwith returned by the Chief Financial Officer for collection to the state officer, the state agency, or the entity of the judicial branch making the deposit. In such case, the Chief Financial Officer may issue a debit memorandum charging an account of the agency, officer, or entity of the judicial branch which originally received the payment. The original of the debit memorandum shall state the reason for the return of the check, draft, or other order and shall accompany the item being returned to the officer, agency, or entity of the judicial branch being charged. The officer, agency, or entity of the judicial branch receiving the charged-back item shall prepare a journal transfer which shall debit the charge against the fund or account to which the same shall have been originally credited. Such procedure for handling noncollectible items shall not be construed as paying funds out of the State Treasury without an appropriation, but shall be considered as an administrative procedure for the efficient handling of state records and accounts.

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



491

492

493

494

495

496

497

498

499

500

501

502

503

504

505

506 507

508

509

510

511

512

513

514 515

516

517

518 519

215.93 Florida Financial Management Information System.-(1) To provide the information necessary to carry out the intent of the Legislature, there shall be a Florida Financial Management Information System. The Florida Financial Management Information System shall be fully implemented and shall be upgraded as necessary to ensure the efficient operation of an integrated financial management information system and to provide necessary information for the effective operation of state government. Upon the recommendation of the coordinating council and approval of the board, the Florida Financial Management Information System may require data from any state agency information system or information subsystem or may request data from any judicial branch information system or information subsystem that the coordinating council and board have determined to have statewide financial management significance. Each functional owner information subsystem within the Florida Financial Management Information System shall be developed in such a fashion as to allow for timely, positive, preplanned, and prescribed data transfers between the Florida Financial Management Information System functional owner information subsystems and from other information systems. The principal unit of the system shall be the functional owner information subsystem, and the system shall include, but shall not be limited to, the following:

(c) Financial Cash Management Subsystem.

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

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



520

521

522

523

524

525

526

527

528

529

530

531

532 533

534

535

536

537

538

539

540

541 542

543

544

545

546

547 548

- (3) The Chief Financial Officer shall be the functional owner of the Financial Cash Management Subsystem. The Chief Financial Officer shall design, implement, and operate the subsystem in accordance with the provisions of ss. 215.90-215.96. The subsystem shall include, but shall not be limited to, functions for:
- (a) Recording and reconciling credits and debits to treasury fund accounts.
- (b) Monitoring cash levels and activities in state bank accounts.
  - (c) Monitoring short-term investments of idle cash.
- (d) Administering the provisions of the Federal Cash Management Improvement Act of 1990.
- Section 9. Subsection (3) of section 216.102, Florida Statutes, is amended to read:
- 216.102 Filing of financial information; handling by Chief Financial Officer; penalty for noncompliance.-
  - (3) The Chief Financial Officer shall:
- (a) Prepare and furnish to the Auditor General annual financial statements for the state on or before December 31 of each year, using generally accepted accounting principles.
- (b) Prepare and publish an annual a comprehensive annual financial report for the state in accordance with generally accepted accounting principles on or before February 28 of each year.
- (c) Furnish the Governor, the President of the Senate, and the Speaker of the House of Representatives with a copy of the annual comprehensive annual financial report prepared pursuant to paragraph (b).



549

550

551

552

553

554

555

556

557

558

559

560

561

562

563

564

565

566

567

568 569

570

571

572

573

574

575

576 577

- (d) Notify each agency and the judicial branch of the data that is required to be recorded to enhance accountability for tracking federal financial assistance.
- (e) Provide reports, as requested, to executive or judicial branch entities, the President of the Senate, the Speaker of the House of Representatives, and the members of the Florida Congressional Delegation, detailing the federal financial assistance received and disbursed by state agencies and the judicial branch.
- (f) Consult with and elicit comments from the Executive Office of the Governor on changes to the Florida Accounting Information Resource Subsystem which clearly affect the accounting of federal funds, so as to ensure consistency of information entered into the Federal Aid Tracking System by state executive and judicial branch entities. While efforts shall be made to ensure the compatibility of the Florida Accounting Information Resource Subsystem and the Federal Aid Tracking System, any successive systems serving identical or similar functions shall preserve such compatibility.

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

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

218.32 Annual financial reports; local governmental entities.-



(1)

578

579

580 581

582

583

584

585

586

587

588

589

590

591

592

593

594

595

596

597

598

599

600

601 602

603

604

605

606

- (h) It is the intent of the Legislature to create The Florida Open Financial Statement System must serve as  $\tau$  an interactive repository for governmental financial statements. This system serves as the primary reporting location for government financial information. A local government shall use the system to file with the department copies of all audit reports compiled pursuant to ss. 11.45 and 218.39. The system must be accessible to the public and must be open to inspection at all times by the Legislature, the Auditor General, and the Chief Inspector General.
- 1. The Chief Financial Officer may consult with stakeholders with regard to, including the department, the Auditor General, a representative of a municipality or county, a representative of a special district, a municipal bond investor, and an information technology professional employed in the private sector, for input on the design and implementation of the Florida Open Financial Statement System.
- 2. The Chief Financial Officer may choose contractors to build one or more eXtensible Business Reporting Language (XBRL) taxonomies suitable for state, county, municipal, and special district financial filings and to create a software tool that enables financial statement filers to easily create XBRL documents consistent with such taxonomies. The Chief Financial Officer must recruit and select contractors through an open request for proposals process pursuant to chapter 287.
- 3. The Chief Financial Officer must require that all work products be completed no later than December 31, 2021.
  - 4. If the Chief Financial Officer deems the work products



607

608

609 610

611

612

613

614

615

616

617

618

619 620

621

622

623

624

625

626

627

628

629

630

631

632

633

634

635

adequate, all local governmental financial statements for fiscal years ending on or after September 1, 2022, may must be filed in XBRL format as prescribed by the Chief Financial Officer and must meet the validation requirements of the relevant taxonomy.

- 5. A local government that begins filing in XBRL format may not be required to make filings in Portable Document Format.
- (i) Each local governmental entity that enters all required information in the Florida Open Financial Statement System is deemed to be compliant with this section, except as otherwise provided in this section.

Section 11. Section 395.1061, Florida Statutes, is created to read:

- 395.1061 Professional liability coverage. -
- (1) As used in this section, the term:
- (a) "Committee" means a committee or board of a hospital established to make recommendations, policies, or decisions regarding patient institutional utilization, patient treatment, or institutional staff privileges or to perform other administrative or professional purposes or functions.
- (b) "Covered individuals" means the officers; trustees; volunteer workers; trainees; committee members, including physicians, osteopathic physicians, podiatric physicians, and dentists; and employees of the hospital other than employed physicians licensed under chapter 458, physician assistants licensed under chapter 458, osteopathic physicians licensed under chapter 459, dentists licensed under chapter 466, and podiatric physicians licensed under chapter 461. However, with respect to a hospital, the term also includes house physicians, interns, employed physician residents in a resident training



636

637 638

639

640

641

642

643

644

645

646

647

648

649

650

651

652

653

654

655

656

657

658

659

660

661

662

663

664

program, and physicians performing purely administrative duties for the hospital instead of treating patients. The coverage applies to the hospital and those included in the definition of health care provider as provided in s. 985.6441(1).

- (c) "Hospital system" means two or more hospitals associated by common ownership or corporate affiliation.
- (d) "House physician" means any physician, osteopathic physician, podiatric physician, or dentist at a hospital, except:
- 1. The physician, osteopathic physician, podiatric physician, or dentist who has staff privileges at a hospital, provides emergency room services, or performs a medical or dental service for a fee; or
  - 2. An anesthesiologist, a pathologist, or a radiologist.
- (e) "Occurrence" means an accident or incident, including continuous or repeated exposure to certain harmful conditions, which results in patient injuries.
- (f) "Per claim" means all claims per patient arising out of an occurrence.
- (2) Each hospital, unless exempted under paragraph (3)(b), must demonstrate financial responsibility for maintaining professional liability coverage to pay claims and costs ancillary thereto arising out of the rendering of or failure to render medical care or services and for bodily injury or property damage to the person or property of any patient arising out of the activities of the hospital or arising out of the activities of covered individuals, to the satisfaction of the agency, by meeting one of the following requirements:
  - (a) Establish an escrow account in an amount equivalent to



665

666

667

668

669

670

671

672

673

674

675

676

677 678

679

680

681

682

683

684

685 686

687

688

689

690

691

692

693

\$10,000 per claim for each bed in such hospital, not to exceed a \$2.5 million annual aggregate.

- (b) Obtain professional liability coverage in an amount equivalent to \$10,000 or more per claim for each bed in such hospital from a private insurer, from the Joint Underwriting Association established under s. 627.351(4), or through a plan of self-insurance as provided in s. 627.357. However, a hospital may not be required to obtain such coverage in an amount exceeding a \$2.5 million annual aggregate.
- (3) (a) Each hospital, unless exempted under paragraph (b), shall provide evidence of compliance and remain in continuous compliance with the professional liability coverage provisions of this section. The agency may not issue or renew the license of any hospital that does not provide evidence of compliance or that provides evidence of insufficient coverage.
- (b) Any hospital operated by an agency, subdivision, or instrumentality of the state is exempt from the provisions of this section.
- (4) A hospital system may meet the professional liability coverage requirement with an escrow account, insurance, or selfinsurance policies if the \$10,000 per claim and \$2.5 million annual aggregate are met for each hospital in the hospital system.
- Section 12. Paragraph (a) of subsection (16) of section 440.02, Florida Statutes, is amended to read:
- 440.02 Definitions.-When used in this chapter, unless the context clearly requires otherwise, the following terms shall have the following meanings:
  - (16) (a) "Employer" means the state and all political



694

695

696

697

698

699

700 701

702

703

704

705

706

707

708

709

710

711

712

713

714

715

716

717

718

719

720

721

722

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

Section 13. Effective January 1, 2023, subsections (3), (4), (10), and (12) of section 440.05, Florida Statutes, are amended to read:

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

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



723

724

725

726

727

728 729

730

7.31

732

733

734

735

736

737

738

739

740

741

742

743

744

745

746 747

748

749

750

751

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



752

753

754

755

756

757

758

759

760

761

762

763

764

765

766

767

768

769

770

771

772

773

774

775

776 777

778

779

780

exempt has been issued or for which a notice of revocation to be exempt has been received A notice of the certificate of election must be sent to each workers' compensation carrier identified in the request for exemption. Upon filing a notice of revocation of election, an officer who is a subcontractor or an officer of a corporate subcontractor must notify her or his contractor. Upon revocation of a certificate of election of exemption by the department, the department shall notify the workers' compensation carriers identified in the request for exemption.

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



781

782

783

784

785 786

787

788

789

790

791

792

793

794

795

796

797

798

799

800

801

802

803

804

805

806

807

808

# department by rule.

(11) (12) Certificates of election to be exempt issued under subsection (3) shall apply only to the corporate officer named on the notice of election to be exempt and apply only within the scope of the business or trade listed on the notice of election to be exempt.

Section 14. Effective January 1, 2023, paragraphs (a) and (d) of subsection (7) of section 440.107, Florida Statutes, are amended to read:

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

(7) (a) Whenever the department determines that an employer who is required to secure the payment to his or her employees of the compensation provided for by this chapter has failed to secure the payment of workers' compensation required by this chapter or to produce the required business records under subsection (5) within 21 10 business days after receipt of the written request of the department, such failure shall be deemed an immediate serious danger to public health, safety, or welfare sufficient to justify service by the department of a stop-work order on the employer, requiring the cessation of all business operations. If the department makes such a determination, the department shall issue a stop-work order within 72 hours. The order shall take effect when served upon the employer or, for a particular employer worksite, when served at that worksite. In addition to serving a stop-work order at a particular worksite which shall be effective immediately, the department shall immediately proceed with service upon the employer which shall be effective upon all employer worksites in the state for which



810

811

812 813

814 815

816

817

818

819

820

821

822

823

824 825

826 827

828

829

830

831

832

833

834

835

836

837

838

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

(d)1. In addition to any penalty, stop-work order, or injunction, the department shall assess against an any employer



839

840

841 842

843

844

845

846

847

848

849

850

851

852

853

854

855

856

857

858

859

860

861 862

863

864

865

866 867

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

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



868

869

870

871

872 873

874

875

876

877

878

879

880

881

882

883

884

885

886

887

888

889

890

891

892

893

payment to the employee leasing company. The credit may not be applied unless the employer provides the documentation and proof of payment to the department within 21 28 days after the employer's receipt of the written request to produce business records for calculating the penalty under this subparagraph service of the stop-work order or first order of penalty assessment upon the employer.

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

894 895

896

The \$1,000 penalty shall be assessed against the employer even if the calculated penalty after the credit provided in sub-



897

898

899

900

901

902

903

904

905

906

907

908

909

910

911

912

913

914 915

916

917

918 919

920 921

922

923

924

925

subparagraph a., the and 25 percent reduction provided in subsubparagraph b., and the 15 percent reduction provided in subsubparagraph c., as applicable, have been applied is less than \$1,000.

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

Section 15. Subsection (12) of section 440.13, Florida Statutes, is amended to read:

- 440.13 Medical services and supplies; penalty for violations; limitations.-
- (12) CREATION OF THREE-MEMBER PANEL; GUIDES OF MAXIMUM REIMBURSEMENT ALLOWANCES.-
- (a) A three-member panel is created, consisting of the Chief Financial Officer, or the Chief Financial Officer's designee, and two members to be appointed by the Governor, subject to confirmation by the Senate, one member who, on account of present or previous vocation, employment, or affiliation, shall be classified as a representative of employers, the other member who, on account of previous vocation, employment, or affiliation, shall be classified as a representative of employees. The panel shall determine statewide schedules of maximum reimbursement allowances for medically necessary treatment, care, and attendance provided by physicians, hospitals, ambulatory surgical centers, workhardening programs, pain programs, and durable medical equipment. The maximum reimbursement allowances for inpatient hospital care shall be based on a schedule of per diem rates, to



926

927

928 929

930

931

932

933

934

935

936

937

938

939

940

941

942

943

944

945 946

947

948

949

950

951

952

953

954

be approved by the three-member panel no later than March 1, 1994, to be used in conjunction with a precertification manual as determined by the department, including maximum hours in which an outpatient may remain in observation status, which shall not exceed 23 hours. All compensable charges for hospital outpatient care shall be reimbursed at 75 percent of usual and customary charges, except as otherwise provided by this subsection. Annually, the three-member panel shall adopt schedules of maximum reimbursement allowances for physicians, hospital inpatient care, hospital outpatient care, ambulatory surgical centers, work-hardening programs, and pain programs. An individual physician, hospital, ambulatory surgical center, pain program, or work-hardening program shall be reimbursed:

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



955

956

957

958

959

960

961

962

963

964

965

966

967

968

969

970

971

972

973

974

975 976

977

978

979

980

981

982

983

provided in conjunction with a surgical procedure shall be reduced to the schedule of maximum reimbursement allowances for these services which applies to nonhospital providers.

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



984

985

986

987

988

989

990

991

992

993

994

995

996

997

998

999

1000

1001 1002

1003

1004

1005

1006

1007

1008

1009

1010

1011

1012

must include the National Drug Code of the original manufacturer. Fees for pharmaceuticals and pharmaceutical services shall be reimbursable at the applicable fee schedule amount except where the employer or carrier, or a service company, third party administrator, or any entity acting on behalf of the employer or carrier directly contracts with the provider seeking reimbursement for a lower amount.

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



1013

1014

1015

1016

1017

1018 1019

1020

1021

1022

1023

1024

1025

1026

1027

1028

1029

1030

1031

1032

1033

1034

1035

1036

1037

1038

1039

1040 1041

of reimbursement for treatment, care, and attendance which will ensure the availability of treatment, care, and attendance required by injured workers;

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



1042

1043

1044

1045 1046

1047

1048 1049

1050

1051

1052

1053

1054

1055

1056

1057

1058

1059

1060

1061

1062

1063

1064

1065

1066

1067

1068

1069 1070

implementing changes to the carrier reimbursement schedule or implementing alternative reimbursement methods.

4. Submit recommendations on or before January 15, 2017, and biennially thereafter, to the President of the Senate and the Speaker of the House of Representatives on methods to improve the workers' compensation health care delivery system.

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

Section 16. Subsection (3) of section 440.185, Florida Statutes, is amended to read:

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

(3) Within 3 business days after the employer or the employee informs the carrier of an injury, the carrier shall



1071

1072

1073

1074

1075

1076

1077 1078

1079

1080

1081

1082

1083

1084

1085

1086

1087

1088 1089

1090 1091

1092

1093

1094 1095

1096

1097

1098

1099

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

Section 17. Subsection (3) of section 440.381, Florida Statutes, is amended to read:

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

(3) The Financial Services Commission, in consultation with the department, shall establish by rule minimum requirements for audits of payroll and classifications in order to ensure that the appropriate premium is charged for workers' compensation coverage. The rules must shall ensure that audits performed by both carriers and employers are adequate to provide that all



1100

1101

1102

1103

1104

1105

1106

1107

1108

1109

1110

1111

1112 1113

1114

1115 1116

1117

1118 1119

1120

1121

1122 1123

1124

1125

1126

1127

1128

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

Section 18. Subsection (2) of section 497.277, Florida Statutes, is amended to read:

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



except for:

1129

1130 1131

1132

1133

1134

1135

1136

1137

1138

1139

1140

1141 1142

1143

1144

1145 1146

1147

1148 1149

1150 1151

1152

1153

1154

1155

1156

1157

- (2) Charges paid for transferring burial rights from one purchaser to another; however, no such fee may exceed \$50.
- Section 19. Paragraph (b) of subsection (1) of section 497.369, Florida Statutes, is amended to read:
- 497.369 Embalmers; licensure as an embalmer by endorsement; licensure of a temporary embalmer.-
- (1) The licensing authority shall issue a license by endorsement to practice embalming to an applicant who has remitted an examination fee set by rule of the licensing authority not to exceed \$200 and who the licensing authority certifies:
- (b) 1. Holds a valid license in good standing to practice embalming in another state of the United States and has engaged in the full-time, licensed practice of embalming in that state for at least 5 years, provided that, when the applicant secured her or his original license, the requirements for licensure were substantially equivalent to or more stringent than those existing in this state; or
- 2. Meets the qualifications for licensure in s. 497.368, except that the internship requirement shall be deemed to have been satisfied by 1 year's practice as a licensed embalmer in another state, and has, within 10 years before prior to the date of application, successfully completed a state, regional, or national examination in mortuary science, which, as determined by rule of the licensing authority, is substantially equivalent to or more stringent than the examination given by the licensing authority.
  - Section 20. Paragraphs (b) and (f) of subsection (1) of



1158

1161

1162

1163

1164

1165 1166

1167

1168

1169

1170 1171

1172

1173 1174

1175

1176

1177

1178

1179

1180

1181

1182

1183

1184

1185 1186

section 497.372, Florida Statutes, are amended to read:

1159 497.372 Funeral directing; conduct constituting practice of 1160 funeral directing.-

- (1) The practice of funeral directing shall be construed to consist of the following functions, which may be performed only by a licensed funeral director:
- (b) Planning or arranging, on an at-need basis, the details of funeral services, embalming, cremation, or other services relating to the final disposition of human remains, and including the removal of such remains from the state; setting the time of the services; establishing the type of services to be rendered; acquiring the services of the clergy; and obtaining vital information for the filing of death certificates and obtaining of burial transit permits.
- (f) Directing, being in charge or apparent charge of, or supervising, directly or indirectly, any memorial service held prior to or within 72 hours of the burial or cremation, if such memorial service is sold or arranged by a licensee.

Section 21. Paragraph (b) of subsection (1) of section 497.374, Florida Statutes, is amended to read:

- 497.374 Funeral directing; licensure as a funeral director by endorsement; licensure of a temporary funeral director.-
- (1) The licensing authority shall issue a license by endorsement to practice funeral directing to an applicant who has remitted a fee set by rule of the licensing authority not to exceed \$200 and who:
- (b) 1. Holds a valid license in good standing to practice funeral directing in another state of the United States and has engaged in the full-time, licensed practice of funeral directing



1187

1188

1189 1190

1191

1192

1193 1194

1195

1196

1197

1198

1199 1200

1201 1202

1203

1204

1205

1206 1207

1208 1209

1210

1211

1212

1213

1214

1215

in that state for at least 5 years, provided that, when the applicant secured her or his original license, the requirements for licensure were substantially equivalent to or more stringent than those existing in this state; or

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

Section 22. Present subsection (6) of section 554.108, Florida Statutes, is redesignated as subsection (7), a new subsection (6) is added to that section, and subsection (1) of that section is amended, to read:

554.108 Inspection.-

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



1216

1217

1218

1219

1220

1221

1222

1223

1224

1225

1226

1227

1228

1229

1230

1231

1232

1233

1234

1235

1236

1237

1238

1239

1240

1241

1242

1243 1244

application of energy from the combustion of fuels and which is located in any portion of a public lodging establishment under s. 509.242 shall be equipped with one or more carbon monoxide detector devices.

Section 23. Paragraphs (a) and (e) of subsection (1) and paragraph (a) of subsection (2) of section 554.111, Florida Statutes, are amended to read:

554.111 Fees.-

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

Section 24. Subsection (4) of section 554.114, Florida Statutes, is amended to read:

554.114 Prohibitions; penalties.

(4) A boiler insurance company, authorized inspection agency, or other person in violation of this section for more than 30 days shall pay a fine of \$10 per day for the subsequent



1245

1246

1247

1248

1249

1250

1251

1252

1253

1254

1255

1256

1257

1258

1259

1260

1261

1262

1263

1264

1265

1266

1267

1268

1269

1270 1271

1272 1273

first 10 days of noncompliance, \$50 per day for the subsequent 20 days of noncompliance, and \$100 per day for each subsequent day over 20 days of noncompliance thereafter.

Section 25. Subsection (9) of section 624.307, Florida Statutes, is amended to read:

624.307 General powers; duties.-

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



1274

1275

1276

1277

1278

1279

1280

1281

1282

1283

1284

1285

1286

1287

1288

1289

1290

1291

1292

1293

1294

1295

1296

1297

1298

1299

1300

1301

1302

Section 26. Section 624.422, Florida Statutes, is amended to read:

624.422 Service of process; appointment of Chief Financial Officer as process agent. -

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

Section 27. Subsection (1) of section 624.423, Florida Statutes, is amended to read:

624.423 Serving process.-

(1) Service of process upon the Chief Financial Officer as



1303

1304

1305

1306

1307

1308

1309

1310 1311

1312

1313

1314

1315

1316

1317

1318

1319

1320

1321

1322 1323

1324

1325

1326

1327

1328

1329

1330 1331

process agent of the insurer under s. 624.422 and s. 626.937 shall be made by serving a copy of the process upon the Chief Financial Officer or upon her or his assistant, deputy, or other person in charge of her or his office. Service may also be made by mail or electronically as provided in s. 48.151(3) s. 48.151. Upon receiving such service, the Chief Financial Officer shall retain a record of the process copy and promptly notify and make forward one copy of the process available through the department's secure online portal by registered or certified mail or by other verifiable means, as provided under s. 624.307(9), to the person last designated by the insurer to receive the same, as provided under s. 624.422(2). For purposes of this section, records shall may be retained electronically as paper or electronic copies.

Section 28. Paragraph (f) of subsection (3) and paragraph (d) of subsection (4) of section 624.610, Florida Statutes, are amended to read:

624.610 Reinsurance.

(3)

- (f) If the assuming insurer is not authorized or accredited to transact insurance or reinsurance in this state pursuant to paragraph (a) or paragraph (b), the credit permitted by paragraph (c) or paragraph (d) must not be allowed unless the assuming insurer agrees in the reinsurance agreements:
- 1.a. That in the event of the failure of the assuming insurer to perform its obligations under the terms of the reinsurance agreement, the assuming insurer, at the request of the ceding insurer, shall submit to the jurisdiction of any court of competent jurisdiction in any state of the United



1332

1333

1334

1335

1336

1337

1338

1339

1340

1341

1342

1343

1344

1345

1346 1347

1348

1349

1350

1351

1352

1353

1354 1355

1356

1357

1358

1359

1360

States, will comply with all requirements necessary to give the court jurisdiction, and will abide by the final decision of the court or of any appellate court in the event of an appeal; and

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



1361

1362

1363 1364

1365

1366

1367

1368 1369

1370

1371

1372

1373

1374

1375

1376

1377

1378 1379

1380

1381

1382

1383

1384

1385

1386

1387

1388

1389

insolvency or delinquency laws.

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

Section 29. Present subsections (12) through (21) of section 626.015, Florida Statutes, are redesignated as subsections (13) through (22), respectively, a new subsection (12) is added to that section, and present subsection (20) of that section is amended, to read:



1390

1391

1392 1393

1394

1395

1396

1397

1398

1399

1400

1401

1402

1403

1404 1405

1406

1407

1408

1409

1410

1411

1412

1413

1414 1415

1416

1417

1418

626.015 Definitions.—As used in this part:

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

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

Section 30. Subsection (4) of section 626.171, Florida Statutes, is amended to read:

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

(4) An applicant for a license issued by the department under this chapter as an agent, customer representative, adjuster, service representative, or reinsurance intermediary must submit a set of the individual applicant's fingerprints, or, if the applicant is not an individual, a set of the fingerprints of the sole proprietor, majority owner, partners,



1419

1420

1421 1422

1423

1424

1425

1426

1427

1428

1429

1430

1431 1432

1433

1434

1435

1436 1437

1438

1439

1440

1441

1442

1443

1444

1445

1446

1447

officers, and directors, to the department and must pay the fingerprint processing fee set forth in s. 624.501. Fingerprints must be processed in accordance with s. 624.34 and used to investigate the applicant's qualifications pursuant to s. 626.201. The fingerprints must be taken by a law enforcement agency, designated examination center, or other departmentapproved entity. The department shall require all designated examination centers to have fingerprinting equipment and to take fingerprints from any applicant or prospective applicant who pays the applicable fee. The department may not approve an application for licensure as an agent, customer service representative, adjuster, service representative, or reinsurance intermediary if fingerprints have not been submitted.

Section 31. Paragraph (f) of subsection (2) of section 626.172, Florida Statutes, is amended to read:

626.172 Application for insurance agency license.

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



under paragraph (a); and

3. Each individual who directs or participates in the management or control of an incorporated agency whose shares are not traded on a securities exchange.

1452 1453

1454

1455

1456

1457

1458

1459

1460

1461

1462

1463

1464

1465

1466

1467

1468

1469

1470

1471

1472

1473

1474

1475

1476

1451

1448

1449 1450

> Fingerprints must be taken by a law enforcement agency or other entity approved by the department and must be accompanied by the fingerprint processing fee specified in s. 624.501. Fingerprints must be processed in accordance with s. 624.34. However, Fingerprints need not be filed for an individual who is currently licensed and appointed under this chapter. This paragraph does not apply to corporations whose voting shares are traded on a securities exchange.

Section 32. Section 626.173, Florida Statutes, is created to read:

626.173 Insurance agency closure; cancellation of licenses.-

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



1477

1478 1479

1480

1481

1482

1483 1484

1485

1486

1487

1488

1489 1490

1491

1492

1493

1494

1495

1496

1497

1498 1499

1500

1501

1502

1503

1504

1505

agent to which the agency's current book of business has been transferred, and the method by which agency records may be obtained during the time periods specified in ss. 626.561 and 626.748.

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



1506

1507

1508

1509

1510

1511

1512

1513

1514

1515

1516

1517

1518

1519

1520

1521

1522

1523

1524

1525 1526

1527

1528

1529

1530

1531

1532

1533 1534

- (c) The department may, in addition to the imposition of an administrative fine under this subsection, suspend or revoke the license of a licensee fined under this subsection.
- (d) In imposing any administrative penalty or remedy provided under this subsection, the department shall take into account the appropriateness of the penalty with respect to the size of the financial resources and the good faith of the person charged, the gravity of the violation, the history of previous violations, and other matters as justice may require.

Section 33. Subsection (3) of section 626.201, Florida Statutes, is amended, and subsection (4) is added to that section, to read:

626.201 Investigation.

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

Section 34. Section 626.202, Florida Statutes, is amended to read:



1535

1536

1537

1538

1539

1540

1541

1542 1543

1544

1545

1546

1547

1548

1549 1550

1551

1552 1553

1554

1555

1556

1557

1558

1559

1560

1561

1562

1563

626.202 Fingerprinting requirements.-

- (1) The requirements for completion and submission of fingerprints under this chapter in accordance with s. 626.171(4) are deemed to be met when an individual currently licensed under this chapter seeks additional licensure and has previously submitted fingerprints to the department within the past 48 months. However, the department may require the individual to file fingerprints if it has reason to believe that an applicant or licensee has been found guilty of, or pleaded guilty or nolo contendere to, a felony or a crime related to the business of insurance in this state or any other state or jurisdiction.
- (2) If there is a change in ownership or control of any entity licensed under this chapter, or if a new partner, officer, or director is employed or appointed, a set of fingerprints of the new owner, partner, officer, or director must be filed with the department or office within 30 days after the change. The acquisition of 10 percent or more of the voting securities of a licensed entity is considered a change of ownership or control. The fingerprints must be submitted in accordance with s. 626.171(4) taken by a law enforcement agency or other department-approved entity and be accompanied by the fingerprint processing fee in s. 624.501.

Section 35. Paragraph (j) of subsection (2) of section 626.221, Florida Statutes, is amended to read:

626.221 Examination requirement; exemptions.-

- (2) However, an examination is not necessary for any of the following:
- (j) An applicant for license as an all-lines adjuster who has the designation of Accredited Claims Adjuster (ACA) from a



1564

1565

1566

1567

1568

1569

1570

1571

1572

1573

1574

1575

1576

1577

1578

1579

1580

1581 1582

1583

1584

1585

1586

1587

1588

1589

1590

1591

1592

regionally accredited postsecondary institution in this state, Certified All Lines Adjuster (CALA) from Kaplan Financial Education, Associate in Claims (AIC) from the Insurance Institute of America, Professional Claims Adjuster (PCA) from the Professional Career Institute, Professional Property Insurance Adjuster (PPIA) from the HurriClaim Training Academy, Certified Adjuster (CA) from ALL LINES Training, Certified Claims Adjuster (CCA) from AE21 Incorporated, Claims Adjuster Certified Professional (CACP) from WebCE, Inc., Accredited Insurance Claims Specialist (AICS) from Encore Claim Services, or Universal Claims Certification (UCC) from Claims and Litigation Management Alliance (CLM) whose curriculum has been approved by the department and which includes comprehensive analysis of basic property and casualty lines of insurance and testing at least equal to that of standard department testing for the all-lines adjuster license. The department shall adopt rules establishing standards for the approval of curriculum. Section 36. Subsection (6) of section 626.311, Florida

Statutes, is amended to read:

626.311 Scope of license.

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



1593

1594

1595

1596

1597

1598

1599

1600

1601

1602

1603

1604

1605

1606

1607

1608 1609

1610

1611

1612

1613

1614

1615

1616

1617

1618

1619

1620

1621

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

Section 37. Paragraph (h) of subsection (1) of section 626.321, Florida Statutes, is amended to read:

626.321 Limited licenses and registration. -

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



1622

1623

1624

1625

1626

1627

1628

1629

1630

1631

1632

1633

1634

1635

1636

1637 1638

1639

1640

1641

1642

1643

1644

1645

1646

1647

1648

1649

1650

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



1651

1652

1653

1654

1655

1656

1657

1658

1659

1660

1661

1662

1663

1664

1665

1666 1667

1668

1669

1670

1671

1672

1673

1674

1675

1676

1677

1678

1679

in addition to a regular salary or hourly wages, may include incidental compensation for the sale of portable electronics insurance as a component of the overall compensation plan.

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



1680

1681

1682 1683

1684

1685

1686

1687 1688

1689

1690

1691

1692

1693

1694

1695

1696

1697

1698

1699

1700

1701

1702

1703

1704

1705

1706

1707

1708

portable electronics insurance license for branch locations not otherwise licensed to sell insurance.

- 6. A portable electronics license authorizes the sale of individual policies or certificates under a group or master insurance policy. The license also authorizes the sale of service warranty agreements covering only portable electronics to the same extent as if licensed under s. 634.419 or s. 634.420.
- 7. A licensee may bill and collect the premium for the purchase of portable electronics insurance provided that:
- a. If the insurance is included with the purchase or lease of portable electronics or related services, the licensee clearly and conspicuously discloses that insurance coverage is included with the purchase. Disclosure of the stand-alone cost of the premium for same or similar insurance must be made on the customer's bill and in any marketing materials made available at the point of sale. If the insurance is not included, the charge to the customer for the insurance must be separately itemized on the customer's bill.
- b. Premiums are incidental to other fees collected, are maintained in a manner that is readily identifiable, and are accounted for and remitted to the insurer or supervising entity within 60 days of receipt. Licensees are not required to maintain such funds in a segregated account.
- c. All funds received by a licensee from an enrolled customer for the sale of the insurance are considered funds held in trust by the licensee in a fiduciary capacity for the benefit of the insurer. Licensees may receive compensation for billing and collection services.



1709

1710

1711

1712

1713

1714

1715

1716

1717

1718

1719

1720

1721 1722

1723

1724

1725

1726

1727

1728

1729

1730

1731

1732

1733

1734

1735

1736

1737

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



1738

1739

1740

1741

1742

1743

1744

1745

1746

1747

1748

1749

1750

1751

1752

1753

1754

1755 1756

1757

1758

1759

1760 1761

1762

1763

1764

1765

1766

24 months thereafter. Notwithstanding s. 624.501, the renewal fee applicable to such branch location appointments is \$30 per appointment.

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

Section 38. Subsection (5) of section 626.601, Florida Statutes, is amended to read:

626.601 Improper conduct; inquiry; fingerprinting.-

(5) If the department or office, after investigation, has reason to believe that an individual may have been found guilty of or pleaded guilty or nolo contendere to a felony or a crime related to the business of insurance in this or any other state or jurisdiction, the department or office may require the individual to file with the department or office a complete set



1767

1768

1769

1770

1771

1772

1773

1774

1775

1776

1777

1778

1779

1780

1781

1782

1783

1784

1785

1786

1787

1788

1789

1790

1791

1792

1793

1794

1795

of his or her fingerprints, in accordance with s. 626.171(4), which shall be accompanied by the fingerprint processing fee set forth in s. 624.501. The fingerprints shall be taken by an authorized law enforcement agency or other department-approved entity.

Section 39. Subsection (2) of section 626.7845, Florida Statutes, is amended to read:

626.7845 Prohibition against unlicensed transaction of life insurance.-

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



1796

1797

1798

1799

1800

1801

1802

1803

1804

1805

1806

1807

1808

1809

1810

1811

1812

1813

1814

1815

1816

1817

1818

1819

1820

1821

1822

1823

1824

this state, offer or attempt to negotiate on behalf of another person a viatical settlement contract as defined in s. 626.9911.

Section 40. Paragraph (d) of subsection (2) of section 626.8411, Florida Statutes, is amended, and paragraph (f) is added to subsection (1) of that section, to read:

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

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

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

626.8412 License and appointments required.

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

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

626.8417 Title insurance agent licensure; exemptions.-

(3) The department may not grant or issue a license as a title insurance agent to an individual who is found by the department to be untrustworthy or incompetent, who does not meet the qualifications for examination specified in s. 626.8414, or



1825

1826

1827

1828

1829

1830

1831

1832

1833

1834

1835

1836

1837

1838

1839

1840 1841

1842

1843

1844

1845

1846

1847

1848

1849

1850

1851

1852

1853

who does not meet the following qualifications:

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

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

626.8421 Number of appointments permitted or required.-A title agent and a title agency shall be required to have a separate appointment as to each insurer by which they are he or she is appointed as agents agent. As a part of each appointment there shall be a certified statement or affidavit of an appropriate officer or official of the appointing insurer stating that to the best of the insurer's knowledge and belief



the applicant, or its principals in the case of a corporation or other legal entity, has met the requirements of s. 626.8417.

Section 44. Subsections (1) and (2) of section 626.843, Florida Statutes, are amended to read:

626.843 Renewal, continuation, reinstatement, termination of title insurance agent's <u>and title insurance agency's</u> appointments appointment.—

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

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

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

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



1883

1884 1885

1886 1887

1888

1889

1890

1891

1892

1893

1894

1895

1896

1897

1898

1899

1900 1901

1902

1903

1904

1905

1906

1907

1908

1909

1910

1911

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

626.8447 Effect of suspension or revocation upon other licensees, appointees.—In case of the suspension or revocation of the license and appointment of any title insurance agent or title insurance agency, the licenses and appointments of all other title insurance agents who knowingly were parties to the act that which formed the ground for such suspension or revocation may likewise be suspended or revoked for the same period as that of the offending title insurance agent or title insurance agency, but such suspension or revocation does shall not prevent any title insurance agent, except the one whose license and appointment was first suspended or revoked, from being issued an appointment for some other title insurer.

Section 47. Subsection (10) of section 626.854, Florida Statutes, is amended to read:

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

(10) (a) If a public adjuster enters into a contract with an insured or claimant to reopen a claim or file a supplemental claim that seeks additional payments for a claim that has been previously paid in part or in full or settled by the insurer, the public adjuster may not charge, agree to, or accept from any source compensation, payment, commission, fee, or any other thing of value based on a previous settlement or previous claim payments by the insurer for the same cause of loss. The charge, compensation, payment, commission, fee, or any other thing of



1912

1913 1914

1915

1916

1917

1918

1919

1920

1921

1922

1923

1924

1925

1926

1927

1928

1929 1930

1931

1932

1933 1934

1935

1936

1937 1938

1939

1940

value must be based only on the recovery allocated to the insured for covered damages, exclusive of attorney fees and costs, claim payments or settlement obtained through the work of the public adjuster after entering into the contract with the insured or claimant. Compensation for the reopened or supplemental claim may not exceed 20 percent of the reopened or supplemental claim payment. In no event shall the contracts described in this paragraph exceed the limitations in paragraph (b).

- (b) A public adjuster may not charge, agree to, or accept from any source compensation, payment, commission, fee, or any other thing of value in excess of:
- 1. Ten percent of the amount of insurance recovery allocated to the insured for covered damages, exclusive of attorney fees and costs, claim payments made by the insurer for claims based on events that are the subject of a declaration of a state of emergency by the Governor. This provision applies to claims made during the year after the declaration of emergency. After that year, the limitations in subparagraph 2. apply.
- 2. Twenty percent of the amount of insurance recovery allocated to the insured for covered damages, exclusive of attorney fees and costs, claim payments made by the insurer for claims that are not based on events that are the subject of a declaration of a state of emergency by the Governor.
- (c) Insurance claim payments made by the insurer do not include policy deductibles, and public adjuster compensation may not be based on the deductible portion of a claim.
- (d) Public adjuster compensation may not be based on amounts attributable to additional living expenses unless such



1941

1942

1943

1944

1945

1946

1947

1948 1949

1950

1951

1952

1953

1954

1955

1956

1957

1958

1959

1960

1961

1962

1963

1964

1965

1968

1969

compensation is affirmatively agreed to in a separate agreement that includes a disclosure in substantially the following form: "I agree to retain and compensate the public adjuster for adjusting my additional living expenses and securing payment from my insurer for amounts attributable to additional living expenses payable under the policy issued on my (home/mobile home/condominium unit)."

- (e) Public adjuster compensation may not be increased based on a claim being resolved by litigation.
- (f) Any maneuver, shift, or device through which the limits on compensation set forth in this subsection are exceeded is a violation of this chapter punishable as provided under s. 626.8698.

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

- 626.8561 "Public adjuster apprentice" defined.-The term "public adjuster apprentice" means a person licensed as an alllines adjuster who:
- (1) Is appointed and employed or contracted by a public adjuster or a public adjusting firm;
- (2) Assists the public adjuster or public adjusting firm in ascertaining and determining the amount of any claim, loss, or damage payable under an insurance contract, or who undertakes to effect settlement of such claim, loss, or damage; and
  - (3) Satisfies the requirements of s. 626.8651.
- 1966 Section 49. Paragraph (e) of subsection (1) and subsection
- 1967 (2) of section 626.865, Florida Statutes, are amended to read:
  - 626.865 Public adjuster's qualifications, bond.-
  - (1) The department shall issue a license to an applicant



1970

1971

1972

1973

1974

1975

1976

1977

1978

1979

1980

1981

1982

1983

1984 1985

1986

1987

1988

1989

1990

1991

1992

1993

1994

1995

1996

1997 1998

for a public adjuster's license upon determining that the applicant has paid the applicable fees specified in s. 624.501 and possesses the following qualifications:

- (e) Has been licensed and appointed in this state as a nonresident public adjuster on a continual basis for the previous 6 months, or has been licensed as an all-lines adjuster, and has been appointed on a continual basis for the previous 6 months as a public adjuster apprentice under s. 626.8561, as an independent adjuster under s. 626.855, or as a company employee adjuster under s. 626.856.
- (2) At the time of application for license as a public adjuster, the applicant shall file with the department a bond executed and issued by a surety insurer authorized to transact such business in this state, in the amount of \$50,000, conditioned for the faithful performance of his or her duties as a public adjuster under the license for which the applicant has applied, and thereafter maintain the bond unimpaired throughout the existence of the license and for at least 1 year after termination of the license.
- (a) The bond must shall be in favor of the department and must shall specifically authorize recovery by the department of the damages sustained in case the licensee is quilty of fraud or unfair practices in connection with his or her business as public adjuster.
- (b) The bond must remain in effect for 1 year after the expiration or termination of the license.
- (c) The aggregate liability of the surety for all such damages may not shall in no event exceed the amount of the bond. The <del>Such</del> bond may <del>shall</del> not be terminated unless at least 30



1999

2000

2001 2002

2003

2004

2005

2006

2007

2008

2009

2010

2011

2012

2013

2014 2015

2016

2017

2018

2019

2020

2021

2022

2023

2024

2025

2026 2027

days' written notice is given to the licensee and filed with the department.

Section 50. Paragraph (a) of subsection (1) and subsection (3) of section 626.8651, Florida Statutes, are amended to read: 626.8651 Public adjuster apprentice appointment; qualifications.-

- (1)(a) The department shall issue an appointment as a public adjuster apprentice to a licensee who:
  - 1. Is licensed as an all-lines adjuster under s. 626.866;
- 2. Has filed with the department a bond executed and issued by a surety insurer that is authorized to transact such business in this state in the amount of \$50,000, which is conditioned upon the faithful performance of his or her duties as a public adjuster apprentice; and
- 3. Maintains such bond unimpaired throughout the existence of the appointment. The bond must remain in effect for 1 year after the expiration or termination of the license and for at least 1 year after termination of the appointment.
- (3) A public adjuster apprentice has the same authority as the licensed public adjuster or public adjusting firm that employs the apprentice except that an apprentice may not execute contracts for the services of a public adjuster or public adjusting firm. An individual may not be, act as, or hold himself or herself out to be a public adjuster apprentice unless the individual is licensed as an all-lines adjuster and holds a current appointment by a licensed <del>public all-lines adjuster or a</del> public adjusting firm that has designated with the department a primary employs a licensed public adjuster as required by s. 626.8695.



2028

2029

2030

2031

2032

2033

2034

2035

2036

2037

2038

2039

2040

2041

2042

2043

2044

2045

2046

2047

2048

2049

2050

2051

2052

2053

2054

2055 2056

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

626.8696 Application for adjusting firm license. -

- (1) The application for an adjusting firm license must include:
- (a) The name of each majority owner, partner, officer, and director of the adjusting firm.
- (b) The resident address of each person required to be listed in the application under paragraph (a).
- (c) The name of the adjusting firm and its principal business address.
- (d) The location of each adjusting firm office and the name under which each office conducts or will conduct business.
- (e) The name and license number of the designated primary adjuster for each adjusting firm location as required in s. 626.8695.
- (f) The fingerprints of each individual required to be listed in the application under paragraph (a), filed in accordance with s. 626.171(4). However, fingerprints need not be filed for an individual who is currently licensed and appointed under this chapter.
- (g) Any additional information that the department requires.
- (2) An application for an adjusting firm license must be signed by one of the individuals required to be listed in the application under paragraph (1)(a) each owner of the firm. If the firm is incorporated, the application must be signed by the president and secretary of the corporation.
  - (3) Each application must be accompanied by payment of any



2057

2058

2059

2060

2061

2062

2063

2064

2065

2066

2067

2068

2069

2070

2071

2072

2073

2.074

2075

2076

2077

2078 2079

2080

2081

2082

2083

2084

2085

applicable fee as prescribed in s. 624.501.

- (4) License fees are not refundable.
- (5) An adjusting firm required to be licensed pursuant to s. 626.8695 must remain so licensed for a period of 3 years from the date of licensure, unless the license is suspended or revoked. The department may suspend or revoke the adjusting firm's authority to do business for activities occurring during the time the firm is licensed, regardless of whether the licensing period has terminated.

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

626.8732 Nonresident public adjuster's qualifications, bond.-

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



2086

2087

2088

2089

2090

2091

2092

2093

2094

2095

2096

2097

2098

2099

2100

2101 2102

2103

2104

2105

2106

2107

2108 2109

2110

2111

2112

2113

2114

be terminated unless at least 30 days' written notice is given to the licensee and filed with the department.

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

626.8734 Nonresident all-lines adjuster license qualifications.-

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

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

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

(1) The issuance or delivery of contracts of insurance to



2115

2116

2117

2118 2119

2120

2121

2122

2123

2124

2125

2126

2127

2128

2129

2130

2131

2132

2133

2134

2135

2136

2137

2138

2139

2140

2141

2142

2143

residents of this state or to corporations authorized to do business therein;

- (2) The solicitation of applications for such contracts;
- (3) The collection of premiums, membership fees, assessments, or other considerations for such contracts; or
  - (4) Any other transaction of insurance.

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

626.912 Exemptions from ss. 626.904-626.911.—The provisions of ss. 626.904-626.911 do not apply to any action, suit, or proceeding against any unauthorized foreign insurer, alien insurer, or person representing or aiding such an insurer arising out of any contract of insurance:

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

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



2144

2145

2146

2147

2148

2149

2150

2151

2152

2153

2154

2155

2156

2157

2158

2159

2160

2161 2162

2163

2164

2165

2166

2167

2168

2169

2170

2171

2172

626.937 Actions against insurer; service of process.-

- (3) Each unauthorized insurer requesting eligibility pursuant to s. 626.918 shall file with the department its appointment of the Chief Financial Officer, on a form as furnished by the department, as its agent attorney to receive service of all legal process issued against it in any civil action or proceeding in this state, and agreeing that process so served shall be valid and binding upon the insurer. The appointment shall be irrevocable, shall bind the insurer and any successor in interest as to the assets or liabilities of the insurer, and shall remain in effect as long as there is outstanding in this state any obligation or liability of the insurer resulting from its insurance transactions therein.
- (4) At the time of such appointment of the Chief Financial Officer as its process agent, the insurer shall file with the department designation of the name and e-mail address of the person to whom process against it served upon the Chief Financial Officer is to be made available through the department's secure online portal forwarded. The insurer may change the designation at any time by a new filing.

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

626.9953 Qualifications for registration; application required.-

(5) An applicant must submit a set of his or her fingerprints in accordance with s. 626.171(4) to the department and pay the processing fee established under s. 624.501(23). The department shall submit the applicant's fingerprints to the Department of Law Enforcement for processing state criminal



2173

2174

2175

2176

2177

2178

2179

2180

2181

2182

2183

2184

2185

2186

2187

2188 2189

2190 2191

2192

2193

2194

2195

2196

2197

2198

2199

2200

2201

history records checks and local criminal records checks through local law enforcement agencies and for forwarding to the Federal Bureau of Investigation for national criminal history records checks. The fingerprints shall be taken by a law enforcement agency, a designated examination center, or another departmentapproved entity. The department may not approve an application for registration as a navigator if fingerprints have not been submitted.

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

633.135 Firefighter Assistance Grant Program. -

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

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

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



2202

2203

2204

2205

2206

2207

2208

2209

2210

2211

2212

2213

2214 2215

2216

2217

2218

2219

2220

2221

2222

2223 2224

2225

2226

2227

2228

2229

2230

or s. 509.215 and rules adopted thereunder. The authority to inspect shall extend to all equipment, vehicles, and chemicals which are located on or within the premises of any such building or structure.

- (4) Every firesafety inspector certificate is valid for a period of 4 years from the date of issuance. Renewal of certification is subject to the affected person's completing proper application for renewal and meeting all of the requirements for renewal as established under this chapter or by rule adopted under this chapter, which must include completion of at least 54 hours during the preceding 4-year period of continuing education as required by the rule of the department or, in lieu thereof, successful passage of an examination as established by the department.
- (5) A previously certified firesafety inspector whose certification has lapsed for 8 years or more must repeat the fire safety inspector training as specified by the division.

Section 60. Paragraph (b) of subsection (4) and paragraphs (a) and (c) of subsection (6) of section 633.408, Florida Statutes, are amended to read:

- 633.408 Firefighter and volunteer firefighter training and certification.-
- (4) The division shall issue a Firefighter Certificate of Compliance to an individual who does all of the following:
- (b) Passes the Minimum Standards Course certification examination within 12 months after completing the required courses.
- (6)(a) The division may issue a Special Certificate of Compliance to an individual who does all of the following:



2231

2232

2233

2234

2235

2236

2237

2238

2239

2240

2241

2242

2243

2244

2245

2246

2247

2248

2249

2250

2251

2252

2253

2254

2255

2256

2257

2258

2259

- 1. Satisfactorily completes the course established by rule by the division and successfully passes any examination corresponding to such course in paragraph (1) (b) to obtain a Special Certificate of Compliance.
- 2. Passes the examination established in paragraph (1) (b) to obtain a Special Certificate of Compliance.
  - 3. Possesses the qualifications in s. 633.412.
- (c) In order to retain a Special Certificate of Compliance, every 4 years an individual must:
  - 1. Be active as a firefighter;
- 2. Maintain a current and valid fire service instructor certificate, instruct at least 40 hours during the 4-year period, and provide proof of such instruction to the division, which proof must be registered in an electronic database designated by the division; or
- 3. Within 6 months before the 4-year period expires, successfully complete a Firefighter Retention Refresher Course consisting of a minimum of 40 hours of training as prescribed by rule.
- Section 61. Subsections (1) and (4) of section 633.414, Florida Statutes, are amended to read:
- 633.414 Retention of firefighter and volunteer firefighter certifications.-
- (1) In order for a firefighter to retain her or his Firefighter Certificate of Compliance or Special Certificate of Compliance, every 4 years he or she must meet the requirements for renewal provided in this chapter and by rule, which must include at least one of the following:
  - (a) Be active as a firefighter. As used in this section,



2260

2261

2262

2263

2264

2265

2266

2267

2268

2269

2270

2271

2272

2273

2274

2275

2276

2277

2278

2279

2280

2281

2282

2283 2284

2285

2286

2287 2288

the term "active" means being employed as a firefighter or providing service as a volunteer firefighter as evidenced by the individual's name appearing on a fire service provider's employment roster in the Florida State Fire College database or a letter by the fire service provider attesting to dates of employment.

- (b) Maintain a current and valid fire service instructor certificate, instruct at least 40 hours during the 4-year period, and provide proof of such instruction to the division, which proof must be registered in an electronic database designated by the division.
- (c) Before the expiration of the certificate Within 6 months before the 4-year period expires, successfully complete a Firefighter Retention Refresher Course consisting of a minimum of 40 hours of training to be prescribed by rule.
- (d) Before the expiration of the certificate Within 6 months before the 4-year period expires, successfully retake and pass the Minimum Standards Course examination pursuant to s. 633.408.
- (4) For the purposes of this section, the term "active" means being employed as a firefighter or providing service as a volunteer firefighter for a cumulative period of 6 months within a 4-year period.

The 4-year period may, in the discretion of the department, be extended to 12 months after discharge from military service if the military service does not exceed 3 years, but in no event more than 6 years from the date of issue or renewal, if applicable, for an honorably discharged veteran of the United



2289

2290

2291

2292

2293

2294

2295

2296

2297

2298

2299

2300

2301

2302

2303

2304

2305

2306

2307

2308

2309

2310

2311

2312

2313

2314

2315

2316

2317

States Armed Forces or the spouse of such a veteran. A qualified individual must provide a copy of a military identification card, military dependent identification card, military service record, military personnel file, veteran record, discharge paper, or separation document that indicates such member is currently in good standing or such veteran is honorably discharged.

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

648.34 Bail bond agents; qualifications.-

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

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

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

(4) The applicant shall furnish, with the application for temporary license, a complete set of the applicant's fingerprints in accordance with s. 626.171(4) and a recent credential-sized, fullface photograph of the applicant. The



2318 2319

2320

2321

2322

2323

2324

2325

2326

2327

2328

2329

2330

2331

2332

2333

2334

2335

2336

2337

2338

2339 2340

2341

2342

2343

2344

2345

2346

applicant's fingerprints shall be certified by an authorized law enforcement officer. The department shall not issue a temporary license under this section until the department has received a report from the Department of Law Enforcement and the Federal Bureau of Investigation relative to the existence or nonexistence of a criminal history report based on the applicant's fingerprints.

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

648.46 Procedure for disciplinary action against licensees.-

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

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

766.105 Florida Patient's Compensation Fund.-

- (2) COVERAGE.-
- (d)1. Any health care provider who participates in the fund and who does not meet the provisions of paragraph (b) shall not be covered by the fund.
- 2. Annually, the Agency for Health Care Administration shall require documentation by each hospital that such hospital is in compliance, and will remain in compliance, with the



2347

2348

2349

2350

2351

2352

2353

2354

2355

2356

2357

2358

2359

2360

2361

2362

2363

2364

2365

2366

2367

2368

2369

2370

2371

2372

2373

2374

2375

provisions of this section. The agency shall review the documentation and then deliver the documentation to the board of governors. At least 60 days before the time a license will be issued or renewed, the agency shall request from the board of governors a certification that each hospital is in compliance with the provisions of this section. The board of governors shall not be liable under the law for any erroneous certification. The agency may not issue or renew the license of any hospital which has not been certified by the board of governors. The license of any hospital that fails to remain in compliance or fails to provide such documentation shall be revoked or suspended by the agency.

- (3) THE FUND.—
- (b) Fund administration and operation.-
- 1. The fund shall operate subject to the supervision and approval of the Chief Financial Officer or his or her designee a board of governors consisting of a representative of the insurance industry appointed by the Chief Financial Officer, an attorney appointed by The Florida Bar, a representative of physicians appointed by the Florida Medical Association, a representative of physicians' insurance appointed by the Chief Financial Officer, a representative of physicians' selfinsurance appointed by the Chief Financial Officer, two representatives of hospitals appointed by the Florida Hospital Association, a representative of hospital insurance appointed by the Chief Financial Officer, a representative of hospital selfinsurance appointed by the Chief Financial Officer, a representative of the osteopathic physicians' or podiatric physicians' insurance or self-insurance appointed by the Chief



2376

2377

2378

2379

2380

2381

2382

2383

2384

2385

2386

2387

2388

2389

2390

2391

2392

2393

2394

2395 2396

2397 2398

2399

2400

2401

2402

2403 2404

Financial Officer, and a representative of the general public appointed by the Chief Financial Officer. The board of governors shall, during the first meeting after June 30 of each year, choose one of its members to serve as chair of the board and another member to serve as vice chair of the board. The members of the board shall be appointed to serve terms of 4 years, except that the initial appointments of a representative of the general public by the Chief Financial Officer, an attorney by The Florida Bar, a representative of physicians by the Florida Medical Association, and one of the two representatives of the Florida Hospital Association shall be for terms of 3 years; thereafter, such representatives shall be appointed for terms of 4 years. Subsequent to initial appointments for 4-year terms, the representative of the osteopathic physicians' or podiatric physicians' insurance or self-insurance appointed by the Chief Financial Officer and the representative of hospital selfinsurance appointed by the Chief Financial Officer shall be appointed for 2-year terms; thereafter, such representatives shall be appointed for terms of 4 years. Each appointed member may designate in writing to the chair an alternate to act in the member's absence or incapacity. A member of the board, or the member's alternate, may be reimbursed from the assets of the fund for expenses incurred by him or her as a member, or alternate member, of the board and for committee work, but he or she may not otherwise be compensated by the fund for his or her service as a board member or alternate.

2. There shall be no liability on the part of, and no cause of action of any nature shall arise against, the fund or its agents or employees, professional advisers or consultants, the



2405

2406

2407

2408

2409

2410

2411

2412

2413

2414

2415

2416

2417

2418

2419 2420

2421

2422

2423

2424

2425

2426

2427

2428

2429

2430

2431

2432

2433

Chief Financial Officer or his or her designee members of the board of governors or their alternates, or the Department of Financial Services or the Office of Insurance Regulation of the Financial Services Commission or their representatives for any action taken by them in the performance of their powers and duties pursuant to this section.

- (c) Powers of the fund.—The fund has the power to:
- 1. Sue and be sued, and appear and defend, in all actions and proceedings in its name to the same extent as a natural person.
- 2. Adopt, change, amend, and repeal a plan of operation, not inconsistent with law, for the regulation and administration of the affairs of the fund. The plan and any changes thereto shall be filed with the Office of Insurance Regulation of the Financial Services Commission and are all subject to its approval before implementation by the fund. All fund members, board members, and employees shall comply with the plan of operation.
- 3. Have and exercise all powers necessary or convenient to effect any or all of the purposes for which the fund is created.
- 4. Enter into such contracts as are necessary or proper to carry out the provisions and purposes of this section.
- 5. Employ or retain such persons as are necessary to perform the administrative and financial transactions and responsibilities of the fund and to perform other necessary or proper functions unless prohibited by law.
- 6. Take such legal action as may be necessary to avoid payment of improper claims.
  - 7. Indemnify any employee, agent, member of the board of



governors or his or her alternate, or person acting on behalf of the fund in an official capacity, for expenses, including attorney's fees, judgments, fines, and amounts paid in settlement actually and reasonably incurred by him or her in connection with any action, suit, or proceeding, including any appeal thereof, arising out of his or her capacity in acting on behalf of the fund, if he or she acted in good faith and in a manner he or she reasonably believed to be in, or not opposed to, the best interests of the fund and, with respect to any criminal action or proceeding, he or she had reasonable cause to believe his or her conduct was lawful.

- (e) Fund accounting and audit .-
- 1. Money shall be withdrawn from the fund only upon a voucher as authorized by the <u>Chief Financial Officer or his or</u> her designee <del>board of governors</del>.
- 2. All books, records, and audits of the fund shall be open for reasonable inspection to the general public, except that a claim file in possession of the fund, fund members, and their insurers is confidential and exempt from the provisions of s. 119.07(1) and s. 24(a), Art. I of the State Constitution until termination of litigation or settlement of the claim, although medical records and other portions of the claim file may remain confidential and exempt as otherwise provided by law. Any book, record, document, audit, or asset acquired by, prepared for, or paid for by the fund is subject to the authority of the Chief Financial Officer or his or her designee board of governors, which shall be responsible therefor.
- 3. Persons authorized to receive deposits, issue vouchers, or withdraw or otherwise disburse any fund moneys shall post a



2463

2464

2465 2466

2467

2468

2469

2470

2.471

2472

2473

2474

2475

2476

2477

2478

2479

2480 2481

2482

2483

2484

2485

2486

2487

2488

2489

2490

2491

blanket fidelity bond in an amount reasonably sufficient to protect fund assets. The cost of such bond shall be paid from the fund.

- 4. Annually, the fund shall furnish, upon request, audited financial reports to any fund participant and to the Office of Insurance Regulation and the Joint Legislative Auditing Committee. The reports shall be prepared in accordance with accepted accounting procedures and shall include income and such other information as may be required by the Office of Insurance Regulation or the Joint Legislative Auditing Committee.
- 5. Any money held in the fund shall be invested in interest-bearing investments by the board of governors of the fund as administrator. However, in no case may any such money be invested in the stock of any insurer participating in the Joint Underwriting Association authorized by s. 627.351(4) or in the parent company of, or company owning a controlling interest in, such insurer. All income derived from such investments shall be credited to the fund.
- 6. Any health care provider participating in the fund may withdraw from such participation only at the end of a fiscal year; however, such health care provider shall remain subject to any assessment or any refund pertaining to any year in which such member participated in the fund.
- (i) Dissolution of the fund.—The fund shall operate subject to the supervision of the Chief Financial Officer or his or her designee, pursuant to the policies and procedures and under the auspices of the Department of Financial Services, Division of Rehabilitation and Liquidation, until the department executes a legal dissolution of the fund on or before December 31, 2023.



2492

2493

2494

2495

2496

2497

2498 2499

2500

2501

2502

2503

2504

2505

2506

2507

2508

2509

2510

2511

2512

2513

2514

2.51.5 2516

2518

2520

Before the legal dissolution of the fund, the Department of Financial Services must:

- 1. Obtain all existing records and retain necessary records of the fund pursuant to law.
- 2. Identify all remaining property held by the fund and attempt to return such property to its owners and, for property that cannot be returned to the owner, transfer such property to the Department of Financial Services, Division of Unclaimed Property.
  - 3. Make a final accounting of the finances of the fund.
- 4. Ensure that the fund has met all its obligations pursuant to structured settlements, annuities, or other instruments established to pay covered claims, and, if the fund has not done so, attempt to meet such obligations before final and complete dissolution of the fund.
- 5. Sell or otherwise dispose of all physical assets of the fund.
  - 6. Execute a legal dissolution of the fund.
- 7. Transfer any remaining money or assets of the fund to the Chief Financial Officer for deposit in the General Revenue Fund.
- (4) REPEAL.—This section is repealed January 1, 2024. Section 66. Paragraph (b) of subsection (1) of section 945.6041, Florida Statutes, is amended to read:
  - 945.6041 Inmate medical services.-
- 2517 (1) As used in this section, the term:
  - (b) "Health care provider" means:
- 2519 1. A hospital licensed under chapter 395.
  - 2. A physician or physician assistant licensed under



2521	chapter	458.
------	---------	------

2522

2523 2524

2525

2526

2527

2528

2529

2530

2531

2532

2533

2534

2535

2536

2537

2538

2539

2540

2541

2542

2543

2544

2545

2546

2547

2548

2549

- 3. An osteopathic physician or physician assistant licensed under chapter 459.
  - 4. A podiatric physician licensed under chapter 461.
- 5. A health maintenance organization certificated under part I of chapter 641.
- 6. An ambulatory surgical center licensed under chapter 395.
- 7. A professional association, partnership, corporation, joint venture, or other association established by the individuals set forth in subparagraphs 2., 3., and 4. for professional activity.
  - 8. Other medical facility.
- a. As used in this subparagraph, the term "other medical facility" means:
- (I) A facility the primary purpose of which is to provide human medical diagnostic services, or a facility providing nonsurgical human medical treatment which discharges patients on the same working day that the patients are admitted; and
  - (II) A facility that is not part of a hospital.
- b. The term does not include a facility existing for the primary purpose of performing terminations of pregnancy, or an office maintained by a physician or dentist for the practice of medicine has the same meaning as provided in s. 766.105.
- Section 67. Paragraph (a) of subsection (1) of section 985.6441, Florida Statutes, is amended to read:
  - 985.6441 Health care services.
  - (1) As used in this section, the term:
  - (a) "Health care provider" means:



2550

2553

2554

2555

2556

2557

2558

2559

2560

2561

2562 2563

2564

2565

2566

2567

2568 2569

2570

2571

2572

2573

2574

2575

2576

2577

- 1. A hospital licensed under chapter 395.
- 2551 2. A physician or physician assistant licensed under 2552 chapter 458.
  - 3. An osteopathic physician or physician assistant licensed under chapter 459.
    - 4. A podiatric physician licensed under chapter 461.
  - 5. A health maintenance organization certificated under part I of chapter 641.
  - 6. An ambulatory surgical center licensed under chapter 395.
  - 7. A professional association, partnership, corporation, joint venture, or other association established by the individuals set forth in subparagraphs 2., 3., and 4. for professional activity.
    - 8. Other medical facility.
  - a. As used in this subparagraph, the term "other medical facility" means:
  - (I) A facility the primary purpose of which is to provide human medical diagnostic services, or a facility providing nonsurgical human medical treatment which discharges patients on the same working day that the patients are admitted; and
    - (II) A facility that is not part of a hospital.
  - b. The term does not include a facility existing for the primary purpose of performing terminations of pregnancy, or an office maintained by a physician or dentist for the practice of medicine has the same meaning as provided in s. 766.105.
  - Section 68. Except as otherwise expressly provided in this act, this act shall take effect July 1, 2022.