

LEGISLATIVE ACTION

Senate

House

Senator Grall moved the following:

Senate Amendment (with title amendment)

Delete everything after the enacting clause

and insert:

Section 1. Section 57.104, Florida Statutes, is amended to read:

57.104 Computation of attorney attorneys' fees.-

(1) In any action in which <u>attorney</u> attorneys' fees are to be determined or awarded by the court, the court shall consider, among other things, time and labor of any legal assistants who contributed nonclerical, meaningful legal support to the matter

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12	involved and who are working under the supervision of an
13	attorney. For purposes of this section "legal assistant" means a
14	person, who under the supervision and direction of a licensed
15	attorney engages in legal research, and case development or
16	planning in relation to modifications or initial proceedings,
17	services, processes, or applications; or who prepares or
18	interprets legal documents or selects, compiles, and uses
19	technical information from references such as digests,
20	encyclopedias, or practice manuals and analyzes and follows
21	procedural problems that involve independent decisions.
22	(2) In any action in which attorney fees are determined or
23	awarded by the court, there is a strong presumption that a
24	lodestar fee is sufficient and reasonable. This presumption may
25	be overcome only in a rare and exceptional circumstance with
26	evidence that competent counsel could not otherwise be retained.
27	Section 2. Section 86.121, Florida Statutes, is created to
28	read:
29	86.121 Attorney fees; actions for declaratory relief to
30	determine insurance coverage after total coverage denial of
31	claim
32	(1) In an action brought for declaratory relief in state or
33	federal court to determine insurance coverage after the insurer
34	has made a total coverage denial of a claim:
35	(a) Either party is entitled to the summary procedure
36	provided in s. 51.011, and the court shall advance the cause on
37	the calendar.
38	(b) The court shall award reasonable attorney fees to the
39	named insured, omnibus insured, or named beneficiary under a
40	policy issued by the insurer upon rendition of a declaratory

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11	indemont in force of the newed increased empileur increased on
41	judgment in favor of the named insured, omnibus insured, or
42	named beneficiary. This right may not be transferred to,
43	assigned to, or acquired in any other manner by anyone other
44	than a named or omnibus insured or a named beneficiary. A
45	defense offered by an insurer pursuant to a reservation of
46	rights does not constitute a coverage denial of a claim. Such
47	fees are limited to those incurred in the action brought under
48	this chapter for declaratory relief to determine coverage of
49	insurance issued under the Florida Insurance Code.
50	(2) This section does not apply to any action arising under
51	a residential or commercial property insurance policy.
52	Section 3. Subsections (3), (4), and (10) of section 95.11,
53	Florida Statutes, are amended, and subsection (12) is added to
54	that section, to read:
55	95.11 Limitations other than for the recovery of real
56	propertyActions other than for recovery of real property shall
57	be commenced as follows:
58	(3) WITHIN FOUR YEARS
59	(a) An action founded on negligence.
60	(a) (b) An action relating to the determination of
61	paternity, with the time running from the date the child reaches
62	the age of majority.
63	(b) (c) An action founded on the design, planning, or
64	construction of an improvement to real property, with the time
65	running from the date of actual possession by the owner, the
66	date of the issuance of a certificate of occupancy, the date of
67	abandonment of construction if not completed, or the date of
68	completion of the contract or termination of the contract
69	between the professional engineer, registered architect, or

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70 licensed contractor and his or her employer, whichever date is 71 latest; except that, when the action involves a latent defect, the time runs from the time the defect is discovered or should 72 73 have been discovered with the exercise of due diligence. In any 74 event, the action must be commenced within 10 years after the 75 date of actual possession by the owner, the date of the issuance 76 of a certificate of occupancy, the date of abandonment of 77 construction if not completed, or the date of completion of the 78 contract or termination of the contract between the professional 79 engineer, registered architect, or licensed contractor and his 80 or her employer, whichever date is latest. However, 81 counterclaims, cross-claims, and third-party claims that arise 82 out of the conduct, transaction, or occurrence set out or 83 attempted to be set out in a pleading may be commenced up to 1 year after the pleading to which such claims relate is served, 84 85 even if such claims would otherwise be time barred. With respect to actions founded on the design, planning, or construction of 86 87 an improvement to real property, if such construction is 88 performed pursuant to a duly issued building permit and if a 89 local enforcement agency, state enforcement agency, or special 90 inspector, as those terms are defined in s. 553.71, has issued a 91 final certificate of occupancy or certificate of completion, 92 then as to the construction which is within the scope of such building permit and certificate, the correction of defects to 93 94 completed work or repair of completed work, whether performed 95 under warranty or otherwise, does not extend the period of time 96 within which an action must be commenced. Completion of the 97 contract means the later of the date of final performance of all 98 the contracted services or the date that final payment for such

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99 services becomes due without regard to the date final payment is 100 made.

(c) (d) An action to recover public money or property held by a public officer or employee, or former public officer or employee, and obtained during, or as a result of, his or her public office or employment.

(d) (e) An action for injury to a person founded on the design, manufacture, distribution, or sale of personal property that is not permanently incorporated in an improvement to real property, including fixtures.

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(e) (f) An action founded on a statutory liability.

(f) (g) An action for trespass on real property.

<u>(g)</u>(h) An action for taking, detaining, or injuring personal property.

(h) (i) An action to recover specific personal property.
 (i) (j) A legal or equitable action founded on fraud.

(j)-(k) A legal or equitable action on a contract, obligation, or liability not founded on a written instrument, including an action for the sale and delivery of goods, wares, and merchandise, and on store accounts.

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(k) (1) An action to rescind a contract.

<u>(1) (m)</u> An action for money paid to any governmental authority by mistake or inadvertence.

(m) <del>(n)</del> An action for a statutory penalty or forfeiture.

(n) (o) An action for assault, battery, false arrest, malicious prosecution, malicious interference, false imprisonment, or any other intentional tort, except as provided in subsections (4), (5), and (7).

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(o) (p) Any action not specifically provided for in these

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128 statutes.

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<u>(p)</u> An action alleging a violation, other than a willful violation, of s. 448.110.

(4) WITHIN TWO YEARS.-

(a) An action founded on negligence.

133 (b) (a) An action for professional malpractice, other than 134 medical malpractice, whether founded on contract or tort; 135 provided that the period of limitations shall run from the time 136 the cause of action is discovered or should have been discovered 137 with the exercise of due diligence. However, the limitation of 138 actions herein for professional malpractice shall be limited to 139 persons in privity with the professional.

140 (c) (b) An action for medical malpractice shall be commenced 141 within 2 years from the time the incident giving rise to the 142 action occurred or within 2 years from the time the incident is 143 discovered, or should have been discovered with the exercise of due diligence; however, in no event shall the action be 144 145 commenced later than 4 years from the date of the incident or 146 occurrence out of which the cause of action accrued, except that 147 this 4-year period shall not bar an action brought on behalf of 148 a minor on or before the child's eighth birthday. An "action for medical malpractice" is defined as a claim in tort or in 149 150 contract for damages because of the death, injury, or monetary 151 loss to any person arising out of any medical, dental, or 152 surgical diagnosis, treatment, or care by any provider of health 153 care. The limitation of actions within this subsection shall be 154 limited to the health care provider and persons in privity with 155 the provider of health care. In those actions covered by this paragraph in which it can be shown that fraud, concealment, or 156

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157 intentional misrepresentation of fact prevented the discovery of 158 the injury the period of limitations is extended forward 2 years 159 from the time that the injury is discovered or should have been 160 discovered with the exercise of due diligence, but in no event 161 to exceed 7 years from the date the incident giving rise to the 162 injury occurred, except that this 7-year period shall not bar an action brought on behalf of a minor on or before the child's 163 164 eighth birthday. This paragraph shall not apply to actions for 165 which ss. 766.301-766.316 provide the exclusive remedy.

(d) (c) An action to recover wages or overtime or damages or penalties concerning payment of wages and overtime.

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(e) (d) An action for wrongful death.

(f) (e) An action founded upon a violation of any provision of chapter 517, with the period running from the time the facts giving rise to the cause of action were discovered or should have been discovered with the exercise of due diligence, but not more than 5 years from the date such violation occurred.

(g) (f) An action for personal injury caused by contact with or exposure to phenoxy herbicides while serving either as a civilian or as a member of the Armed Forces of the United States during the period January 1, 1962, through May 7, 1975; the period of limitations shall run from the time the cause of action is discovered or should have been discovered with the exercise of due diligence.

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(h) (g) An action for libel or slander.

(10) FOR INTENTIONAL TORTS RESULTING IN DEATH FROM ACTS DESCRIBED IN S. 782.04 OR S. 782.07.—Notwithstanding paragraph (4) (e) (4) (d), an action for wrongful death seeking damages authorized under s. 768.21 brought against a natural person for

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186	an intentional tort resulting in death from acts described in s.
187	782.04 or s. 782.07 may be commenced at any time. This
188	subsection shall not be construed to require an arrest, the
189	filing of formal criminal charges, or a conviction for a
190	violation of s. 782.04 or s. 782.07 as a condition for filing a
191	civil action.
192	(12) FOR ACTIONS INVOLVING SERVICEMEMBERS Any action
193	involving a servicemember as defined in s. 250.01, in which the
194	servicemember is a party, is subject to s. 250.5201 and part IV
195	of chapter 250, which includes the Servicemembers Civil Relief
196	Act, 50 U.S.C. ss. 501 et seq., providing for protections to
197	members of the United States Armed Forces, the United States
198	Reserve Forces, or the National Guard during terms of federal or
199	state active duty which materially affect the servicemember's
200	ability to appear.
201	Section 4. Section 624.155, Florida Statutes, is amended to
202	read:
203	624.155 Civil remedy
204	(1) Any person may bring a civil action against an insurer
205	when such person is damaged:
206	(a) By a violation of any of the following provisions by
207	the insurer:
208	1. Section 626.9541(1)(i), (o), or (x);
209	2. Section 626.9551;
210	3. Section 626.9705;
211	4. Section 626.9706;
212	5. Section 626.9707; or
213	6. Section 627.7283.
214	(b) By the commission of any of the following acts by the

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215 insurer: 216 1. Not attempting in good faith to settle claims when, under all the circumstances, it could and should have done so, 217 218 had it acted fairly and honestly toward its insured and with due 219 regard for her or his interests; 220 2. Making claims payments to insureds or beneficiaries not 221 accompanied by a statement setting forth the coverage under 222 which payments are being made; or 3. Except as to liability coverages, failing to promptly 223 224 settle claims, when the obligation to settle a claim has become 225 reasonably clear, under one portion of the insurance policy 226 coverage in order to influence settlements under other portions 227 of the insurance policy coverage. 228 229 Notwithstanding the provisions of the above to the contrary, a 230 person pursuing a remedy under this section need not prove that 231 such act was committed or performed with such frequency as to 232 indicate a general business practice. 233 (2) Any party may bring a civil action against an 234 unauthorized insurer if such party is damaged by a violation of 235 s. 624.401 by the unauthorized insurer. 236 (3) (a) As a condition precedent to bringing an action under 237 this section, the department and the authorized insurer must 2.38 have been given 60 days' written notice of the violation. Notice 239 to the authorized insurer must be provided by the department to

(b) The notice shall be on a form provided by the
department and shall state with specificity the following
information, and such other information as the department may

the e-mail address designated by the insurer under s. 624.422.

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244 require: 1. The statutory provision, including the specific language 245 of the statute, which the authorized insurer allegedly violated. 246 247 2. The facts and circumstances giving rise to the 248 violation. 249 3. The name of any individual involved in the violation. 4. Reference to specific policy language that is relevant 250 251 to the violation, if any. If the person bringing the civil action is a third party claimant, she or he shall not be 252 253 required to reference the specific policy language if the 254 authorized insurer has not provided a copy of the policy to the 255 third party claimant pursuant to written request. 256 5. A statement that the notice is given in order to perfect 257

the right to pursue the civil remedy authorized by this section.
 (c) No action shall lie if, within 60 days after the
 insurer receives notice from the department in accordance with

insurer receives notice from the department in accordance with this subsection, the damages are paid or the circumstances giving rise to the violation are corrected.

(d) The authorized insurer that is the recipient of a notice filed pursuant to this section shall report to the department on the disposition of the alleged violation.

(e) The applicable statute of limitations for an action under this section shall be tolled for a period of:

1. Sixty days after the insurer receives from the department the notice required by this subsection.

2. Sixty days after the date appraisal is invoked pursuant to paragraph (f).

(f) A notice required under this subsection may not be filed within 60 days after appraisal is invoked by any party in

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273 a residential property insurance claim.

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(4) (a) In an action for bad faith failure to settle a liability insurance claim, including any such action brought under the common law, if the insurer initiates settlement negotiations by tendering the lesser of the policy limits or the amount demanded by the claimant in exchange for a general release of the insured within 90 days after receiving actual notice of the loss, the failure to tender the policy limits sooner does not constitute bad faith.

(b) If an insurer does not tender the lesser of the policy limits or the amount demanded by the claimant within the 90-day timeframe provided in paragraph (a), the existence of the 90-day timeframe and that no bad faith action could lie had the insurer tendered the lesser of policy limits or the amount demanded by the claimant pursuant to paragraph (a) is inadmissible in any action seeking to establish bad faith on the part of the insurer.

(c) If the insurer fails to tender pursuant to paragraph (a) within the 90-day period, any applicable statute of limitations is extended for an additional 90 days.

(5) In any bad faith action, whether such action is brought under this section or is based on the common-law remedy for bad faith:

296 (a) Mere negligence alone is insufficient to constitute bad
297 faith.

(b) The focus of the bad faith claim is on the conduct of an insurer, but in determining whether the insurer actually could have settled the claim, the jury may consider the totality of the circumstances, including:

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302	1. Whether any conditions placed on the settlement by the
303	claimant were unreasonable or impossible to perform within the
304	time permitted; and
305	2. Whether the insured failed to cooperate with the
306	insurer's efforts to meet the conditions after being fully
307	advised by the insurer about the purpose and importance of doing
308	so.
309	(6)(a) If two or more third-party claimants have competing
310	claims arising out of a single occurrence, which in total may
311	exceed the available policy limits of an insured who may be
312	liable to the third-party claimants, and the insurer initiates
313	settlement negotiations by globally tendering the applicable
314	policy limits in exchange for a general release of the insured
315	within 90 days after receiving actual notice of the loss, the
316	failure to tender policy limits sooner does not constitute bad
317	faith.
318	(b) If an insurer does not globally tender the policy
319	limits within the 90-day timeframe provided in paragraph (a),
320	the existence of the 90-day timeframe and that no bad faith
321	action could lie had the insurer tendered the lesser of policy
322	limits or the amount demanded by the claimant pursuant to
323	paragraph (a) is inadmissible in any action seeking to establish
324	bad faith on the part of the insurer.
325	(c) If two or more third-party claimants have competing
326	claims arising out of a single occurrence, which in total may
327	exceed the available policy limits of an insured who may be
328	liable to the third-party claimants, and the claimants are
329	unwilling to globally settle within the policy limits,
330	thereafter, the insurer must attempt to minimize the magnitude

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331 of possible excess judgments against the insured. The insurer is 332 entitled to great discretion to decide how much to offer each 333 respective claimant in its attempt to protect the insured. The 334 insurer may, in its effort to minimize the excess liability of 335 the insured, use its discretion to offer the full available 336 policy limits to one or more claimants to the exclusion of other 337 claimants and may leave the insured exposed to some liability 338 after all the policy limits are paid. An insurer does not act in 339 bad faith simply because it is unable to settle all claims in a 340 competing claimant case.

341 (d) An insurer is not liable beyond the available policy 342 limits for failure to pay all or any portion of the available 343 policy limits to one or more of the third-party claimants if, 344 pursuant to a binding arbitration that has been agreed to by the 345 insurer and all the third-party claimants, the insurer makes the 346 entire amount of the policy limits available for payment to the 347 competing third-party claimants before a qualified arbitrator 348 agreed to by the insurer and such third-party claimants at the expense of the insurer. The third-party claimants are entitled 349 350 to a prorated share of the policy limits as determined by the 351 arbitrator, who must consider the comparative fault, if any, of 352 each third-party claimant and the total likely outcome at trial 353 based upon the total of the economic and noneconomic damages 354 submitted to the arbitrator for consideration. A third-party 355 claimant whose claim is resolved by the arbitrator must execute 356 and deliver a general release to the insured party whose claim 357 is resolved by the proceeding. 358 (7) (4) In any insurance bad faith action, whether brought

359 <u>under this section or the common law,</u> upon adverse adjudication

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360 at trial or upon appeal, the authorized insurer shall be liable 361 for damages, together with court costs and reasonable attorney 362 attorney's fees incurred by the plaintiff.

363 (8) (5) No Punitive damages may not shall be awarded under 364 this section unless the acts giving rise to the violation occur 365 with such frequency as to indicate a general business practice 366 and these acts are:

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(a) Willful, wanton, and malicious;

(b) In reckless disregard for the rights of any insured; or

(c) In reckless disregard for the rights of a beneficiary under a life insurance contract.

372 Any person who pursues a claim under this subsection shall post 373 in advance the costs of discovery. Such costs shall be awarded to the authorized insurer if no punitive damages are awarded to 375 the plaintiff.

376 (9) (6) This section does shall not be construed to 377 authorize a class action suit against an authorized insurer or a 378 civil action against the commission, the office, or the 379 department or any of their employees, or to create a cause of 380 action when an authorized health insurer refuses to pay a claim 381 for reimbursement on the ground that the charge for a service 382 was unreasonably high or that the service provided was not 383 medically necessary.

384 (10) (7) In the absence of expressed language to the 385 contrary, this section shall not be construed to authorize a 386 civil action or create a cause of action against an authorized 387 insurer or its employees who, in good faith, release information about an insured or an insurance policy to a law enforcement 388

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389 agency in furtherance of an investigation of a criminal or 390 fraudulent act relating to a motor vehicle theft or a motor 391 vehicle insurance claim.

392 (11) (8) The civil remedy specified in this section does not 393 preempt any other remedy or cause of action provided for 394 pursuant to any other statute or pursuant to the common law of 395 this state. Any person may obtain a judgment under either the 396 common-law remedy of bad faith or this statutory remedy, but is 397 shall not be entitled to a judgment under both remedies. This 398 section does shall not be construed to create a common-law cause 399 of action. The damages recoverable pursuant to this section 400 shall include those damages which are a reasonably foreseeable 401 result of a specified violation of this section by the 402 authorized insurer and may include an award or judgment in an 403 amount that exceeds the policy limits.

(12)(9) A surety issuing a payment or performance bond on the construction or maintenance of a building or roadway project is not an insurer for purposes of subsection (1).

Section 5. Section 624.1552, Florida Statutes, is created to read:

624.1552 Civil actions involving an insurance contract; applicability of offer of judgment provisions.—The provisions of s. 768.79 apply to any civil action involving an insurance contract.

413 Section 6. Section 768.0427, Florida Statutes, is created 414 to read:

415 <u>768.0427 Admissibility of evidence to prove medical</u> 416 <u>expenses in personal injury or wrongful death actions;</u> 417 disclosure of letters of protection; recovery of past and future

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medical expenses damages
(1) DEFINITIONSAs used in this section, the term:
(a) "Factoring company" means a person who purchases a
health care provider's accounts receivable at a discount below
the invoice value of such accounts.
(b) "Health care coverage" means any third-party health
care or disability services financing arrangement, including,
but not limited to, arrangements with entities certified or
authorized under federal law or under the Florida Insurance
Code; state or federal health care benefit programs; workers'
compensation; and personal injury protection.
(c) "Health care provider" means any of the following
professionals and entities, and professionals and entities
similarly licensed in another jurisdiction:
1. A provider as defined in s. 408.803.
2. A clinical laboratory providing services in this state
or services to health care providers in this state, if the
clinical laboratory is certified by the Centers for Medicare and
Medicaid Services under the federal Clinical Laboratory
Improvement Amendments and the federal rules adopted thereunder.
3. A federally qualified health center as defined in 42
U.S.C. s. 1396d(1)(2)(B), as that definition existed on the
effective date of this act.
4. A health care practitioner as defined in s. 456.001.
5. A health care professional licensed under part IV of
chapter 468.
6. A home health aide as defined in s. 400.462.
7. A provider licensed under chapter 394 or chapter 397 and
its clinical and nonclinical staff providing inpatient or

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447	outpatient services.
448	8. A continuing care facility licensed under chapter 651.
449	9. A pharmacy permitted under chapter 465.
450	(d) "Letter of protection" means any arrangement by which a
451	health care provider renders treatment in exchange for a promise
452	of payment for the claimant's medical expenses from any judgment
453	or settlement of a personal injury or wrongful death action. The
454	term includes any such arrangement, regardless of whether
455	referred to as a letter of protection.
456	(2) ADMISSIBLE EVIDENCE OF MEDICAL TREATMENT OR SERVICE
457	EXPENSESEvidence offered to prove the amount of damages for
458	past or future medical treatment or services in a personal
459	injury or wrongful death action is admissible as provided in
460	this subsection.
461	(a) Evidence offered to prove the amount of damages for
462	past medical treatment or services that have been satisfied is
463	limited to evidence of the amount actually paid, regardless of
464	the source of payment.
465	(b) Evidence offered to prove the amount necessary to
466	satisfy unpaid charges for incurred medical treatment or
467	services shall include, but is not limited to, evidence as
468	provided in this paragraph.
469	1. If the claimant has health care coverage other than
470	Medicare or Medicaid, evidence of the amount which such health
471	care coverage is obligated to pay the health care provider to
472	satisfy the charges for the claimant's incurred medical
473	treatment or services, plus the claimant's share of medical
474	expenses under the insurance contract or regulation.
475	2. If the claimant has health care coverage but obtains

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476	treatment under a letter of protection or otherwise does not
477	submit charges for any health care provider's medical treatment
478	or services to health care coverage, evidence of the amount the
479	claimant's health care coverage would pay the health care
480	provider to satisfy the past unpaid medical charges under the
481	insurance contract or regulation, plus the claimant's share of
482	medical expenses under the insurance contract or regulation, had
483	the claimant obtained medical services or treatment pursuant to
484	the health care coverage.
485	3. If the claimant does not have health care coverage or
486	has health care coverage through Medicare or Medicaid, evidence
487	of 120 percent of the Medicare reimbursement rate in effect on
488	the date of the claimant's incurred medical treatment or
489	services, or, if there is no applicable Medicare rate for a
490	service, 170 percent of the applicable state Medicaid rate.
491	4. If the claimant obtains medical treatment or services
492	under a letter of protection and the health care provider
493	subsequently transfers the right to receive payment under the
494	letter of protection to a third party, evidence of the amount
495	the third party paid or agreed to pay the health care provider
496	in exchange for the right to receive payment pursuant to the
497	letter of protection.
498	5. Any evidence of reasonable amounts billed to the
499	claimant for medically necessary treatment or medically
500	necessary services provided to the claimant.
501	(c) Evidence offered to prove the amount of damages for any
502	future medical treatment or services the claimant will receive
503	shall include, but is not limited to, evidence as provided in
504	this paragraph.

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505 1. If the claimant has health care coverage other than 506 Medicare or Medicaid, or is eligible for any such health care 507 coverage, evidence of the amount for which the future charges of 508 health care providers could be satisfied if submitted to such 509 health care coverage, plus the claimant's share of medical 510 expenses under the insurance contract or regulation. 511 2. If the claimant does not have health care coverage or 512 has health care coverage through Medicare or Medicaid, or is 513 eligible for such health care coverage, evidence of 120 percent 514 of the Medicare reimbursement rate in effect at the time of 515 trial for the medical treatment or services the claimant will 516 receive, or, if there is no applicable Medicare rate for a 517 service, 170 percent of the applicable state Medicaid rate. 518 3. Any evidence of reasonable future amounts to be billed 519 to the claimant for medically necessary treatment or medically 520 necessary services. 521 (d) This subsection does not impose an affirmative duty 522 upon any party to seek a reduction in billed charges to which 523 the party is not contractually entitled. 524 (e) Individual contracts between providers and authorized 525 commercial insurers or authorized health maintenance organizations are not subject to discovery or disclosure and are 526 527 not admissible into evidence. 528 (3) LETTERS OF PROTECTION; REQUIRED DISCLOSURES.-In a 529 personal injury or wrongful death action, as a condition 530 precedent to asserting any claim for medical expenses for treatment rendered under a letter of protection, the claimant 531 532 must disclose: 533 (a) A copy of the letter of protection.

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534	(b) All billings for the claimant's medical expenses, which
535	must be itemized and, to the extent applicable, coded according
536	to:
537	1. For health care providers billing at the provider level,
538	the American Medical Association's Current Procedural
539	Terminology (CPT), or the Healthcare Common Procedure Coding
540	System (HCPCS), in effect on the date the services were
541	rendered.
542	2. For health care providers billing at the facility level
543	for expenses incurred in a clinical or outpatient setting,
544	including when billing through an Ambulatory Payment
545	Classification (APC) or Enhanced Ambulatory Patient Grouping
546	(EAPG), the International Classification of Diseases (ICD)
547	diagnosis code and, if applicable, the American Medical
548	Association's Current Procedural Terminology (CPT), in effect on
549	the date the services were rendered.
550	3. For health care providers billing at the facility level
551	for expenses incurred in an inpatient setting, including when
552	billing through a Diagnosis Related Group (DRG), the
553	International Classification of Diseases (ICD) diagnosis and
554	procedure codes in effect on the date in which the claimant is
555	discharged.
556	(c) If the health care provider sells the accounts
557	receivable for the claimant's medical expenses to a factoring
558	company or other third party:
559	1. The name of the factoring company or other third party
560	who purchased such accounts.
561	2. The dollar amount for which the factoring company or
562	other third party purchased such accounts, including any

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563 discount provided below the invoice amount. (d) Whether the claimant, at the time medical treatment was 564 rendered, had health care coverage and, if so, the identity of 565 566 such coverage. 567 (e) Whether the claimant was referred for treatment under a letter of protection and, if so, the identity of the person who 568 569 made the referral. If the referral is made by the claimant's 570 attorney, disclosure of the referral is permitted, and evidence 571 of such referral is admissible notwithstanding s. 90.502. 572 Moreover, in such situation, the financial relationship between 573 a law firm and a medical provider, including the number of 574 referrals, frequency, and financial benefit obtained, is 575 relevant to the issue of the bias of a testifying medical 576 provider. 577 (4) DAMAGES RECOVERABLE FOR MEDICAL TREATMENT OR SERVICE 578 EXPENSES.-The damages that may be recovered by a claimant in a 579 personal injury or wrongful death action for the reasonable and 580 necessary cost or value of medical care rendered may not include any amount in excess of the evidence of medical treatment and 581 582 services expenses admitted pursuant to subsection (2), and also 583 may not exceed the sum of the following: 584 (a) Amounts actually paid by or on behalf of the claimant 585 to a health care provider who rendered medical treatment or 586 services; 587 (b) Amounts necessary to satisfy charges for medical 588 treatment or services that are due and owing but at the time of 589 trial are not yet satisfied; and 590 (c) Amounts necessary to provide for any reasonable and 591 necessary medical treatment or services the claimant will

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red	ceive in the future.
	Section 7. Section 768.0706, Florida Statutes, is created
to	read:
	768.0706 Multifamily residential property safety and
sec	curity; presumption against liability
	(1) As used in this section, the term:
	(a) "Crime prevention through environmental design" has the
sar	ne meaning as in s. 163.503(6).
	(b) "Multifamily residential property" means a residential
bu:	ilding, or group of residential buildings, such as apartments,
tor	wnhouses, or condominiums, consisting of at least five
dwe	elling units on a particular parcel.
	(c) "Parcel" means real property for which a distinct
pai	rcel identification number is assigned to the property by the
pro	operty appraiser for the county in which the property is
100	cated.
	(2) The owner or principal operator of a multifamily
res	sidential property which substantially implements the
fo	llowing security measures on that property has a presumption
aga	ainst liability in connection with criminal acts that occur on
the	e premises which are committed by third parties who are not
emp	ployees or agents of the owner or operator:
	(a)1. A security camera system at points of entry and exit
wh	ich records, and maintains as retrievable for at least 30
<u>da</u>	ys, video footage to assist in offender identification and
app	prehension.
	2. A lighted parking lot illuminated at an intensity of at
lea	ast an average of 1.8 foot-candles per square foot at 18
ind	ches above the surface from dusk until dawn or controlled by

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621	photocell or any similar electronic device that provides light
622	from dusk until dawn.
623	3. Lighting in walkways, laundry rooms, common areas, and
624	porches. Such lighting must be illuminated from dusk until dawn
625	or controlled by photocell or any similar electronic device that
626	provides light from dusk until dawn.
627	4. At least a 1-inch deadbolt in each dwelling unit door.
628	5. A locking device on each window, each exterior sliding
629	door, and any other doors not used for community purposes.
630	6. Locked gates with key or fob access along pool fence
631	areas.
632	7. A peephole or door viewer on each dwelling unit door
633	that does not include a window or that does not have a window
634	next to the door.
635	(b) By January 1, 2025, the owner or principal operator of
636	a multifamily residential property has a crime prevention
637	through environmental design assessment that is no more than 3
638	years old completed for the property. Such assessment must be
639	performed by a law enforcement agency or a Florida Crime
640	Prevention Through Environmental Design Practitioner designated
641	by the Florida Crime Prevention Training Institute of the
642	Department of Legal Affairs. The owner or principal operator
643	must remain in substantial compliance with the assessment for
644	purposes of this paragraph.
645	(c)1. By January 1, 2025, the owner or principal operator
646	of a multifamily residential property provides proper crime
647	deterrence and safety training to its current employees. After
648	January 1, 2025, the owner or principal operator must provide
649	such training to an employee within 60 days after his or her

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650 hire date for purposes of this paragraph.

651 2. For purposes of this paragraph, "proper crime deterrence and safety training" means training which trains and 652 653 familiarizes employees with the security principles, devices, 654 measures, and standards set forth under paragraph (a), and which 655 is reviewed at least every 3 years and updated as necessary. The 656 owner or principal operator may request a law enforcement agency 657 or the Florida Crime Prevention Through Environmental Design 658 Practitioner performing the assessment under paragraph (b) to 659 review the training curriculum.

(3) For purposes of establishing the presumption against liability under subsection (2), the burden of proof is on the owner or principal operator to demonstrate that the owner or principal operator has substantially implemented the security measures specified in subsection (2).

(4) The Florida Crime Prevention Training Institute of the Department of Legal Affairs shall develop a proposed curriculum or best practices for owners or principal operators to implement such training. The state has no liability in connection with providing a proposed training curriculum under this subsection.

(5) This section does not establish a private cause of action.

672 Section 8. Subsection (1) of section 768.18, Florida 673 Statutes, is amended to read:

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768.18 Definitions.-As used in ss. 768.16-768.26:

(1) "Survivors" means the decedent's spouse, children,
parents, and, when partly or wholly dependent on the decedent
for support or services, any blood relatives and adoptive
brothers and sisters. It includes the child born out of wedlock

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679 of a mother, but not the child born out of wedlock of the father 680 unless the father has recognized a responsibility for the 681 child's support. <u>It also includes the parents of an unborn</u> 682 fetus.

Section 9. Present subsections (5) through (8) of section 768.21, Florida Statutes, are redesignated as subsections (6) through (9), respectively, a new subsection (5) is added to that section, and paragraph (b) of present subsection (6) of that section is amended, to read:

768.21 Damages.—All potential beneficiaries of a recovery for wrongful death, including the decedent's estate, shall be identified in the complaint, and their relationships to the decedent shall be alleged. Damages may be awarded as follows:

(5) Except for claims brought under chapter 766, each parent of an unborn fetus may recover for medical and funeral expenses and mental pain and suffering caused by the wrongful death of the unborn fetus if such death was caused by the negligence of a third party.

(7) (6) The decedent's personal representative may recover for the decedent's estate the following:

(b) Medical or funeral expenses due to the decedent's injury or death that have become a charge against her or his estate or that were paid by or on behalf of decedent, excluding amounts recoverable under subsection (6) (5).

For a section 10. Subsection (2) of section 768.81, Florida Statutes, is amended, and subsection (6) is added to that section, to read:

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708	768.81 Comparative fault
709	(2) EFFECT OF CONTRIBUTORY FAULTIn a negligence action,
710	contributory fault chargeable to the claimant diminishes
711	proportionately the amount awarded as economic and noneconomic
712	damages for an injury attributable to the claimant's
713	contributory fault, but does not bar recovery, subject to
714	subsection (6).
715	(6) GREATER PERCENTAGE OF FAULTIn a negligence action to
716	which this section applies, any party found to be greater than
717	50 percent at fault for his or her own harm may not recover any
718	damages. This subsection does not apply to an action for damages
719	for personal injury or wrongful death arising out of medical
720	negligence pursuant to chapter 766.
721	Section 11. Section 626.9373, Florida Statutes, is
722	repealed.
723	Section 12. Section 627.428, Florida Statutes, is repealed.
724	Section 13. Subsection (1) of section 627.756, Florida
725	Statutes, is amended to read:
726	627.756 Bonds for construction contracts; attorney fees in
727	case of suit
728	(1) In a suit Section 627.428 applies to suits brought by
729	an owner, a contractor, a subcontractor, a laborer, or a
730	materialman owners, contractors, subcontractors, laborers, and
731	materialmen against a surety insurer under payment or
732	performance bonds written by the insurer under the laws of this
733	state to indemnify against pecuniary loss by breach of a
734	building or construction contract, upon the rendition of a
735	judgment or decree by any of the courts of this state against
736	the surety insurer and in favor of the owner, contractor,

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737	subcontractor, laborer, or materialman, the trial court or, in
738	the event of an appeal in which the owner, contractor,
739	subcontractor, laborer, or materialman prevails, the appellate
740	court, shall adjudge or decree against the surety insurer and in
741	favor of the owner, contractor, subcontractor, laborer, or
742	materialman a reasonable sum as fees or compensation for the
743	attorney prosecuting the suit in which the recovery is had.
744	Owners, contractors, subcontractors, laborers, and materialmen
745	shall be deemed to be insureds or beneficiaries for the purposes
746	of this section.
747	Section 14. Subsection (9) of section 400.023, Florida
748	Statutes, is amended to read:
749	400.023 Civil enforcement
750	(9) An action under this part for a violation of rights or
751	negligence recognized herein is not a claim for medical
752	malpractice, and <u>s. 768.21(9)</u> s. 768.21(8) does not apply to a
753	claim alleging death of the resident.
754	Section 15. Section 400.0235, Florida Statutes, is amended
755	to read:
756	400.0235 Certain provisions not applicable to actions under
757	this part.—An action under this part for a violation of rights
758	or negligence recognized under this part is not a claim for
759	medical malpractice, and the provisions of <u>s. 768.21(9)</u> s.
760	768.21(8) do not apply to a claim alleging death of the
761	resident.
762	Section 16. Section 429.295, Florida Statutes, is amended
763	to read:
764	429.295 Certain provisions not applicable to actions under
765	this part.—An action under this part for a violation of rights

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766 or negligence recognized herein is not a claim for medical 767 malpractice, and the provisions of <u>s. 768.21(9)</u> <del>s. 768.21(8)</del> do 768 not apply to a claim alleging death of the resident.

Section 17. Paragraphs (a) and (j) of subsection (1) of section 475.01, Florida Statutes, are amended to read:

475.01 Definitions.-

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(1) As used in this part:

(a) "Broker" means a person who, for another, and for a 773 774 compensation or valuable consideration directly or indirectly 775 paid or promised, expressly or impliedly, or with an intent to 776 collect or receive a compensation or valuable consideration 777 therefor, appraises, auctions, sells, exchanges, buys, rents, or 778 offers, attempts or agrees to appraise, auction, or negotiate 779 the sale, exchange, purchase, or rental of business enterprises 780 or business opportunities or any real property or any interest 781 in or concerning the same, including mineral rights or leases, 782 or who advertises or holds out to the public by any oral or 783 printed solicitation or representation that she or he is engaged in the business of appraising, auctioning, buying, selling, 784 785 exchanging, leasing, or renting business enterprises or business 786 opportunities or real property of others or interests therein, 787 including mineral rights, or who takes any part in the procuring 788 of sellers, purchasers, lessors, or lessees of business 789 enterprises or business opportunities or the real property of 790 another, or leases, or interest therein, including mineral 791 rights, or who directs or assists in the procuring of prospects 792 or in the negotiation or closing of any transaction which does, 793 or is calculated to, result in a sale, exchange, or leasing 794 thereof, and who receives, expects, or is promised any

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795 compensation or valuable consideration, directly or indirectly 796 therefor; and all persons who advertise rental property information or lists. A broker renders a professional service 797 798 and is a professional within the meaning of s. 95.11(4)(b) s. 799 95.11(4)(a). Where the term "appraise" or "appraising" appears 800 in the definition of the term "broker," it specifically excludes 801 those appraisal services which must be performed only by a 802 state-licensed or state-certified appraiser, and those appraisal 803 services which may be performed by a registered trainee 804 appraiser as defined in part II. The term "broker" also includes any person who is a general partner, officer, or director of a 805 806 partnership or corporation which acts as a broker. The term 807 "broker" also includes any person or entity who undertakes to 808 list or sell one or more timeshare periods per year in one or 809 more timeshare plans on behalf of any number of persons, except 810 as provided in ss. 475.011 and 721.20.

(j) "Sales associate" means a person who performs any act specified in the definition of "broker," but who performs such act under the direction, control, or management of another person. A sales associate renders a professional service and is a professional within the meaning of <u>s. 95.11(4)(b)</u> <del>s.</del> 95.11(4)(a).

817 Section 18. Paragraph (h) of subsection (1) of section818 475.611, Florida Statutes, is amended to read:

475.611 Definitions.-

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(1) As used in this part, the term:

(h) "Appraiser" means any person who is a registered
trainee real estate appraiser, a licensed real estate appraiser,
or a certified real estate appraiser. An appraiser renders a

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824 professional service and is a professional within the meaning of 825  $s. 95.11(4)(b) = \frac{95.11(4)(a)}{a}$ .

826 Section 19. Subsection (7) of section 517.191, Florida 827 Statutes, is amended to read:

828 517.191 Injunction to restrain violations; civil penalties; 829 enforcement by Attorney General.-

830 (7) Notwithstanding s. 95.11(4)(f) s. 95.11(4)(e), an 831 enforcement action brought under this section based on a violation of any provision of this chapter or any rule or order 832 833 issued under this chapter shall be brought within 6 years after 834 the facts giving rise to the cause of action were discovered or 835 should have been discovered with the exercise of due diligence, 836 but not more than 8 years after the date such violation 837 occurred.

838 Section 20. Subsection (4) of section 624.123, Florida 839 Statutes, is amended to read:

840 624.123 Certain international health insurance policies; 841 exemption from code.-

842 (4) Any international health insurance policy or 843 application solicited, provided, entered into, issued, or 844 delivered pursuant to this subsection is exempt from all 845 provisions of the insurance code, except that such policy, 846 contract, or agreement is subject to the provisions of ss. 624.155, 624.316, 624.3161, 626.951, 626.9511, 626.9521, 847 848 626.9541, 626.9551, 626.9561, 626.9571, 626.9581, 626.9591, 849 626.9601, 627.413, 627.4145, <del>627.428,</del> and 627.6043.

850 Section 21. Subsection (4) of section 624.488, Florida 851 Statutes, is amended to read:

624.488 Applicability of related laws.-In addition to other

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853	provisions of the code cited in ss. 624.460-624.488:
854	(4) Sections 627.291, 627.413, 627.4132, 627.416, 627.418,
855	627.420, 627.421, 627.425, 627.426, 627.4265, 627.427, <del>627.428,</del>
856	627.702, and 627.706; part XI of chapter 627; ss. 627.912,
857	627.913, and 627.918;
858	
859	apply to self-insurance funds. Only those sections of the code
860	that are expressly and specifically cited in ss. 624.460-624.489
861	apply to self-insurance funds.
862	Section 22. Paragraph (b) of subsection (3) of section
863	627.062, Florida Statutes, is amended to read:
864	627.062 Rate standards
865	(3)
866	(b) Individual risk rates and modifications to existing
867	approved forms are not subject to this part or part II, except
868	for paragraph (a) and ss. 627.402, 627.403, 627.4035, 627.404,
869	627.405, 627.406, 627.407, 627.4085, 627.409, 627.4132,
870	627.4133, 627.415, 627.416, 627.417, 627.419, 627.425, 627.426,
871	627.4265, and 627.427, and 627.428, but are subject to all other
872	applicable provisions of this code and rules adopted thereunder.
873	Section 23. Subsections (3), (4), and (5) of section
874	627.401, Florida Statutes, are amended to read:
875	627.401 Scope of this part.—No provision of this part of
876	this chapter applies to:
877	(3) Wet marine and transportation insurance, except ss.
878	627.409 and, 627.420, and 627.428.
879	(4) Title insurance, except ss. 627.406, 627.415, 627.416,
880	627.419, and 627.427, and 627.428.
881	(5) Credit life or credit disability insurance, except <u>s.</u>

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882 627.419(5) ss. 627.419(5) and 627.428. Section 24. Subsection (2) of section 627.441, Florida 883 Statutes, is amended to read: 884 885 627.441 Commercial general liability policies; coverage to 886 contractors for completed operations.-887 (2) A liability insurer must offer coverage at an appropriate additional premium for liability arising out of 888 889 current or completed operations under an owner-controlled 890 insurance program for any period beyond the period for which the 891 program provides liability coverage, as specified in s. 892 255.0517(2)(b). The period of such coverage must be sufficient 893 to protect against liability arising out of an action brought 894 within the time limits provided in s. 95.11(3) (b) s. 895 95.11(3)(c). 896 Section 25. Subsection (8) of section 627.727, Florida 897 Statutes, is amended to read: 627.727 Motor vehicle insurance; uninsured and underinsured 898 899 vehicle coverage; insolvent insurer protection.-900 (8) The provisions of s. 627.428 do not apply to any action 901 brought pursuant to this section against the uninsured motorist 902 insurer unless there is a dispute over whether the policy 903 provides coverage for an uninsured motorist proven to be liable 904 for the accident. 905 Section 26. Subsection (8) of section 627.736, Florida 906 Statutes, is amended to read: 907 627.736 Required personal injury protection benefits; 908 exclusions; priority; claims.-909 (8) APPLICABILITY OF PROVISION REGULATING ATTORNEY FEES.-910 With respect to any dispute under the provisions of ss. 627.730-

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911 627.7405 between the insured and the insurer, or between an 912 assignee of an insured's rights and the insurer, the provisions 913 of <u>s. 768.79</u> <del>ss. 627.428 and 768.79</del> apply, except as provided in 914 subsections (10) and (15), and except that any attorney fees 915 recovered must:

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(a) Comply with prevailing professional standards;

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

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

922 Upon request by either party, a judge must make written 923 findings, substantiated by evidence presented at trial or any 924 hearings associated therewith, that any award of attorney fees 925 complies with this subsection. Notwithstanding s. 627.428, 926 Attorney fees recovered under ss. 627.730-627.7405 must be 927 calculated without regard to a contingency risk multiplier.

Section 27. Subsection (4) of section 628.6016, Florida Statutes, is amended to read:

628.6016 Applicability of related laws.-In addition to other provisions of the code cited in ss. 628.6011-628.6018:

932 (4) Sections 627.291, 627.413, 627.4132, 627.416, 627.418,
933 627.420, 627.421, 627.425, 627.426, 627.4265, 627.427, 627.428,
934 627.702, and 627.706; part XI of chapter 627; ss. 627.912,
935 627.913, and 627.918; and

apply to assessable mutual insurers; however, ss. 628.255,
628.411, and 628.421 do not apply. No section of the code not
expressly and specifically cited in ss. 628.6011-628.6018

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940	applies to assessable mutual insurers. The term "assessable
941	mutual insurer" shall be substituted for the term "commercial
942	self-insurer" as appropriate.
943	Section 28. Section 631.70, Florida Statutes, is repealed.
944	Section 29. Section 631.926, Florida Statutes, is repealed.
945	Section 30. Subsection (11) of section 632.638, Florida
946	Statutes, is amended to read:
947	632.638 Applicability of other code provisionsIn addition
948	to other provisions contained or referred to in this chapter,
949	the following chapters and provisions of this code apply to
950	fraternal benefit societies, to the extent applicable and not in
951	conflict with the express provisions of this chapter and the
952	reasonable implications thereof:
953	(11) Section 627.428;
954	Section 31. The Division of Law Revision is directed to
955	replace the phrase "the effective date of this act" wherever it
956	occurs in this act with the date this act becomes a law.
957	Section 32. The amendments made by this act to s. 95.11,
958	Florida Statutes, apply to causes of action accruing after the
959	effective date of this act.
960	Section 33. The amendments made by this act to s. 624.155,
961	Florida Statutes, do not apply to causes of action arising out
962	of insurance policies issued or renewed before the effective
963	date of this act.
964	Section 34. This act shall not be construed to impair any
965	right under an insurance contract in effect on or before the
966	effective date of this act. To the extent that this act affects
967	a right under an insurance contract, this act applies to an
968	insurance contract issued or renewed after the effective date of

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<ul> <li>970 Section 35. Except as otherwise expressly provided in</li> <li>971 act, this act shall apply to causes of action which accrue</li> <li>972 the effective date of this act.</li> </ul>	e after
972 the effective date of this act	a law.
	a law.
973 Section 36. This act shall take effect upon becoming	
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975 ========== T I T L E A M E N D M E N T =========	
976 And the title is amended as follows:	
977 Delete everything before the enacting clause	
978 and insert:	
979 A bill to be entitled	
980 An act relating to civil remedies; amending s. 57.104	ł,
981 F.S.; creating a rebuttable presumption that a	
982 lodestar fee is a sufficient and reasonable attorney	
983 fee in most civil actions; providing an exception;	
984 creating s. 86.121, F.S.; authorizing a court to away	:d
985 attorney fees in certain declaratory actions;	
986 prohibiting the transfer, assignment, or acquisition	
987 of the right to such attorney fees except by specifie	≥d
988 persons; amending s. 95.11, F.S.; reducing the statut	e
989 of limitations for negligence actions; providing	
990 applicability of certain provisions to actions	
991 involving servicemembers; amending s. 624.155, F.S.;	
992 providing standards for bad faith actions; providing	
993 for the distribution of proceeds when two or more	
994 third-party claims arising out of a single occurrence	è
995 exceed policy limits; revising applicability and	
996 conditions for the award of damages, court costs, and	1
997 attorney fees in certain civil actions; creating s.	

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998 624.1552, F.S.; providing for applicability of 999 specified offer of judgment provisions to civil 1000 actions involving insurance contracts; creating s. 1001 768.0427, F.S.; providing definitions; providing 1002 standards for the admissibility of evidence to prove 1003 the cost of damages for medical expenses in certain 1004 civil actions; requiring certain disclosures with 1005 respect to claims for medical expenses for treatment 1006 rendered under letters of protection; specifying the 1007 damages that may be recovered by a claimant for the 1008 reasonable and necessary cost of medical care; 1009 creating s. 768.0706, F.S.; providing definitions; 1010 providing that the owner or principal operator of a 1011 multifamily residential property which substantially 1012 implements specified security measures on that 1013 property has a presumption against liability for 1014 negligence in connection with certain criminal acts 1015 that occur on the premises; requiring the Florida 1016 Crime Prevention Training Institute of the Department 1017 of Legal Affairs to develop a proposed curriculum or 1018 best practices for owners or principal operators; providing construction; amending s. 768.18, F.S.; 1019 1020 revising the definition of the term "survivors" for 1021 purposes of the Florida Wrongful Death Act; amending 1022 s. 768.21, F.S.; authorizing parents of an unborn 1023 fetus to recover, except under certain claims, certain 1024 damages caused by the wrongful death of an unborn 1025 fetus if such death was caused by a third party's negligence; amending s. 768.81, F.S.; providing that a 1026

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1027 party in a negligence action who is at fault by a 1028 specified amount may not recover damages under a comparative negligence action; providing 1029 1030 applicability; repealing ss. 626.9373 and 627.428, 1031 F.S., relating to attorney fees awarded against 1032 surplus lines insurers and insurers, respectively; 1033 amending s. 627.756, F.S.; providing for the award of 1034 costs and attorney fees in certain actions; amending ss. 400.023, 400.0235, 429.295, 475.01, 475.611, 1035 1036 517.191, 624.123, 624.488, 627.062, 627.401, 627.441, 1037 627.727, 627.736, and 628.6016, F.S.; conforming 1038 cross-references and provisions to changes made by the 1039 act; repealing ss. 631.70 and 631.926, F.S., relating 1040 to attorney fees; amending s. 632.638, F.S.; 1041 conforming a cross-reference; providing a directive to the Division of Law Revision; providing applicability 1042 1043 and construction; providing an effective date.