Insurance & Banking Subcommittee

Wednesday, January 19, 2022
3:30 PM - 5:30 PM
Morris Hall (17 HOB)

Action Packet

Chris Sprowls
Speaker

Nick DiCeglie
Chair

COMMITTEE MEETING REPORT

Insurance & Banking Subcommittee

1/19/2022 3:30PM

Location: Morris Hall (17 HOB)

Summary:

Insurance & Banking Subcommittee

Wednesday January 19, 2022 03:30 pm

PCS for HB 431	Favorable	Yeas: 17	Nays: 0
HB 453	Favorable	Yeas: 16	Nays: 0
	Amendment 310511 Withdrawn		
HB 557	Favorable	Yeas: 17	Nays: 0
HB 749	Favorable With Committee Substitute	Yeas: 16	Nays: 0
	Amendment 156819 Adopted Without Objection		
HB 959	Favorable With Committee Substitute	Yeas: 16	Nays: 0
	Amendment 067791 Adopted Without Objection		
	Amendment 330365 Adopted Without Objection		
	Amendment 388065 Adopted Without Objection		
	Amendment 643035 Adopted Without Objection		

Committee meeting was reported out: Wednesday, January 19, 2022 6:40PM

COMMITTEE MEETING REPORT

Insurance & Banking Subcommittee

1/19/2022 3:30PM

Location: Morris Hall (17 HOB)

Attendance:

	Present	*Absent*	*Excused*
Nick DiCeglie (Chair)	X		
Webster Barnaby			X
Kamia Brown	X		
Fentrice Driskell	X		
Tom Fabricio	X		
Elizabeth Fetterhoff	X		
Mike Giallombardo	X		
Brett Hage	X		
Christine Hunschofsky	X		
Traci Koster	X		
Randall Maggard	X		
Michele Rayner	X		
David Smith	X		
John Snyder	X		
Allison Tant	X		
Jackie Toledo	X		
Matt Willhite	X		
Ardian Zika	X		
Totals:	**17**	**0**	**1**

Committee meeting was reported out: Wednesday, January 19, 2022 6:40PM

COMMITTEE MEETING REPORT

Insurance & Banking Subcommittee

1/19/2022 3:30PM

Location: Morris Hall (17 HOB)

PCS for HB 431 : Office of Financial Regulation

[X] *Favorable*

	Yea	*Nay*	*No Vote*	*Absentee Yea*	*Absentee Nay*
Webster Barnaby			X		
Kamia Brown	X				
Fentrice Driskell	X				
Tom Fabricio	X				
Elizabeth Fetterhoff	X				
Mike Giallombardo	X				
Brett Hage	X				
Christine Hunschofsky	X				
Traci Koster	X				
Randall Maggard	X				
Michele Rayner	X				
David Smith	X				
John Snyder	X				
Allison Tant	X				
Jackie Toledo	X				
Matt Willhite	X				
Ardian Zika	X				
Nick DiCeglie (Chair)	X				
	Total Yeas: 17	**Total Nays: 0**			

Appearances:

Office of Financial Regulation
Weigel, Russell (Lobbyist) (State Employee) (Lobbyist Appearance Form Submitted) - Waive In Support
Office of Financial Regulation
200 E. Gaines St 5th Floor, The Fletcher Building
Tallahassee, Florida
Phone: (850) 410-9678

Committee meeting was reported out: Wednesday, January 19, 2022 6:40PM

COMMITTEE MEETING REPORT

Insurance & Banking Subcommittee

1/19/2022 3:30PM

Location: Morris Hall (17 HOB)

HB 453 : Records of Physical Examinations of Officers

[X] *Favorable*

	Yea	*Nay*	*No Vote*	*Absentee Yea*	*Absentee Nay*
Webster Barnaby			X		
Kamia Brown	X				
Fentrice Driskell	X				
Tom Fabricio	X				
Elizabeth Fetterhoff	X				
Mike Giallombardo	X				
Brett Hage	X				
Christine Hunschofsky	X				
Traci Koster	X				
Randall Maggard	X				
Michele Rayner	X				
David Smith	X				
John Snyder			X		
Allison Tant	X				
Jackie Toledo	X				
Matt Willhite	X				
Ardian Zika	X				
Nick DiCeglie (Chair)	X				
	Total Yeas: 16	**Total Nays: 0**			

HB 453 Amendments

Amendment 310511

[X] *Withdrawn*

Appearances:

Records of Physical Examinations of Officers
Henning, Lisa (Lobbyist) (Lobbyist Appearance Form Submitted) - Proponent
Florida State Fraternal Order of Police
242 Office Plaza Dr
Tallahassee, Florida
Phone: (850) 656-9881

Records of Physical Examinations of Officers
Bernoska "Bernie" Wayne (Lobbyist) - Waive In Support
Florida Professional Firefighters
President
343 W. Madison St.
Tallahassee, Florida 32301
Phone: 850-224-7333

Committee meeting was reported out: Wednesday, January 19, 2022 6:40PM

COMMITTEE MEETING REPORT

Insurance & Banking Subcommittee

1/19/2022 3:30PM

Location: Morris Hall (17 HOB)

HB 557 : Fire Investigator Cancer Treatment Benefits

[X] *Favorable*

	Yea	*Nay*	*No Vote*	*Absentee Yea*	*Absentee Nay*
Webster Barnaby			X		
Kamia Brown	X				
Fentrice Driskell	X				
Tom Fabricio	X				
Elizabeth Fetterhoff	X				
Mike Giallombardo	X				
Brett Hage	X				
Christine Hunschofsky	X				
Traci Koster	X				
Randall Maggard	X				
Michele Rayner	X				
David Smith	X				
John Snyder	X				
Allison Tant	X				
Jackie Toledo	X				
Matt Willhite	X				
Ardian Zika	X				
Nick DiCeglie (Chair)	X				
	Total Yeas: 17	**Total Nays: 0**			

Appearances:

Fire Investigator Cancer Treatment Benefits
Henning, Lisa (Lobbyist) (Lobbyist Appearance Form Submitted) - Waive In Support
Florida State Fraternal Order of Police
242 Office Plaza Dr
Tallahassee, Florida
Phone: (850) 656-9881

Fire Investigator Cancer Treatment Benefits
Prutsman, Eric (Lobbyist) (Lobbyist Appearance Form Submitted) - Waive In Support
Florida Fire Chiefs Association
PO Box 10448
Tallahassee, Florida 32302
Phone: 850-210-2525

Fire Investigator Cancer Treatment Benefits
Stowers, Austin (Lobbyist) (State Employee) - Waive In Support
CFO & State Fire Marshal Jimmy Patronis
Legislative Affairs Director
200 E. Gaines St.,
Tallahassee, 32399
Phone: 850-413-5939

Committee meeting was reported out: Wednesday, January 19, 2022 6:40PM

Location: Morris Hall (17 HOB)

HB 557 : Fire Investigator Cancer Treatment Benefits (continued)

Appearances: (continued)

Fire Investigator Cancer Treatment Benefits
Bernoska "Bernie" Wayne (Lobbyist) - Waive In Support
Florida Professional Firefighters
President
343 W. Madison St.
Tallahassee, Florida 32301
Phone: 850-224-7333

Committee meeting was reported out: Wednesday, January 19, 2022 6:40PM

COMMITTEE MEETING REPORT

Insurance & Banking Subcommittee

1/19/2022 3:30PM

Location: Morris Hall (17 HOB)

HB 749 : Fraud Prevention

[X] *Favorable With Committee Substitute*

	Yea	*Nay*	*No Vote*	*Absentee Yea*	*Absentee Nay*
Webster Barnaby			X		
Kamia Brown	X				
Fentrice Driskell	X				
Tom Fabricio	X				
Elizabeth Fetterhoff	X				
Mike Giallombardo	X				
Brett Hage	X				
Christine Hunschofsky	X				
Traci Koster	X				
Randall Maggard	X				
Michele Rayner	X				
David Smith	X				
John Snyder			X		
Allison Tant	X				
Jackie Toledo	X				
Matt Willhite	X				
Ardian Zika	X				
Nick DiCeglie (Chair)	X				
	Total Yeas: 16	**Total Nays: 0**			

HB 749 Amendments

Amendment 156819

[X] *Adopted Without Objection*

Appearances:

Fraud Prevention
Cassel, Hillary - Waive In Support
Florida Policyholders Cooperative
5430 SE 39th Way
Ft. Lauderdale, Florida 33316
Phone: 561-202-5713

Fraud Prevention
Carter, Tasha (Lobbyist) (State Employee) - Waive In Support
Office of the Insurance Consumer Advocate
Insurance Consumer Advocate
200 E. Gaines St.
Tallahassee, Florida 32399
Phone: 850-413-2868

Committee meeting was reported out: Wednesday, January 19, 2022 6:40PM

Location: Morris Hall (17 HOB)

HB 749 : Fraud Prevention (continued)

Appearances: (continued)

Fraud Prevention
Handerhan, Paul (Lobbyist) (Lobbyist Appearance Form Submitted) - Waive In Support
Florida Association for Insurance Reform
120 S Monroe St
Tallahassee, Florida
Phone: (850) 727-7087

Fraud Prevention
Handerhan, Paul (Lobbyist) (Lobbyist Appearance Form Submitted) - Waive In Support
Florida Association of Public Insurance Adjusters
120 S Monroe St
Tallahassee, Florida
Phone: (850) 727-7087

Fraud Prevention
Stowers, Austin (Lobbyist) (State Employee) - Waive In Support
CFO Jimmy Patronis
Legislative Affairs Director
200 E. Gaines St.,
Tallahassee, Florida 32399
Phone: 850-413-5939

Fraud Prevention
Fernandez, Edda (Lobbyist) (Lobbyist Appearance Form Submitted) - Waive In Support
AARP
AARP Associate State Director Advocacy
215 S Monroe St Suite #603
Tallahassee, Florida
Phone: (786) 804-4508

Amendment 156819
Fraud Prevention
Garcia, Reggie (Lobbyist) - Waive In Support
Florida Justice Association
218 S. Monroe St.
Tallahassee, Florida 32301
Phone: 850-933-7150

Committee meeting was reported out: Wednesday, January 19, 2022 6:40PM

COMMITTEE MEETING REPORT

Insurance & Banking Subcommittee

1/19/2022 3:30PM

Location: Morris Hall (17 HOB)

HB 959 : Department of Financial Services

[X] *Favorable With Committee Substitute*

	Yea	*Nay*	*No Vote*	*Absentee Yea*	*Absentee Nay*
Webster Barnaby			X		
Kamia Brown	X				
Fentrice Driskell	X				
Tom Fabricio	X				
Elizabeth Fetterhoff	X				
Mike Giallombardo	X				
Brett Hage	X				
Christine Hunschofsky	X				
Traci Koster	X				
Randall Maggard	X				
Michele Rayner	X				
David Smith	X				
John Snyder			X		
Allison Tant	X				
Jackie Toledo	X				
Matt Willhite	X				
Ardian Zika	X				
Nick DiCeglie (Chair)	X				
	Total Yeas: 16	**Total Nays: 0**			

HB 959 Amendments

Amendment 067791

[X] *Adopted Without Objection*

Amendment 330365

[X] *Adopted Without Objection*

Amendment 388065

[X] *Adopted Without Objection*

Amendment 643035

[X] *Adopted Without Objection*

Committee meeting was reported out: Wednesday, January 19, 2022 6:40PM

COMMITTEE MEETING REPORT

Insurance & Banking Subcommittee

1/19/2022 3:30PM

Location: Morris Hall (17 HOB)

HB 959 : Department of Financial Services (continued)

Appearances:

Department of Financial Services
Handerhan, Paul (Lobbyist) (Lobbyist Appearance Form Submitted) - Waive In Support
Florida Association of Public Insurance Adjusters
120 S Monroe St
Tallahassee, Florida
Phone: (850) 727-7087

Department of Financial Services
Handerhan, Paul (Lobbyist) (Lobbyist Appearance Form Submitted) - Waive In Support
Florida Association for Insurance Reform
120 S Monroe St
Tallahassee, Florida
Phone: (850) 727-7087

Department of Financial Services
Snowden, Meredith (Lobbyist) - Waive In Support
Florida Workers' Compensation Joint Underwriting Assoc.
Consultant
150 C. Monroe St.
Tallahassee, Florida 32301
Phone: 850-510-9257

Department of Financial Services
Stowers, Austin (Lobbyist) (State Employee) - Waive In Support
Department of Financial Services
Legislative Affairs Director
200 E. Gaines St.,
Tallahassee, Florida 32399
Phone: 850-413-5939

Department of Financial Services
Carter, Tasha (Lobbyist) (State Employee) - Waive In Support
Office of the Insurance Consumer Advocate
Insurance Consumer Advocate
200 E. Gaines St.
Tallahassee, Florida 32399
Phone: 850-413-2868

Amendment 643035
Department of Financial Services
Garcia, Reggie (Lobbyist) - Waive In Support
Florida Justice Association
218 S. Monroe St.
Tallahassee, Florida 32301
Phone: 850-933-7150

Committee meeting was reported out: Wednesday, January 19, 2022 6:40PM

Amendment No. 1

COMMITTEE/SUBCOMMITTEE ACTION

ADOPTED	__	(Y/N)
ADOPTED AS AMENDED	__	(Y/N)
ADOPTED W/O OBJECTION	__	(Y/N)
FAILED TO ADOPT	__	(Y/N)
WITHDRAWN	✓	(Y/N)
OTHER	____	

Committee/Subcommittee hearing bill: Insurance & Banking Subcommittee

Representative Duggan offered the following:

Amendment (with title amendment)

Remove line 46 and insert:

Section 2. Paragraph (1)(a) of Section 112.18, Florida Statutes, is amended to read:

112.18 - Firefighters and law enforcement or correctional officers; special provisions relative to disability.

(1)(a) Any condition or impairment of health of any Florida state, municipal, county, port authority, special tax district, or fire control district firefighter or any law enforcement officer, correctional officer, or correctional probation officer as defined in s. 943.10(1), (2), or (3) caused by tuberculosis, heart disease, or hypertension resulting in total or partial

disability or death shall be presumed to have been accidental and to have been suffered in the line of duty unless the contrary be shown by competent evidence. However, any such firefighter or law enforcement officer must have successfully passed a physical examination upon entering into any such service as a firefighter or law enforcement officer, which examination failed to reveal any evidence of any such condition. The medical examination required by s. 633.412(5), F.S., may serve as a physical examination upon entering service for a firefighter. Such presumption does not apply to benefits payable under or granted in a policy of life insurance or disability insurance, unless the insurer and insured have negotiated for such additional benefits to be included in the policy contract.

Section 3. This act shall take effect July 1, 2022.

T I T L E A M E N D M E N T

Remove line 7 and insert:

Amending s. 112.18, F.S.; authorizing use of specified physical examination for a presumption; providing an effective date.

Amendment No. 1

COMMITTEE/SUBCOMMITTEE ACTION

ADOPTED	____	(Y/N)
ADOPTED AS AMENDED	____	(Y/N)
ADOPTED W/O OBJECTION	✓	(Y/N)
FAILED TO ADOPT	____	(Y/N)
WITHDRAWN	____	(Y/N)
OTHER		

Committee/Subcommittee hearing bill: Insurance & Banking Subcommittee

Representative Clemons offered the following:

Amendment (with title amendment)

Remove everything after the enacting clause and insert:

Section 1. Section 324.252, Florida Statutes, is created to read:

324.252 Electronic insurance verification.—

(1) In order to empower drivers in this state and reduce the incidence of automobile insurance fraud within this state, by July 1, 2023, the electronic credentialing system, as defined in s. 322.032(1), must display driver vehicle registration and insurance information, provide a driver with notification of any lapse in his or her insurance coverage needed for compliance with the financial responsibility requirements of this chapter,

and allow the driver to update his or her policy information via the system.

(2) By October 1, 2023, the department shall provide the Legislature with recommendations on the means by which the department, law enforcement agencies, and other entities authorized by the department may electronically verify a driver's compliance with the financial responsibility requirements of this chapter.

Section 2. Subsection (2) of section 501.165, Florida Statutes, is amended to read:

501.165 Automatic renewal of service contracts.—

(2) SERVICE CONTRACTS WITH AUTOMATIC RENEWAL PROVISIONS.—

(a) A ~~Any~~ seller that sells, leases, or offers to sell or lease any service to a consumer pursuant to a service contract that has an automatic renewal provision, unless the consumer cancels that contract, shall disclose the automatic renewal provision clearly and conspicuously in the contract or contract offer.

(b) A ~~Any~~ seller that sells or offers to sell any service to a consumer pursuant to a service contract the term of which is a specified period of 12 months or more and that automatically renews for a specified period of more than 1 month, unless the consumer cancels the contract, shall provide the consumer with written or electronic notification of the automatic renewal provision. Notification shall be provided to

the consumer no less than 30 days or no more than 60 days before the cancellation deadline pursuant to the automatic renewal provision. Such notification shall disclose clearly and conspicuously:

1. That unless the consumer cancels the contract the contract will automatically renew.

2. Methods by which the consumer may obtain details of the automatic renewal provision and cancellation procedure, whether by contacting the seller at a specified telephone number or address, by referring to the contract, or by any other method.

(c) A seller that fails to comply with the requirements of this subsection violates ~~is in violation of~~ this subsection unless the seller demonstrates that:

1. As part of the seller's routine business practice, the seller has established and implemented written procedures to comply with this section and enforces compliance with the procedures;

2. Any failure to comply with this subsection is the result of error; and

3. As part of the seller's routine business practice, where an error has caused the failure to comply with this subsection, the unearned portion of the contract subject to the automatic renewal provision is refunded as of the date on which the seller is notified of the error.

(d) A seller shall allow a consumer to cancel a service contract that has an automatic renewal provision in the same manner, and by the same means, as the service contract was entered into.

(e) This subsection does not apply to:

1. A financial institution as defined in s. 655.005 or any depository institution as defined in 12 U.S.C. s. 1813(c)(2).

2. A foreign bank maintaining a branch or agency licensed under the laws of any state of the United States.

3. Any subsidiary or affiliate of an entity described in subparagraph 1. or subparagraph 2.

4. A health studio as defined in s. 501.0125.

5. Any entity licensed under chapter 624, chapter 627, chapter 634, chapter 636, or chapter 641.

6. Any electric utility as defined in s. 366.02.

7. Any private company as defined in s. 180.05 providing services described in chapter 180 which is competing against a governmental entity or has a governmental entity providing billing services on its behalf.

(f) ~~(e)~~ A violation of this subsection renders the automatic renewal provision void and unenforceable.

Section 3. Paragraphs (b) and (c) of subsection (22) of section 626.854, Florida Statutes, are amended, and paragraph (a) of that subsection is republished, 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.

(22)(a) Any following act by a public adjuster, a public adjuster apprentice, or a person acting on behalf of a public adjuster or public adjuster apprentice is prohibited and shall result in discipline as applicable under this part:

1. Offering to a residential property owner a rebate, gift, gift card, cash, coupon, waiver of any insurance deductible, or any other thing of value in exchange for:

a. Allowing a contractor, a public adjuster, a public adjuster apprentice, or a person acting on behalf of a public adjuster or public adjuster apprentice to conduct an inspection of the residential property owner's roof; or

b. Making an insurance claim for damage to the residential property owner's roof.

2. Offering, delivering, receiving, or accepting any compensation, inducement, or reward for the referral of any services for which property insurance proceeds would be used for roofing repairs or replacement.

(b) Notwithstanding the fine set forth in s. 626.8698, a public adjuster or public adjuster apprentice may be subject to a fine not to exceed $10,000 per act for a violation of this subsection and a fine not to exceed $20,000 per act for a

violation of this subsection that occurs during a state of emergency declared by executive order or proclamation of the Governor pursuant to s. 252.36.

(c) A person who engages in an act prohibited by this subsection and who is not a public adjuster or a public adjuster apprentice, or is not otherwise exempt from licensure, is guilty of the unlicensed practice of public adjusting and may be:

1. Subject to all applicable penalties set forth in this part.

2. Notwithstanding subparagraph 1., subject to a fine not to exceed $10,000 per act for a violation of this subsection and a fine not to exceed $20,000 per act for a violation of this subsection that occurs during a state of emergency declared by executive order or proclamation of the Governor pursuant to s. 252.36.

Section 4. Present subsections (7), (8), and (9) of section 626.989, Florida Statutes, are redesignated as subsections (9), (10), and (11), respectively, new subsections (7) and (8) and subsection (12) are added to that section, and subsection (6) of that section is amended, to read:

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

(6) Any person, other than an insurer, agent, or other person licensed under the code, or an employee thereof, having knowledge or who believes that a fraudulent insurance act or any other act or practice which, upon conviction, constitutes a felony or a misdemeanor under the code, or under s. 817.234, is being or has been committed may send to the Division of Investigative and Forensic Services a report or information pertinent to such knowledge or belief and such additional information relative thereto as the department may request. Any professional practitioner licensed or regulated by the Department of Business and Professional Regulation, except as otherwise provided by law, any medical review committee as defined in s. 766.101, any private medical review committee, and any insurer, agent, or other person licensed under the code, or an employee thereof, having knowledge or who believes that a fraudulent insurance act or any other act or practice which, upon conviction, constitutes a felony or a misdemeanor under the code, or under s. 817.234, is being or has been committed shall send to the Division of Investigative and Forensic Services a report or information pertinent to such knowledge or belief and such additional information relative thereto as the department may require.

(7) If an insurer fails or otherwise refuses to comply with this section, the department may impose an administrative

fine of not more than $2,000 per day for such failure until the department deems the insurer to be in compliance.

(8) The Division of Investigative and Forensic Services shall review such information or reports and select such information or reports as, in its judgment, may require further investigation. It shall then cause an independent examination of the facts surrounding such information or report to be made to determine the extent, if any, to which a fraudulent insurance act or any other act or practice which, upon conviction, constitutes a felony or a misdemeanor under the code, or under s. 817.234, is being committed. The Division of Investigative and Forensic Services shall report any alleged violations of law which its investigations disclose to the appropriate licensing agency and state attorney or other prosecuting agency having jurisdiction with respect to any such violation, as provided in s. 624.310. If prosecution by the state attorney or other prosecuting agency having jurisdiction with respect to such violation is not begun within 60 days of the division's report, the state attorney or other prosecuting agency having jurisdiction with respect to such violation shall inform the division of the reasons for the lack of prosecution.

(12) The Division of Investigative and Forensic Services may adopt reasonable rules as are necessary to administer this section. Such rules must meet all of the following requirements:

(a) They may not enlarge upon or extend the provisions of this section.

(b) They must identify specific factors that determine the grades of penalty.

(c) They must specify mitigating and aggravating factors for a violation of this section.

Section 5. Subsection (9) of section 633.126, Florida Statutes, is amended, subsection (10) is added to that section, and subsection (2) of that section is republished, to read:

633.126 Investigation of fraudulent insurance claims and crimes; immunity of insurance companies supplying information.—

(2) If an insurance company has reason to suspect that a fire or explosion loss to its insured's real or personal property was caused by intentional means, the company shall notify the State Fire Marshal and shall furnish her or him with all material acquired by the company during its investigation. The State Fire Marshal may adopt rules to implement this subsection.

(9) If an insurance company fails or otherwise refuses to comply with this section, the department may impose an administrative fine of not more than $2,000 per day for such failure until the department deems the insurance company to be in compliance ~~A person who willfully violates this section commits a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083~~.

(10) The Division of Investigative and Forensic Services may adopt reasonable rules as are necessary to administer this section. Such rules must meet all of the following requirements:

(a) They may not enlarge upon or extend the provisions of this section.

(b) They must identify specific factors that determine the grades of penalty.

(c) They must specify mitigating and aggravating factors for a violation of this section.

Section 6. Effective January 1, 2023, present paragraphs (b), (c), and (d) of subsection (3) of section 634.095, Florida Statutes, are redesignated as paragraphs (d), (e), and (f), respectively, new paragraphs (b) and (c) are added to that subsection, and paragraph (a) of that subsection is amended, to read:

634.095 Prohibited acts.—Any service agreement company or salesperson that engages in one or more of the following acts is, in addition to any applicable denial, suspension, revocation, or refusal to renew or continue any appointment or license, guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083:

(3) Issuing or causing to be issued any advertisement that ~~which~~:

(a) Does not fully disclose in a written advertisement, in at least 12-point, boldface ~~boldfaced~~ type, the name, address,

and Florida Company Code ~~license number~~ of the service agreement company.

(b) Does not fully disclose in a radio or television advertisement the full legal name of the licensed salesperson or the service agreement company.

(c) Does not fully identify the soliciting licensed salesperson's full legal name and license number when the salesperson begins, and the soliciting salesperson's telephone number when the salesperson concludes, each outbound telephone solicitation. For the purposes of this paragraph, the actual telephone number of the salesperson may be the number on file with the department or the number at which the salesperson may be contacted.

Section 7. Subsection (11) of section 775.15, Florida Statutes, is amended to read:

775.15 Time limitations; general time limitations; exceptions.—

(11) A prosecution for a felony violation of s. 440.105 or s. 817.234 ~~ss. 440.105 and 817.234~~ must be commenced within 5 years after the violation is committed.

Section 8. Subsection (5) of section 817.234, Florida Statutes, is amended to read:

817.234 False and fraudulent insurance claims.—

(5)(a) Any insurer damaged as a result of a violation of any provision of this section when there has been a criminal

adjudication of guilt shall have a cause of action to recover compensatory damages, plus all reasonable investigation and litigation expenses, including attorney ~~attorneys'~~ fees, at the trial and appellate courts.

(b) If an insurer damaged as a result of a violation of any provision of this section has reported the possible fraudulent insurance act to the Division of Investigative and Forensic Services pursuant to s. 626.9891 and if there has been a criminal adjudication of guilt, the insurer is entitled to recover reasonable investigation and litigation expenses, including attorney fees, at the trial and appellate courts.

Section 9. Except as otherwise expressly provided in this act, this act shall take effect upon becoming a law

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T I T L E A M E N D M E N T

Remove everything before the enacting clause and insert: An act relating to fraud prevention; creating s. 324.252, F.S.; requiring that the electronic credentialing system display certain vehicle information for specified purposes by a specified date; requiring the Department of Highway Safety and Motor Vehicles to provide the Legislature with recommendations for compliance verification with certain financial responsibility requirements by a specified date; amending s. 501.165, F.S.; requiring sellers to allow consumers to cancel in

a specified manner and by specified means service contracts that have automatic renewal provisions; amending s. 626.854, F.S.; revising maximum fines for public adjusters and public adjuster apprentices for certain violations under a specified circumstance; revising maximum fines for certain violations by certain persons under a specified circumstance; amending s. 626.989, F.S.; authorizing the Department of Financial Services to impose an administrative fine on insurers under certain circumstances; authorizing the Division of Investigative and Forensic Services to adopt certain rules; amending s. 633.126, F.S.; authorizing the department to impose an administrative fine on insurance companies under certain circumstances; deleting criminal penalties; authorizing the division to adopt certain rules; amending s. 634.095, F.S.; revising requirements for advertisements issued or caused to be issued by service agreement companies or salespersons; amending s. 775.15, F.S.; revising felony violations for which prosecutions must be commenced within a specified timeframe; amending s. 817.234, F.S.; providing that certain insurers are entitled to recover specified expenses at the trial and appellate courts under certain circumstances; providing effective dates.

Amendment No. 1

COMMITTEE/SUBCOMMITTEE ACTION	
ADOPTED	__ (Y/N)
ADOPTED AS AMENDED	__ (Y/N)
ADOPTED W/O OBJECTION	✓ (Y/N)
FAILED TO ADOPT	__ (Y/N)
WITHDRAWN	__ (Y/N)
OTHER	____

Committee/Subcommittee hearing bill: Insurance & Banking Subcommittee

Representative LaMarca offered the following:

Amendment (with title amendment)

Remove lines 710-1171 and insert:

subsection (5) within <u>21</u> ~~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 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 daily,~~ 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 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 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 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 ~~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 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.

~~c.~~ The $1,000 penalty shall be assessed against the employer even if the calculated penalty after the credit provided in sub-subparagraph a., the ~~and~~ 25 percent reduction provided in sub-subparagraph b., and the 15 percent reduction provided in sub-subparagraph 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 14. 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, work-hardening 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 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 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 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 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 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

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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:

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3. Outpatient reimbursement for scheduled surgeries shall be reduced from 75 percent of charges to 60 percent of charges.

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as of the date of dispensing. All pharmaceutical claims submitted for repackaged or relabeled prescription medications 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 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.

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3. Survey carriers to determine the estimated impact on carrier costs and workers' compensation premium rates by 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 15. 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 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 self-insured program, files a statement of claim containing any false or misleading information commits a felony of the third degree."

Section 16. 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 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, generating more than the amount of premium required to be experience rated must~~,~~ be audited at least ~~less than~~ 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 17. 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:

(2) Charges paid for transferring burial rights from one purchaser to another~~; however, no such fee may exceed $50~~.

Section 18. 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 <u>in good standing</u> to practice embalming in another state of the United States <u>and has engaged in the full-time, licensed practice of embalming in that state for at least 5 years</u>~~, 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 19. Paragraphs (b) and (f) of subsection (1) of section 497.372, Florida Statutes, are amended to read:

497.372 Funeral directing; conduct constituting practice of 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 20. 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 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 21. Subsection (6) of section 554.108, Florida Statutes, is renumbered as subsection (7), subsection (1) is amended, and a new subsection (6) is added to that section, 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 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 22. 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 23. 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 ~~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 24. 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.

Section 25. Section 624.422, Florida Statutes, are 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 26. 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 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 27. Subsections (3) and (4) of section 626.937, Florida Statutes, are amended to read:

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 28. Subsections (1) and (3) of section 48.151, 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 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~~, or his or her assistant or deputy, or another person in charge of the office~~ pursuant to this section.

Section 29. Subsection (3)(f) of section 624.610, Florida Statutes, is 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 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, 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.

Section 30. Subsection (4)(d) of section 624.610, Florida Statutes, is amended to read:

624.610 Reinsurance.—

(4)(d)

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, 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 insolvency or delinquency laws.

Section 31. 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:

Section 32. Subsection (4) of section 626.912, Florida Statutes, is amended to read:

626.912 Exemptions from ss. 626.904-626.911.

(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 33. Subsection (3) of section 626.937, Florida Statutes, is amended to read:

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.

T I T L E A M E N D M E N T

Remove lines 69-94 and insert:

s. 440.381, F.S.; specifying workers' compensation policies that require physical onsite 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 in which the Chief Financial Officer makes the process available; amending s. 624.422, F.S.; requiring insurers to file with the department email-addresses, rather than addresses, of specified persons; conforming provisions to changes made by the act; providing that a specified method in which process is served upon the Chief Financial Officer is the sole

method of service; 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 a specified method; revising method by which records are retained; amending s. 626.937, F.S.; conforming provisions to changes made by the act; amending s. 48.151, F.S.; providing an exception to service of process on public entities under certain circumstances; requiring the department to create a secure online portal as the sole means to accept certain service of process; amending s. 624.610, F.S.; conforming provisions to changes made by the act; amending s. 626.906, F.S.; conforming provisions to changes made by the act; amending s. 626.912, F.S.; conforming provisions to changes made by the act; amending s. 626.937, F.S.; conforming provisions to changes made by the act; amending s. 626.015,

Amendment No. 2

COMMITTEE/SUBCOMMITTEE ACTION

ADOPTED	____	(Y/N)
ADOPTED AS AMENDED	____	(Y/N)
ADOPTED W/O OBJECTION	✓	(Y/N)
FAILED TO ADOPT	____	(Y/N)
WITHDRAWN	____	(Y/N)
OTHER		

Committee/Subcommittee hearing bill: Insurance & Banking Subcommittee

Representative LaMarca offered the following:

Amendment (with title amendment)

Remove lines 1996-2042 and insert:

Section 57. 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 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' self-~~

~~insurance 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 self-insurance appointed by the Chief Financial Officer, a representative of the osteopathic physicians' or podiatric physicians' insurance or self-insurance appointed by the Chief 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 self-insurance 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 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 Chief Financial Officer or his or her designee ~~board of governors~~.

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 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. 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 58. Paragraph (b) of subsection (1) of section 945.6041, Florida Statutes, is amended to read:

945.6041 Inmate medical services.—

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

(b) "Health care provider" means:

1. A hospital licensed under chapter 395.

2. A physician or physician assistant licensed under 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 59. 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:

1. A hospital licensed under chapter 395.

2. A physician or physician assistant licensed under 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 60. 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 program, and physicians performing purely administrative duties for the hospital instead of treating patients. This coverage applies to the hospital and those included in the definition of health care provider at s. 985.6441(1)(a), F.S.

(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, pathologist, or 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 for Health Care Administration, by meeting one of the following requirements:

(a) Establish an escrow account in an amount equivalent to $10,000 per claim for each hospital 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, no hospital may 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 for Health Care Administration 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 self-insurance policies if the $10,000 per claim and $2.5 million annual aggregate is met for each hospital in the hospital system.

T I T L E A M E N D M E N T

Remove lines 177-184 and insert:

amending s. 766.105, F.S.; deleting certain provisions relating to the Agency for Health Care Administration; requiring that the Florida Patient's Compensation Fund be subject to the supervision and approval of the Chief Financial Officer rather than a board of governors and be dissolved on or before a specified date; deleting certain provisions relating to the board of governors; providing duties of the department before the legal dissolution of the fund; requiring that provisions relating to the fund be repealed on a specified date; amending ss. 945.6041 and 985.6441, F.S.; conforming provisions to changes made by the act; creating s. 395.1061, F.S.; providing

definitions; requiring certain hospitals and hospital systems to demonstrate financial responsibility for maintaining professional liability coverage; prohibiting the agency from issuing or renewing licenses of hospitals under certain circumstances; providing exemptions from professional liability coverage requirements; transferring the Stop

Amendment No. a1

COMMITTEE/SUBCOMMITTEE ACTION

ADOPTED	__	(Y/N)
ADOPTED AS AMENDED	__	(Y/N)
ADOPTED W/O OBJECTION	✓	(Y/N)
FAILED TO ADOPT	__	(Y/N)
WITHDRAWN	__	(Y/N)
OTHER	____	

Committee/Subcommittee hearing bill: Insurance & Banking Subcommittee

Representative Hage offered the following:

Amendment to Amendment (643035) by Representative LaMarca

Remove lines 115-270 and lines 817-831 of the amendment

Amendment No. a2

COMMITTEE/SUBCOMMITTEE ACTION

ADOPTED	__ (Y/N)
ADOPTED AS AMENDED	__ (Y/N)
ADOPTED W/O OBJECTION	✓ (Y/N)
FAILED TO ADOPT	__ (Y/N)
WITHDRAWN	__ (Y/N)
OTHER	____

Committee/Subcommittee hearing bill: Insurance & Banking Subcommittee

Representative Hage offered the following:

Amendment to Amendment (643035) by Representative LaMarca

Remove lines 749-782 of the amendment and insert:

Section 29. Subsections (3)(f) and (4)(d) of section 624.610, Florida Statutes, is 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 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), 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.

(4)(d)

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), 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 insolvency or delinquency laws.

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COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Committee/Subcommittee: **Insurance & Banking Subcommittee**

Meeting Date: **January 19, 2022 3:30 PM**

- [x] Bill/PCS/PCB Number: **PCS for HB 431**
- [ ] Amendment Barcode Number: **N/A**
- [ ] Presentation/Workshop Topic: **N/A**

Name: **Weigel, Russell**

Representing: **Office of Financial Regulation**

Title:

Address: **200 E Gaines St, 5th Floor, The Fletcher Building**

City: **Tallahassee** State/Zip: **FL**

Phone Number: **(850) 410-9678**

- [x] Registered Lobbyist
- [x] State Employee
- [ ] I Wish to Appear in Person
- [ ] Appearing in response to subpoena
- [ ] Appearing in response to an inquiry for information made by member, committee or staff
- [ ] Appearing at the written request of the chair
- [ ] Judge or elected officer appearing in official capacity
- [x] Lobbyist Appearance Form Submitted

Bill
Waive In Support
Amendment

14307054

COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Committee/Subcommittee: **Insurance & Banking Subcommittee**

Meeting Date: **January 19, 2022 3:30 PM**

☑	Bill/PCS/PCB Number:	**HB 453 : Records of Physical Examinations of Officers**
☐	Amendment Barcode Number:	**N/A**
☐	Presentation/Workshop Topic:	**N/A**

Name: **Henning, Lisa**

Representing: **Florida State Fraternal Order of Police**

Title:

Address: **242 Office Plaza Dr, 242 Office Plaza Drive**

City: **Tallahassee** State/Zip: **FL**

Phone Number: **(850) 656-9881**

☑ Registered Lobbyist
☐ State Employee
☑ I Wish to Appear in Person
☐ Appearing in response to subpoena
☐ Appearing in response to an inquiry for information made by member, committee or staff
☐ Appearing at the written request of the chair
☐ Judge or elected officer appearing in official capacity
☑ Lobbyist Appearance Form Submitted

Bill	
Proponent	
Amendment	

COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

W/S

Bill [X] Amendment [ ]

Bill/PCS/PCB Number: 453

Amendment Barcode Number: _____

Name: Wayne "Bernie" Bernoska

Representing: Florida Professional Firefighters

Title: President

Address: 343 W. Madison St.

City: Tallahassee State/Zip: FL 32301

Phone Number: 850.224.7333 Meeting Date: 1-19-22

Committee/Subcommittee: Insurance & Banking

Presentation/Workshop Topic: HB 453

Registered Lobbyist: YES [X] NO [ ]

State Employee: YES [ ] NO [X]

- [ ] I wish to speak
- [ ] Appearing in response to an inquiry for information made by member, committee, or staff
- [ ] Appearing in response to subpoena
- [ ] Appearing at the written request of the chair
- [ ] Judge or elected officer appearing in official capacity
- [ ] Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

	Proponent	Opponent	Waive in Support	Waive in Opposition	Info only
Bill:	[ ]	[ ]	[X]	[ ]	[ ]
Amendment:	[ ]	[ ]	[ ]	[ ]	[ ]

12739387

COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Committee/Subcommittee: **Insurance & Banking Subcommittee**

Meeting Date: **January 19, 2022 3:30 PM**

☑	Bill/PCS/PCB Number:	**HB 557 : Fire Investigator Cancer Treatment Benefits**
☐	Amendment Barcode Number:	**N/A**
☐	Presentation/Workshop Topic:	**N/A**

Name: **Henning, Lisa**

Representing: **Florida State Fraternal Order of Police**

Title:

Address: **242 Office Plaza Dr, 242 Office Plaza Drive**

City: **Tallahassee** State/Zip: **FL**

Phone Number: **(850) 656-9881**

☑ Registered Lobbyist
☐ State Employee
☑ I Wish to Appear in Person
☐ Appearing in response to subpoena
☐ Appearing in response to an inquiry for information made by member, committee or staff
☐ Appearing at the written request of the chair
☐ Judge or elected officer appearing in official capacity
☑ Lobbyist Appearance Form Submitted

Bill
Waive In Support
Amendment

COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

45

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

Bill [X] Amendment [ ]

Bill/PCS/PCB Number: 557

Amendment Barcode Number: _____

Name: Eric Prutsman

Representing: Florida Fire Chiefs Association

Title: _____

Address: P.O. Box 10448

City: Tallahassee State/Zip: FL 32302

Phone Number: 850-210-2525 Meeting Date: 1/19/22

Committee/Subcommittee: Insurance & Banking Subcommittee

Presentation/Workshop Topic: Fire Investigator Cancer Treatment Benefits

Registered Lobbyist: YES [X] NO [ ]

State Employee: YES [ ] NO [X]

- [ ] I wish to speak
- [ ] Appearing in response to an inquiry for information made by member, committee, or staff
- [ ] Appearing in response to subpoena
- [ ] Appearing at the written request of the chair
- [ ] Judge or elected officer appearing in official capacity
- [X] Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent [ ] Opponent [ ] Waive in Support [X] Waive in Opposition [ ] Info only [ ]

Amendment: Proponent [ ] Opponent [ ] Waive in Support [ ] Waive in Opposition [ ] Info only [ ]

WS

COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

Bill [X] Amendment [ ]

Bill/PCS/PCB Number: 557

Amendment Barcode Number: _____

Name: Austin Stowers

Representing: CFO & State Fire Marshal Jimmy Patronis

Title: Legislative Affairs Director

Address: 200 E Gaines St.

City: Tallahassee State/Zip: FL 32399

Phone Number: 850-413-5939 Meeting Date: 1/19/22

Committee/Subcommittee: Insurance & Banking

Presentation/Workshop Topic: _____

Registered Lobbyist: YES [✓] NO [ ]

State Employee: YES [✓] NO [ ]

- [ ] I wish to speak
- [ ] Appearing in response to an inquiry for information made by member, committee, or staff
- [ ] Appearing in response to subpoena
- [ ] Appearing at the written request of the chair
- [ ] Judge or elected officer appearing in official capacity
- [ ] Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent [ ] Opponent [ ] Waive in Support [✓] Waive in Opposition [ ] Info only [ ]

Amendment: Proponent [ ] Opponent [ ] Waive in Support [ ] Waive in Opposition [ ] Info only [ ]

COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

WS

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

Bill [X] Amendment [ ]

Bill/PCS/PCB Number: 557

Amendment Barcode Number: _____

Name: Wayne "Bernie" Bernoska

Representing: Florida Professional Firefighters

Title: President

Address: 343 West Madison St.

City: Tallahassee State/Zip: FL 32301

Phone Number: 850.224.7333 Meeting Date: 1-19-21

Committee/Subcommittee: Insurance & Banking

Presentation/Workshop Topic: HB 557

Registered Lobbyist: YES [X] NO [ ]

State Employee: YES [ ] NO [ ]

- [ ] I wish to speak
- [ ] Appearing in response to an inquiry for information made by member, committee, or staff
- [ ] Appearing in response to subpoena
- [ ] Appearing at the written request of the chair
- [ ] Judge or elected officer appearing in official capacity
- [ ] Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent [ ] Opponent [ ] Waive in Support [X] Waive in Opposition [ ] Info only [ ]

Amendment: Proponent [ ] Opponent [ ] Waive in Support [ ] Waive in Opposition [ ] Info only [ ]

COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

Bill ☑ Amendment ☐

Bill/PCS/PCB Number: 749

Amendment Barcode Number: _____

W/S

Name: Hillary Cassel

Representing: Florida Policyholders Cooperative

Title: _____

Address: 5430 SW 39th Way

City: Ft. Lauderdale FL State/Zip: 33312

Phone Number: 561.202.5713 Meeting Date: 1/19/2022

Committee/Subcommittee: Insurance & Banking

Presentation/Workshop Topic: _____

Registered Lobbyist: YES ☐ NO ☑

State Employee: YES ☐ NO ☑

☐ I wish to speak

☐ Appearing in response to an inquiry for information made by member, committee, or staff

☐ Appearing in response to subpoena

☐ Appearing at the written request of the chair

☐ Judge or elected officer appearing in official capacity

☐ Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent ☑ Opponent ☐ Waive in Support ☑ Waive in Opposition ☐ Info only ☐

Amendment: Proponent ☐ Opponent ☐ Waive in Support ☐ Waive in Opposition ☐ Info only ☐

COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

Bill [✓] Amendment [ ]

Bill/PCS/PCB Number: HB 749

Amendment Barcode Number: _____

4/5

Name: TASHA CARTER

Representing: Office of the Insurance Consumer Advocate

Title: Insurance Consumer Advocate

Address: 200 E. Gaines Street

City: Tallahassee, FL State/Zip: 32399

Phone Number: 850-413-2868 Meeting Date: 1/19/22

Committee/Subcommittee: Banking and Insurance

Presentation/Workshop Topic: _____

Registered Lobbyist: YES [✓] NO [ ]

State Employee: YES [✓] NO [ ]

[ ] I wish to speak

[ ] Appearing in response to an inquiry for information made by member, committee, or staff

[ ] Appearing in response to subpoena

[ ] Appearing at the written request of the chair

[ ] Judge or elected officer appearing in official capacity

[ ] Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent [ ] Opponent [ ] Waive in Support [✓] Waive in Opposition [ ] Info only [ ]

Amendment: Proponent [ ] Opponent [ ] Waive in Support [ ] Waive in Opposition [ ] Info only [ ]

W/S

12704079

COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Committee/Subcommittee: **Insurance & Banking Subcommittee**

Meeting Date: **January 19, 2022 3:30 PM**

- [x] Bill/PCS/PCB Number: **HB 749 : Fraud Prevention**
- [ ] Amendment Barcode Number: **N/A**
- [ ] Presentation/Workshop Topic: **N/A**

Name: **Handerhan, Paul**

Representing: **Florida Association for Insurance Reform**

Title:

Address: **120 S Monroe St**

City: **Tallahassee** State/Zip: **FL**

Phone Number: **(850) 727-7087**

- [x] Registered Lobbyist
- [ ] State Employee
- [ ] I Wish to Appear in Person
- [ ] Appearing in response to subpoena
- [ ] Appearing in response to an inquiry for information made by member, committee or staff
- [ ] Appearing at the written request of the chair
- [ ] Judge or elected officer appearing in official capacity
- [x] Lobbyist Appearance Form Submitted

Bill
Waive In Support
Amendment

US

88992196

COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Committee/Subcommittee: **Insurance & Banking Subcommittee**

Meeting Date: **January 19, 2022 3:30 PM**

- [x] Bill/PCS/PCB Number: **HB 749 : Fraud Prevention**
- [ ] Amendment Barcode Number: **N/A**
- [ ] Presentation/Workshop Topic: **N/A**

Name: **Handerhan, Paul**

Representing: **Florida Association of Public Insurance Adjusters**

Title:

Address: **120 S Monroe St**

City: **Tallahassee** State/Zip: **FL**

Phone Number: **(850) 727-7087**

- [x] Registered Lobbyist
- [ ] State Employee
- [ ] I Wish to Appear in Person
- [ ] Appearing in response to subpoena
- [ ] Appearing in response to an inquiry for information made by member, committee or staff
- [ ] Appearing at the written request of the chair
- [ ] Judge or elected officer appearing in official capacity
- [x] Lobbyist Appearance Form Submitted

Bill
Waive In Support
Amendment

W/S

COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

Bill [X] Amendment [ ]

Bill/PCS/PCB Number: 749

Amendment Barcode Number: _____

Name: Austin Stowers

Representing: CFO Jimmy Patronis

Title: Legislative Affairs Director

Address: 200 E Gaines

City: Tallahassee State/Zip: FL 32399

Phone Number: (850) 413 5939 Meeting Date: 1/19/22

Committee/Subcommittee: Insurance & Banking

Presentation/Workshop Topic: _____

Registered Lobbyist: YES [✓] NO [ ]

State Employee: YES [✓] NO [ ]

- [ ] I wish to speak
- [ ] Appearing in response to an inquiry for information made by member, committee, or staff
- [ ] Appearing in response to subpoena
- [ ] Appearing at the written request of the chair
- [ ] Judge or elected officer appearing in official capacity
- [ ] Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent [ ] Opponent [ ] Waive in Support [✓] Waive in Opposition [ ] Info only [ ]

Amendment: Proponent [ ] Opponent [ ] Waive in Support [ ] Waive in Opposition [ ] Info only [ ]

11939109

WS

COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Committee/Subcommittee: **Insurance & Banking Subcommittee**

Meeting Date: **January 19, 2022 3:30 PM**

- [x] Bill/PCS/PCB Number: **HB 749 : Fraud Prevention**
- [ ] Amendment Barcode Number: **N/A**
- [ ] Presentation/Workshop Topic: **N/A**

Name: **Fernandez, Edda**

Representing: **AARP**

Title: **AARP Associate State Director Advocacy**

Address: **215 S Monroe St, Suite #603**

City: **Tallahassee** State/Zip: **FL**

Phone Number: **(786) 804-4508**

- [x] Registered Lobbyist
- [ ] State Employee
- [ ] I Wish to Appear in Person
- [ ] Appearing in response to subpoena
- [ ] Appearing in response to an inquiry for information made by member, committee or staff
- [ ] Appearing at the written request of the chair
- [ ] Judge or elected officer appearing in official capacity
- [x] Lobbyist Appearance Form Submitted

Bill
Waive In Support
Amendment

COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

4/5

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

Bill ☐ Amendment ☒

Bill/PCS/PCB Number: HB 749

Amendment Barcode Number: 156819

Name: Reggie Garcia

Representing: Florida Justice Association

Title:

Address: 218 S Monroe St.

City: Tallahassee State/Zip: FL 32301

Phone Number: 850-933-7150 Meeting Date: 1/19/2022

Committee/Subcommittee: Insurance & Banking

Presentation/Workshop Topic: Fraud Prevention

Registered Lobbyist: YES ☑ NO ☐

State Employee: YES ☐ NO ☑

☐ I wish to speak

☐ Appearing in response to an inquiry for information made by member, committee, or staff

☐ Appearing in response to subpoena

☐ Appearing at the written request of the chair

☐ Judge or elected officer appearing in official capacity

☐ Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent ☐ Opponent ☐ Waive in Support ☐ Waive in Opposition ☐ Info only ☐

Amendment: Proponent ☐ Opponent ☐ Waive in Support ☑ Waive in Opposition ☐ Info only ☐

70445701

4/5

COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Committee/Subcommittee: **Insurance & Banking Subcommittee**

Meeting Date: **January 19, 2022 3:30 PM**

- [x] Bill/PCS/PCB Number: **HB 959 : Department of Financial Services**
- [ ] Amendment Barcode Number: **N/A**
- [ ] Presentation/Workshop Topic: **N/A**

Name: **Handerhan, Paul**

Representing: **Florida Association of Public Insurance Adjusters**

Title:

Address: **120 S Monroe St**

City: **Tallahassee** State/Zip: **FL**

Phone Number: **(850) 727-7087**

- [x] Registered Lobbyist
- [ ] State Employee
- [x] I Wish to Appear in Person
- [ ] Appearing in response to subpoena
- [ ] Appearing in response to an inquiry for information made by member, committee or staff
- [ ] Appearing at the written request of the chair
- [ ] Judge or elected officer appearing in official capacity
- [x] Lobbyist Appearance Form Submitted

Bill
Waive In Support
Amendment

20708309

COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Committee/Subcommittee: **Insurance & Banking Subcommittee**

Meeting Date: **January 19, 2022 3:30 PM**

- [x] Bill/PCS/PCB Number: **HB 959 : Department of Financial Services**
- [ ] Amendment Barcode Number: **N/A**
- [ ] Presentation/Workshop Topic: **N/A**

Name: **Handerhan, Paul**

Representing: **Florida Association for Insurance Reform**

Title:

Address: **120 S Monroe St**

City: **Tallahassee** State/Zip: **FL**

Phone Number: **(850) 727-7087**

- [x] Registered Lobbyist
- [ ] State Employee
- [ ] I Wish to Appear in Person
- [ ] Appearing in response to subpoena
- [ ] Appearing in response to an inquiry for information made by member, committee or staff
- [ ] Appearing at the written request of the chair
- [ ] Judge or elected officer appearing in official capacity
- [x] Lobbyist Appearance Form Submitted

Bill
Waive In Support
Amendment

COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

4/5

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

Bill ☑ Amendment ☐

Bill/PCS/PCB Number: HB 959

Amendment Barcode Number: _____

Name: Meredith Snowden

Representing: Florida Workers' Compensation Joint Underwriting Association

Title: ~~consultant~~ consultant

Address: 150. S. Monroe St., Suite 300

City: Tallahassee State/Zip: FL 32301

Phone Number: (850) 510-9257 Meeting Date: 2/19/2022

Committee/Subcommittee: Insurance + Banking

Presentation/Workshop Topic: _____

Registered Lobbyist: YES ☑ NO ☐

State Employee: YES ☐ NO ☑

☑ I wish to speak (waive in support)

☐ Appearing in response to an inquiry for information made by member, committee, or staff

☐ Appearing in response to subpoena

☐ Appearing at the written request of the chair

☐ Judge or elected officer appearing in official capacity

☐ Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent ☑ Opponent ☐ Waive in Support ☑ Waive in Opposition ☐ Info only ☐

Amendment: Proponent ☐ Opponent ☐ Waive in Support ☐ Waive in Opposition ☐ Info only ☐

COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

4/5

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

Bill [X] Amendment [ ]

Bill/PCS/PCB Number: 959

Amendment Barcode Number: _____

Name: Austin Stowers

Representing: Department of Financial Services

Title: Legislative Affairs Director

Address: 200 E Gaines St.

City: Tallahassee State/Zip: FL 32399

Phone Number: 850.413.5939 Meeting Date: _____

Committee/Subcommittee: Insurance & Banking

Presentation/Workshop Topic: _____

Registered Lobbyist: YES [✓] NO [ ]

State Employee: YES [✓] NO [ ]

- [ ] I wish to speak
- [ ] Appearing in response to an inquiry for information made by member, committee, or staff
- [ ] Appearing in response to subpoena
- [ ] Appearing at the written request of the chair
- [ ] Judge or elected officer appearing in official capacity
- [ ] Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent [ ] Opponent [ ] Waive in Support [✓] Waive in Opposition [ ] Info only [ ]

Amendment: Proponent [ ] Opponent [ ] Waive in Support [ ] Waive in Opposition [ ] Info only [ ]

COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

4/5

Bill ☑ Amendment ☐

Bill/PCS/PCB Number: HB 959

Amendment Barcode Number: _____

Name: TASHA CARTER

Representing: Office of the Insurance Consumer Advocate

Title: Insurance Consumer Advocate

Address: 200 E. Gaines Street

City: Tallahassee State/Zip: FL 32399

Phone Number: 850-413-2868 Meeting Date: 1/19/22

Committee/Subcommittee: Banking and Insurance

Presentation/Workshop Topic: _____

Registered Lobbyist: YES ☑ NO ☐

State Employee: YES ☑ NO ☐

☐ I wish to speak

☐ Appearing in response to an inquiry for information made by member, committee, or staff

☐ Appearing in response to subpoena

☐ Appearing at the written request of the chair

☐ Judge or elected officer appearing in official capacity

☐ Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent ☐ Opponent ☐ Waive in Support ☑ Waive in Opposition ☐ Info only ☐

Amendment: Proponent ☐ Opponent ☐ Waive in Support ☐ Waive in Opposition ☐ Info only ☐

COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

W/S

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

Bill ☐ Amendment ☒

Bill/PCS/PCB Number: HB 959

Amendment Barcode Number: 643035 Amendment 1

Name: Reggie Garcia

Representing: Florida Justice Association

Title:

Address: 218 S. Monroe St.

City: Tallahassee State/Zip: FL 32301

Phone Number: 850-933-7150 Meeting Date: 1/19/2022

Committee/Subcommittee: Insurance + Banking

Presentation/Workshop Topic: Dept of Financial Services

Registered Lobbyist: YES ☑ NO ☐

State Employee: YES ☐ NO ☑

☐ I wish to speak

☐ Appearing in response to an inquiry for information made by member, committee, or staff

☐ Appearing in response to subpoena

☐ Appearing at the written request of the chair

☐ Judge or elected officer appearing in official capacity

☐ Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent ☐ Opponent ☐ Waive in Support ☐ Waive in Opposition ☐ Info only ☐

Amendment: Proponent ☐ Opponent ☐ Waive in Support ☑ Waive in Opposition ☐ Info only ☐