

26 to insureds filing actions against insurers; amending
 27 ss. 624.123, 624.488, 627.062, 627.401, 627.727,
 28 627.736, 627.756, and 628.6016, F.S.; to conform to
 29 changes made by the act; repealing ss. 631.70 and
 30 631.926, F.S., relating to awards of attorney fees;
 31 amending s. 632.638, F.S., to conform to changes made
 32 by the act; providing a directive to the Division of
 33 Law Revision; providing an effective date.

34

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

36

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

39 57.104 Computation of attorney ~~attorneys'~~ fees.—

40 (1) In any action in which attorney ~~attorneys'~~ fees are to
 41 be determined or awarded by the court, the court shall consider,
 42 among other things, time and labor of any legal assistants who
 43 contributed nonclerical, meaningful legal support to the matter
 44 involved and who are working under the supervision of an
 45 attorney. For purposes of this section "legal assistant" means a
 46 person, who under the supervision and direction of a licensed
 47 attorney engages in legal research, and case development or
 48 planning in relation to modifications or initial proceedings,
 49 services, processes, or applications; or who prepares or
 50 interprets legal documents or selects, compiles, and uses

51 technical information from references such as digests,
 52 encyclopedias, or practice manuals and analyzes and follows
 53 procedural problems that involve independent decisions.

54 (2) In any action in which attorney fees are determined or
 55 awarded by the court, there is a strong presumption that a
 56 lodestar fee is sufficient and reasonable. This presumption may
 57 be overcome only in a rare and exceptional circumstance with
 58 evidence that competent counsel could not otherwise be retained.

59 Section 2. Paragraph (f) is added to subsection (4) of
 60 section 90.502, Florida Statutes, to read:

61 90.502 Lawyer-client privilege.—

62 (4) There is no lawyer-client privilege under this section
 63 when:

64 (f) A communication is relevant to the lawyer's act of
 65 referring the client for treatment by a health care provider.

66 Section 3. Section 624.155, Florida Statutes, is amended
 67 to read:

68 624.155 Civil remedy.—

69 (1) Any person may bring a civil action against an insurer
 70 when such person is damaged:

71 (a) By a violation of any of the following provisions by
 72 the insurer:

- 73 1. Section 626.9541(1) (i), (o), or (x);
- 74 2. Section 626.9551;
- 75 3. Section 626.9705;

- 76 4. Section 626.9706;
- 77 5. Section 626.9707; or
- 78 6. Section 627.7283.

79 (b) By the commission of any of the following acts by the
 80 insurer:

81 1. Not attempting in good faith to settle claims when,
 82 under all the circumstances, it could and should have done so,
 83 had it acted fairly and honestly toward its insured and with due
 84 regard for her or his interests;

85 2. Making claims payments to insureds or beneficiaries not
 86 accompanied by a statement setting forth the coverage under
 87 which payments are being made; or

88 3. Except as to liability coverages, failing to promptly
 89 settle claims, when the obligation to settle a claim has become
 90 reasonably clear, under one portion of the insurance policy
 91 coverage in order to influence settlements under other portions
 92 of the insurance policy coverage.

93
 94 Notwithstanding the provisions of the above to the contrary, a
 95 person pursuing a remedy under this section need not prove that
 96 such act was committed or performed with such frequency as to
 97 indicate a general business practice.

98 (2) Any party may bring a civil action against an
 99 unauthorized insurer if such party is damaged by a violation of
 100 s. 624.401 by the unauthorized insurer.

101 (3) (a) As a condition precedent to bringing an action
102 under this section or bringing an action based on the common-law
103 remedy of bad faith, the department and the authorized insurer
104 must have been given 60 days' written notice of the violation.
105 Notice to the authorized insurer must be provided by the
106 department to the e-mail address designated by the insurer under
107 s. 624.422.

108 (b) The notice shall be on a form provided by the
109 department and shall state with specificity the following
110 information as applicable, and such other information as the
111 department may require:

112 1. The statutory provision, including the specific
113 language of the statute, which the authorized insurer allegedly
114 violated.

115 2. The facts and circumstances giving rise to the
116 violation.

117 3. The name of any individual involved in the violation.

118 4. Reference to specific policy language that is relevant
119 to the violation, if any. If the person bringing the civil
120 action is a third party claimant, she or he shall not be
121 required to reference the specific policy language if the
122 authorized insurer has not provided a copy of the policy to the
123 third party claimant pursuant to written request.

124 5. A statement that the notice is given in order to
125 perfect the right to pursue the civil remedy authorized by this

126 | section or a bad faith action authorized under the common law.

127 | (c) No action shall lie if, within 60 days after the
 128 | insurer receives notice from the department in accordance with
 129 | this subsection, the damages are paid or the circumstances
 130 | giving rise to the violation are corrected.

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

134 | (e) The applicable statute of limitations for an action
 135 | under this section or an action for bad faith under the common
 136 | law shall be tolled for a period of:

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

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

141 | (f) A notice required under this subsection may not be
 142 | filed within 60 days after appraisal is invoked by any party in
 143 | a residential property insurance claim.

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

147 | (a) Mere negligence alone is insufficient to constitute
 148 | bad faith.

149 | (b)1. The insured, claimant, and representative of the
 150 | insured or claimant have a duty to act in good faith in

HB 837

2023

151 furnishing information regarding the claim, in making demands of
152 the insurer, in setting deadlines, and in attempting to settle
153 the claim. This duty does not create a separate cause of action,
154 but may only be considered pursuant to subparagraph 2.

155 2. In any action for bad faith against an insurer, the
156 trier of fact may consider whether the insured, claimant, or
157 representative of the insured or claimant did not act in good
158 faith pursuant to this paragraph, in which case the trier of
159 fact may reasonably reduce the amount of damages awarded against
160 the insurer.

161 (5) If two or more third-party claimants make competing
162 claims arising out of a single occurrence, which in total exceed
163 the available policy limits of one or more of the insured
164 parties who may be liable to the third-party claimants, an
165 insurer is not liable beyond the available policy limits for
166 failure to pay all or any portion of the available policy limits
167 to one or more of the third-party claimants if, within 90 days
168 after receiving notice of the competing claims in excess of the
169 available policy limits, the insurer complies with either
170 paragraph (a) or paragraph (b).

171 (a) The insurer files an interpleader action under the
172 Florida Rules of Civil Procedure. If the claims of the competing
173 third-party claimants are found to be in excess of the policy
174 limits, the third-party claimants are entitled to a prorated
175 share of the policy limits as determined by the trier of fact.

176 An insurer's interpleader action does not alter or amend the
 177 insurer's obligation to defend its insured.

178 (b) Pursuant to binding arbitration, the insurer makes the
 179 entire amount of the policy limits available for payment to the
 180 competing third-party claimants before a qualified arbitrator
 181 selected by the insurer at the expense of the insurer. The
 182 third-party claimants are entitled to a prorated share of the
 183 policy limits as determined by the arbitrator, who must consider
 184 the comparative fault, if any, of each third-party claimant, and
 185 the total likely outcome at trial based upon the total of the
 186 economic and noneconomic damages submitted to the arbitrator for
 187 consideration. A third-party claimant whose claim is resolved by
 188 the arbitrator must execute and deliver a general release to the
 189 insured party whose claim is resolved by the proceeding.

190 (6)-(4) Upon adverse adjudication at trial or upon appeal,
 191 the authorized insurer shall be liable for damages, together
 192 with court costs and reasonable attorney's fees incurred by the
 193 plaintiff.

194 (7)-(5) ~~No~~ Punitive damages may not ~~shall~~ be awarded under
 195 this section unless the acts giving rise to the violation occur
 196 with such frequency as to indicate a general business practice
 197 and these acts are:

- 198 (a) Willful, wanton, and malicious;
- 199 (b) In reckless disregard for the rights of any insured;
- 200 or

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

203
 204 Any person who pursues a claim under this subsection shall post
 205 in advance the costs of discovery. Such costs shall be awarded
 206 to the authorized insurer if no punitive damages are awarded to
 207 the plaintiff.

208 (8)~~(6)~~ This section does ~~shall~~ not ~~be construed to~~
 209 authorize a class action suit against an authorized insurer or a
 210 civil action against the commission, the office, or the
 211 department or any of their employees, or to create a cause of
 212 action when an authorized health insurer refuses to pay a claim
 213 for reimbursement on the ground that the charge for a service
 214 was unreasonably high or that the service provided was not
 215 medically necessary.

216 (9)~~(7)~~ In the absence of expressed language to the
 217 contrary, this section shall not be construed to authorize a
 218 civil action or create a cause of action against an authorized
 219 insurer or its employees who, in good faith, release information
 220 about an insured or an insurance policy to a law enforcement
 221 agency in furtherance of an investigation of a criminal or
 222 fraudulent act relating to a motor vehicle theft or a motor
 223 vehicle insurance claim.

224 (10)~~(8)~~ The civil remedy specified in this section does
 225 not preempt any other remedy or cause of action provided for

226 | pursuant to any other statute or pursuant to the common law of
 227 | this state. Any person may obtain a judgment under either the
 228 | common-law remedy of bad faith or this statutory remedy, but is
 229 | ~~shall not be~~ entitled to a judgment under both remedies. This
 230 | section does not ~~shall not be construed to~~ create a common-law
 231 | cause of action. The damages recoverable pursuant to this
 232 | section shall include those damages which are a reasonably
 233 | foreseeable result of a specified violation of this section by
 234 | the authorized insurer and may include an award or judgment in
 235 | an amount that exceeds the policy limits.

236 | ~~(11)-(9)~~ A surety issuing a payment or performance bond on
 237 | the construction or maintenance of a building or roadway project
 238 | is not an insurer for purposes of subsection (1).

239 | Section 4. Section 768.0427, Florida Statutes, is created
 240 | to read:

241 | 768.0427 Admissibility of evidence to prove medical
 242 | expenses in personal injury or wrongful death actions;
 243 | disclosure of letters of protection; recovery of past and future
 244 | medical expenses damages.-

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

246 | (a) "Factoring company" means a person who purchases a
 247 | health care provider's accounts receivable at a discount below
 248 | the invoice value of such accounts.

249 | (b) "Health care coverage" means any third-party health
 250 | care or disability services financing arrangement, including,

251 but not limited to, arrangements with entities certified or
252 authorized under federal law or under the Florida Insurance
253 Code; state or federal health care benefit programs; workers'
254 compensation; and personal injury protection.

255 (c) "Health care provider" means any of the following
256 professionals and entities, and professionals and entities
257 similarly licensed in another jurisdiction:

258 1. A provider as defined in s. 408.803.

259 2. A clinical laboratory providing services in this state
260 or services to health care providers in this state, if the
261 clinical laboratory is certified by the Centers for Medicare and
262 Medicaid Services under the federal Clinical Laboratory
263 Improvement Amendments and the federal rules adopted thereunder.

264 3. A federally qualified health center as defined in 42
265 U.S.C. s. 1396d(1)(2)(B), as that definition existed on the
266 effective date of this act.

267 4. A health care practitioner as defined in s. 456.001.

268 5. A health care professional licensed under part IV of
269 chapter 468.

270 6. A home health aide as defined in s. 400.462.

271 7. A provider licensed under chapter 394 or chapter 397
272 and its clinical and nonclinical staff providing inpatient or
273 outpatient services.

274 8. A continuing care facility licensed under chapter 651.

275 9. A pharmacy permitted under chapter 465.

HB 837

2023

276 (d) "Letter of Protection" means any arrangement by which
277 a health care provider renders treatment in exchange for a
278 promise of payment for the claimant's medical expenses from any
279 judgment or settlement of a personal injury or wrongful death
280 action. The term includes any such arrangement, regardless of
281 whether referred to as a letter of protection.

282 (2) ADMISSIBLE EVIDENCE OF MEDICAL TREATMENT OR SERVICE
283 EXPENSES.—Evidence offered to prove the amount of damages for
284 past or future medical treatment or services in a personal
285 injury or wrongful death action is admissible only as provided
286 in this subsection.

287 (a) Evidence offered to prove the amount of damages for
288 past medical treatment or services that have been satisfied is
289 limited to evidence of the amount actually paid, regardless of
290 the source of payment.

291 (b) Evidence offered to prove the amount necessary to
292 satisfy unpaid charges for incurred medical treatment or
293 services is limited to evidence as provided in this paragraph.

294 1. If the claimant has health care coverage, evidence of
295 the amount which such health care coverage is obligated to pay
296 the health care provider to satisfy the charges for the
297 claimant's incurred medical treatment or services, plus the
298 claimant's share of medical expenses under the insurance
299 contract or regulation.

300 2. If the claimant has health care coverage but obtains

301 treatment under a letter of protection or otherwise does not
302 submit charges for any health care provider's medical treatment
303 or services to health care coverage, evidence of the amount the
304 claimant's health care coverage would pay the health care
305 provider to satisfy the past unpaid medical charges under the
306 insurance contract or regulation, plus the claimant's share of
307 medical expenses under the insurance contract or regulation, had
308 the claimant obtained medical services or treatment pursuant to
309 the health care coverage.

310 3. If the claimant does not have health care coverage,
311 evidence of the Medicare reimbursement rate in effect at the
312 time of trial for the claimant's incurred medical treatment or
313 services, or, if there is no applicable Medicare rate for a
314 service, 140 percent of the applicable state Medicaid rate.

315 4. If the claimant obtains medical treatment or services
316 under a letter of protection and the health care provider
317 subsequently transfers the right to receive payment under the
318 letter of protection to a third party, evidence of the amount
319 the third party paid or agreed to pay the health care provider
320 in exchange for the right to receive payment pursuant to the
321 letter of protection.

322 5. Any evidence disclosed under subsection (3) related to
323 a letter of protection.

324 (c) Evidence offered to prove the amount of damages for
325 any future medical treatment or services the claimant will

326 receive is limited to evidence as provided in this paragraph.

327 1. If the claimant has health care coverage or is eligible
328 for any health care coverage, evidence of the amount for which
329 the future charges of health care providers could be satisfied
330 if submitted to such health care coverage, plus the claimant's
331 share of medical expenses under the insurance contract or
332 regulation.

333 2. If the claimant does not have health care coverage,
334 evidence of the Medicare reimbursement rate in effect at the
335 time of trial for the medical treatment or services the claimant
336 will receive, or, if there is no applicable Medicare rate for a
337 service, 140 percent of the applicable state Medicaid rate.

338 (d) This subsection does not impose an affirmative duty
339 upon any party to seek a reduction in billed charges to which
340 the party is not contractually entitled.

341 (e) Individual contracts between providers and authorized
342 commercial insurers or authorized health maintenance
343 organizations are not subject to discovery or disclosure and are
344 not admissible into evidence.

345 (3) LETTERS OF PROTECTION; REQUIRED DISCLOSURES.—In a
346 personal injury or wrongful death action, as a condition
347 precedent to asserting any claim for medical expenses for
348 treatment rendered under a letter of protection, the claimant
349 must disclose:

350 (a) A copy of the letter of protection.

351 (b) All billings for the claimant's medical expenses,
352 which must be itemized and, to the extent applicable, coded
353 according to the American Medical Association's Current
354 Procedural Terminology (CPT), or the Healthcare Common Procedure
355 Coding System (HCPCS), in effect for the year in which services
356 are rendered.

357 (c) If the health care provider sells the accounts
358 receivable for the claimant's medical expenses to a factoring
359 company or other third party:

360 1. The name of the factoring company or other third party
361 who purchased such accounts.

362 2. The dollar amount for which the factoring company or
363 other third party purchased such accounts, including any
364 discount provided below the invoice amount.

365 (d) Whether the claimant, at the time medical treatment
366 was rendered, had health care coverage and, if so, the identity
367 of such coverage.

368 (e) Whether the claimant was referred for treatment under
369 a letter of protection and, if so, the identity of the person
370 who made the referral. If the referral is made by the claimant's
371 attorney, disclosure of the referral is permitted under s.
372 90.502(4)(f).

373 (4) DAMAGES RECOVERABLE FOR MEDICAL TREATMENT OR SERVICE
374 EXPENSES.—The damages that may be recovered by a claimant in a
375 personal injury or wrongful death action for the reasonable and

HB 837

2023

376 necessary cost or value of medical care rendered may not include
377 any amount in excess of the evidence of medical treatment and
378 services expenses admitted pursuant to subsection (2), and also
379 may not exceed the sum of the following:

380 (a) Amounts actually paid by or on behalf of the claimant
381 to a health care provider who rendered medical treatment or
382 services;

383 (b) Amounts necessary to satisfy charges for medical
384 treatment or services that are due and owing but at the time of
385 trial are not yet satisfied; and

386 (c) Amounts necessary to provide for any reasonable and
387 necessary medical treatment or services the claimant will
388 receive in the future.

389 Section 5. Subsection (2) of section 768.81, Florida
390 Statutes, is amended, and subsection (6) is added to that
391 section, to read:

392 768.81 Comparative fault.—

393 (2) EFFECT OF CONTRIBUTORY FAULT.—In a negligence action,
394 contributory fault chargeable to the claimant diminishes
395 proportionately the amount awarded as economic and noneconomic
396 damages for an injury attributable to the claimant's
397 contributory fault, but does not bar recovery, subject to
398 subsection (6).

399 (6) GREATER PERCENTAGE OF FAULT.—In a negligence action to
400 which this section applies, any party found to be greater than

401 50 percent at fault for his or her own harm may not recover any
 402 damages.

403 Section 6. Section 626.9373, Florida Statutes, is
 404 repealed.

405 Section 7. Section 627.428, Florida Statutes, is repealed.

406 Section 8. Subsection (4) of section 624.123, Florida
 407 Statutes, is amended to read:

408 624.123 Certain international health insurance policies;
 409 exemption from code.—

410 (4) Any international health insurance policy or
 411 application solicited, provided, entered into, issued, or
 412 delivered pursuant to this subsection is exempt from all
 413 provisions of the insurance code, except that such policy,
 414 contract, or agreement is subject to the provisions of ss.
 415 624.155, 624.316, 624.3161, 626.951, 626.9511, 626.9521,
 416 626.9541, 626.9551, 626.9561, 626.9571, 626.9581, 626.9591,
 417 626.9601, 627.413, 627.4145, ~~627.428,~~ and 627.6043.

418 Section 9. Subsection (4) of section 624.488, Florida
 419 Statutes, is amended to read:

420 624.488 Applicability of related laws.—In addition to
 421 other provisions of the code cited in ss. 624.460-624.488:

422 (4) Sections 627.291, 627.413, 627.4132, 627.416, 627.418,
 423 627.420, 627.421, 627.425, 627.426, 627.4265, 627.427, ~~627.428,~~
 424 627.702, and 627.706; part XI of chapter 627; ss. 627.912,
 425 627.913, and 627.918;

426
 427 apply to self-insurance funds. Only those sections of the code
 428 that are expressly and specifically cited in ss. 624.460-624.489
 429 apply to self-insurance funds.

430 Section 10. Paragraph (b) of subsection (3) of section
 431 627.062, Florida Statutes, is amended to read:

432 627.062 Rate standards.—

433 (3)

434 (b) Individual risk rates and modifications to existing
 435 approved forms are not subject to this part or part II, except
 436 for paragraph (a) and ss. 627.402, 627.403, 627.4035, 627.404,
 437 627.405, 627.406, 627.407, 627.4085, 627.409, 627.4132,
 438 627.4133, 627.415, 627.416, 627.417, 627.419, 627.425, 627.426,
 439 627.4265, and 627.427, ~~and 627.428~~, but are subject to all other
 440 applicable provisions of this code and rules adopted thereunder.

441 Section 11. Section 627.401, Florida Statutes, is amended
 442 to read:

443 627.401 Scope of this part.—No provision of this part of
 444 this chapter applies to:

445 (1) Reinsurance.

446 (2) Policies or contracts not issued for delivery in this
 447 state nor delivered in this state, except as otherwise provided
 448 in this code.

449 (3) Wet marine and transportation insurance, except ss.
 450 627.409, and 627.420, ~~and 627.428~~.

451 (4) Title insurance, except ss. 627.406, 627.415, 627.416,
 452 627.419, and 627.427, ~~and 627.428.~~

453 (5) Credit life or credit disability insurance, except s.
 454 627.419(5) ~~ss. 627.419(5) and 627.428.~~

455 Section 12. Subsection (8) of section 627.727, Florida
 456 Statutes, is amended to read:

457 627.727 Motor vehicle insurance; uninsured and
 458 underinsured vehicle coverage; insolvent insurer protection.—

459 ~~(8) The provisions of s. 627.428 do not apply to any
 460 action brought pursuant to this section against the uninsured
 461 motorist insurer unless there is a dispute over whether the
 462 policy provides coverage for an uninsured motorist proven to be
 463 liable for the accident.~~

464 Section 13. Subsection (8) of section 627.736, Florida
 465 Statutes, is amended to read:

466 627.736 Required personal injury protection benefits;
 467 exclusions; priority; claims.—

468 (8) APPLICABILITY OF PROVISION REGULATING ATTORNEY FEES.—
 469 With respect to any dispute under the provisions of ss. 627.730—
 470 627.7405 between the insured and the insurer, or between an
 471 assignee of an insured's rights and the insurer, the provisions
 472 of s. 768.79 ~~ss. 627.428 and 768.79~~ apply, except as provided in
 473 subsections (10) and (15), and except that any attorney fees
 474 recovered must:

475 (a) Comply with prevailing professional standards;

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

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

481
 482 Upon request by either party, a judge must make written
 483 findings, substantiated by evidence presented at trial or any
 484 hearings associated therewith, that any award of attorney fees
 485 complies with this subsection. ~~Notwithstanding s. 627.428,~~
 486 Attorney fees recovered under ss. 627.730-627.7405 must be
 487 calculated without regard to a contingency risk multiplier.

488 Section 14. Section 627.756, Florida Statutes, is amended
 489 to read:

490 627.756 Bonds for construction contracts; ~~attorney fees in~~
 491 ~~ease of suit.~~

492 ~~(1) Section 627.428 applies to suits brought by owners,~~
 493 ~~contractors, subcontractors, laborers, and materialmen against a~~
 494 ~~surety insurer under payment or performance bonds written by the~~
 495 ~~insurer under the laws of this state to indemnify against~~
 496 ~~pecuniary loss by breach of a building or construction contract.~~
 497 ~~Owners, contractors, subcontractors, laborers, and materialmen~~
 498 ~~shall be deemed to be insureds or beneficiaries for the purposes~~
 499 ~~of this section.~~

500 ~~(2)~~ A surety who issues a bid, performance, or payment

501 bond in connection with construction activities where hazardous
 502 substances exist or are discovered is liable under ss. 376.308
 503 and 403.727 only to the extent provided in this subsection. In
 504 case of a default, the surety is liable only for the cost of
 505 completion of the contract work in accordance with the plans and
 506 specifications, less the balance of funds remaining to be paid
 507 under the contract, up to the penal sum of the bond. The surety
 508 is not liable on a bond to indemnify or compensate the obligee
 509 for loss or liability arising from personal injury or property
 510 damage, whether or not caused by a breach of the bonded
 511 contract. Further, a right of action does not accrue on a bond
 512 to or for the use of any person other than the obligee named in
 513 the bond.

514 Section 15. Subsection (4) of section 628.6016, Florida
 515 Statutes, is amended to read:

516 628.6016 Applicability of related laws.—In addition to
 517 other provisions of the code cited in ss. 628.6011–628.6018:

518 (4) Sections 627.291, 627.413, 627.4132, 627.416, 627.418,
 519 627.420, 627.421, 627.425, 627.426, 627.4265, 627.427, ~~627.428,~~
 520 627.702, and 627.706; part XI of chapter 627; ss. 627.912,
 521 627.913, and 627.918; and

522
 523 apply to assessable mutual insurers; however, ss. 628.255,
 524 628.411, and 628.421 do not apply. No section of the code not
 525 expressly and specifically cited in ss. 628.6011–628.6018

HB 837

2023

526 applies to assessable mutual insurers. The term "assessable
527 mutual insurer" shall be substituted for the term "commercial
528 self-insurer" as appropriate.

529 Section 16. Section 631.70, Florida Statutes, is repealed.

530 Section 17. Section 631.926, Florida Statutes, is
531 repealed.

532 Section 18. Subsection (11) of section 632.638, Florida
533 Statutes, is amended to read:

534 632.638 Applicability of other code provisions.—In
535 addition to other provisions contained or referred to in this
536 chapter, the following chapters and provisions of this code
537 apply to fraternal benefit societies, to the extent applicable
538 and not in conflict with the express provisions of this chapter
539 and the reasonable implications thereof:

540 ~~(11) Section 627.428;~~

541 Section 19. The Division of Law Revision is directed to
542 replace the phrase "the effective date of this act" wherever it
543 occurs in this act with the date this act becomes a law.

544 Section 20. This act shall take effect July 1, 2023.