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A bill to be entitled An act relating to civil remedies; amending s. 57.104, F.S.; creating a rebuttable presumption that a lodestar fee is a sufficient and reasonable attorney fee in most civil actions; providing an exception; amending s. 90.502, F.S.; creating an exception to the lawyer-client evidentiary privilege relating to a lawyer's referral of a client to a medical provider; amending s. 95.11, F.S.; reducing the statute of limitations for negligence actions; amending s. 624.155, F.S.; providing standards for bad faith actions; providing for the distribution of proceeds when two or more third-party claims arising out of a single occurrence exceed policy limits; creating s. 768.0427, F.S.; providing definitions; providing standards for the admissibility of evidence to prove the cost of damages for medical expenses in certain civil actions; requiring certain disclosures with respect to claims for medical expenses for treatment rendered under letters of protection; specifying the damages that may be recovered by a claimant for the reasonable and necessary cost of medical care; creating s. 768.0701, F.S.; requiring the trier of fact to consider the fault of certain persons who contribute to an injury; amending s. 768.81, F.S.;

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providing that a party in a negligence action who is at fault by a specified amount may not recover damages under a comparative negligence action; repealing ss. 626.9373 and 627.428, F.S.; relating to attorney fees payable to insureds filing actions against insurers; amending ss. 624,123, 624.488, 627.062, 627.401, 627.727, 627.736, 627.756, and 628.6016, F.S.; to conform to changes made by the act; repealing ss. 631.70 and 631.926, F.S., relating to awards of attorney fees; amending ss. 475.01, 475.611, 517.191, 627.441, and 632.638, F.S.; conforming provisions to changes made by the act; providing a directive to the Division of Law Revision; providing an effective date.

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

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

57.104 Computation of <u>attorney</u> attorneys' fees.—

be determined or awarded by the court, the court shall consider, among other things, time and labor of any legal assistants who contributed nonclerical, meaningful legal support to the matter involved and who are working under the supervision of an

In any action in which attorney attorneys! fees are to

attorney. For purposes of this section "legal assistant" means a

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person, who under the supervision and direction of a licensed attorney engages in legal research, and case development or planning in relation to modifications or initial proceedings, services, processes, or applications; or who prepares or interprets legal documents or selects, compiles, and uses technical information from references such as digests, encyclopedias, or practice manuals and analyzes and follows procedural problems that involve independent decisions.

- (2) In any action in which attorney fees are determined or awarded by the court, there is a strong presumption that a lodestar fee is sufficient and reasonable. This presumption may be overcome only in a rare and exceptional circumstance with evidence that competent counsel could not otherwise be retained.
- Section 2. Paragraph (f) is added to subsection (4) of section 90.502, Florida Statutes, to read:
 - 90.502 Lawyer-client privilege.-

- (4) There is no lawyer-client privilege under this section when:
- (f) A communication is relevant to the lawyer's act of referring the client for treatment by a health care provider.
- Section 3. Subsections (3), (4), and (10) of section 95.11, Florida Statutes, are amended to read:
- 95.11 Limitations other than for the recovery of real property.—Actions other than for recovery of real property shall be commenced as follows:

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(3) WITHIN FOUR YEARS.—

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- (a) An action founded on negligence.
- (a) (b) An action relating to the determination of paternity, with the time running from the date the child reaches the age of majority.
- (b) (c) An action founded on the design, planning, or construction of an improvement to real property, with the time running from the date of actual possession by the owner, the date of the issuance of a certificate of occupancy, the date of abandonment of construction if not completed, or the date of completion of the contract or termination of the contract between the professional engineer, registered architect, or licensed contractor and his or her employer, whichever date is latest; except that, when the action involves a latent defect, the time runs from the time the defect is discovered or should have been discovered with the exercise of due diligence. In any event, the action must be commenced within 10 years after the date of actual possession by the owner, the date of the issuance of a certificate of occupancy, the date of abandonment of construction if not completed, or the date of completion of the contract or termination of the contract between the professional engineer, registered architect, or licensed contractor and his or her employer, whichever date is latest. However, counterclaims, cross-claims, and third-party claims that arise out of the conduct, transaction, or occurrence set out or

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attempted to be set out in a pleading may be commenced up to 1 year after the pleading to which such claims relate is served, even if such claims would otherwise be time barred. With respect to actions founded on the design, planning, or construction of an improvement to real property, if such construction is performed pursuant to a duly issued building permit and if a local enforcement agency, state enforcement agency, or special inspector, as those terms are defined in s. 553.71, has issued a final certificate of occupancy or certificate of completion, then as to the construction which is within the scope of such building permit and certificate, the correction of defects to completed work or repair of completed work, whether performed under warranty or otherwise, does not extend the period of time within which an action must be commenced. Completion of the contract means the later of the date of final performance of all the contracted services or the date that final payment for such services becomes due without regard to the date final payment is made.

- (c) (d) An action to recover public money or property held by a public officer or employee, or former public officer or employee, and obtained during, or as a result of, his or her public office or employment.
- (d) (e) An action for injury to a person founded on the design, manufacture, distribution, or sale of personal property that is not permanently incorporated in an improvement to real

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126	property, including fixtures.
127	$\underline{\text{(e)}}$ (f) An action founded on a statutory liability.
128	$\frac{(f)}{(g)}$ An action for trespass on real property.
129	(g)(h) An action for taking, detaining, or injuring
130	personal property.
131	$\underline{\text{(h)}}$ (i) An action to recover specific personal property.
132	$\frac{(i)}{(j)}$ A legal or equitable action founded on fraud.
133	(j)(k) A legal or equitable action on a contract,
134	obligation, or liability not founded on a written instrument,
135	including an action for the sale and delivery of goods, wares,
136	and merchandise, and on store accounts.
137	(k) (1) An action to rescind a contract.
138	(1)(m) An action for money paid to any governmental
139	authority by mistake or inadvertence.
L40	$\frac{(m)}{(n)}$ An action for a statutory penalty or forfeiture.
141	$\underline{\text{(n)}}$ (o) An action for assault, battery, false arrest,
L42	malicious prosecution, malicious interference, false
L43	imprisonment, or any other intentional tort, except as provided
L44	in subsections (4) , (5) , and (7) .
L45	$\underline{\text{(o)}}_{\text{(p)}}$ Any action not specifically provided for in these
L46	statutes.
L47	$\frac{(p)}{(q)}$ An action alleging a violation, other than a
L48	willful violation, of s. 448.110.
L49	(4) WITHIN TWO YEARS.—
150	(a) An action founded on negligence.

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

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

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

- $\underline{\text{(d)}}$ An action to recover wages or overtime or damages or penalties concerning payment of wages and overtime.
 - (e) (d) An action for wrongful death.

- <u>(f)(e)</u> An action founded upon a violation of any provision of chapter 517, with the period running from the time the facts giving rise to the cause of action were discovered or should have been discovered with the exercise of due diligence, but not more than 5 years from the date such violation occurred.
- (g)(f) An action for personal injury caused by contact with or exposure to phenoxy herbicides while serving either as a civilian or as a member of the Armed Forces of the United States during the period January 1, 1962, through May 7, 1975; the period of limitations shall run from the time the cause of action is discovered or should have been discovered with the exercise of due diligence.
 - (h) (g) An action for libel or slander.
 - (10) FOR INTENTIONAL TORTS RESULTING IN DEATH FROM ACTS

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2.01 DESCRIBED IN S. 782.04 OR S. 782.07.—Notwithstanding paragraph 202 (4)(e) (4)(d), an action for wrongful death seeking damages 203 authorized under s. 768.21 brought against a natural person for 204 an intentional tort resulting in death from acts described in s. 205 782.04 or s. 782.07 may be commenced at any time. This 206 subsection shall not be construed to require an arrest, the 207 filing of formal criminal charges, or a conviction for a 208 violation of s. 782.04 or s. 782.07 as a condition for filing a 209 civil action. 210 Section 4. Section 624.155, Florida Statutes, is amended 211 to read: 212 624.155 Civil remedy.-Any person may bring a civil action against an insurer 213 214 when such person is damaged: 215 By a violation of any of the following provisions by (a) 216 the insurer: 217 Section 626.9541(1)(i), (o), or (x); 1. Section 626.9551; 218 2. 219 3. Section 626.9705; Section 626.9706; 220 4. 5. Section 626.9707; or 221 222 6. Section 627.7283. 223 (b) By the commission of any of the following acts by the 224 insurer: 225 Not attempting in good faith to settle claims when,

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under all the circumstances, it could and should have done so, had it acted fairly and honestly toward its insured and with due regard for her or his interests;

- 2. Making claims payments to insureds or beneficiaries not accompanied by a statement setting forth the coverage under which payments are being made; or
- 3. Except as to liability coverages, failing to promptly settle claims, when the obligation to settle a claim has become reasonably clear, under one portion of the insurance policy coverage in order to influence settlements under other portions of the insurance policy coverage.

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

- (2) Any party may bring a civil action against an unauthorized insurer if such party is damaged by a violation of s. 624.401 by the unauthorized insurer.
- (3)(a) As a condition precedent to bringing an action under this section, the department and the authorized insurer must have been given 60 days' written notice of the violation. Notice to the authorized insurer must be provided by the department to the e-mail address designated by the insurer under s. 624.422.

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

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- 1. The statutory provision, including the specific language of the statute, which the authorized insurer allegedly violated.
- 2. The facts and circumstances giving rise to the violation.
 - 3. The name of any individual involved in the violation.
- 4. Reference to specific policy language that is relevant to the violation, if any. If the person bringing the civil action is a third party claimant, she or he shall not be required to reference the specific policy language if the authorized insurer has not provided a copy of the policy to the third party claimant pursuant to written request.
- 5. A statement that the notice is given in order to perfect the right to pursue the civil remedy authorized by this section.
- (c) No action shall lie if, within 60 days after the insurer receives notice from the department in accordance with this subsection, the damages are paid or the circumstances giving rise to the violation are corrected.
- (d) The authorized insurer that is the recipient of a notice filed pursuant to this section shall report to the

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276 department on the disposition of the alleged violation.

- (e) The applicable statute of limitations for an action under this section shall be tolled for a period of:
- 1. Sixty days after the insurer receives from the department the notice required by this subsection.
- 2. Sixty days after the date appraisal is invoked pursuant to paragraph (f).
- (f) A notice required under this subsection may not be filed within 60 days after appraisal is invoked by any party in a residential property insurance claim.
- (4) An action for bad faith involving a failure to settle a liability insurance claim, including any such action brought under the common law, shall not lie if the insurer tenders the lesser of the policy limits or the amount demanded by the claimant either:
- (a) Before a complaint asserting such claim, accompanied by sufficient evidence to support the amount of the claim, is filed; or
- (b) Within 90 days after service of such complaint upon the insurer.
- (5) In any bad faith action, whether such action is brought under this section or is based on the common-law remedy for bad faith:
- (a) Mere negligence alone is insufficient to constitute bad faith.

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(b)1. The insured, claimant, and representative of the insured or claimant have a duty to act in good faith in furnishing information regarding the claim, in making demands of the insurer, in setting deadlines, and in attempting to settle the claim. This duty does not create a separate cause of action, but may only be considered pursuant to subparagraph 2.

- 2. In any action for bad faith against an insurer, the trier of fact may consider whether the insured, claimant, or representative of the insured or claimant did not act in good faith pursuant to this paragraph, in which case the trier of fact may reasonably reduce the amount of damages awarded against the insurer.
- (6) If two or more third-party claimants have competing claims arising out of a single occurrence, which in total may exceed the available policy limits of one or more of the insured parties who may be liable to the third-party claimants, an insurer is not liable beyond the available policy limits for failure to pay all or any portion of the available policy limits to one or more of the third-party claimants if, within 90 days after receiving notice of the competing claims in excess of the available policy limits, the insurer complies with either paragraph (a) or paragraph (b).
- (a) The insurer files an interpleader action under the Florida Rules of Civil Procedure. If the claims of the competing third-party claimants are found to be in excess of the policy

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limits, the third-party claimants are entitled to a prorated share of the policy limits as determined by the trier of fact.

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

- (b) Pursuant to binding arbitration, the insurer makes the entire amount of the policy limits available for payment to the competing third-party claimants before a qualified arbitrator selected by the insurer at the expense of the insurer. The third-party claimants are entitled to a prorated share of the policy limits as determined by the arbitrator, who must consider the comparative fault, if any, of each third-party claimant, and the total likely outcome at trial based upon the total of the economic and noneconomic damages submitted to the arbitrator for consideration. A third-party claimant whose claim is resolved by the arbitrator must execute and deliver a general release to the insured party whose claim is resolved by the proceeding.
- (7)(4) Upon adverse adjudication at trial or upon appeal, the authorized insurer shall be liable for damages, together with court costs and reasonable attorney's fees incurred by the plaintiff.
- (8) (5) No Punitive damages <u>may not shall</u> be awarded under this section unless the acts giving rise to the violation occur with such frequency as to indicate a general business practice and these acts are:
 - (a) Willful, wanton, and malicious;

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

- (c) In reckless disregard for the rights of a beneficiary under a life insurance contract.
- Any person who pursues a claim under this subsection shall post in advance the costs of discovery. Such costs shall be awarded to the authorized insurer if no punitive damages are awarded to the plaintiff.
- (9)(6) This section does shall not be construed to authorize a class action suit against an authorized insurer or a civil action against the commission, the office, or the department or any of their employees, or to create a cause of action when an authorized health insurer refuses to pay a claim for reimbursement on the ground that the charge for a service was unreasonably high or that the service provided was not medically necessary.
- (10) (7) In the absence of expressed language to the contrary, this section shall not be construed to authorize a civil action or create a cause of action against an authorized insurer or its employees who, in good faith, release information about an insured or an insurance policy to a law enforcement agency in furtherance of an investigation of a criminal or fraudulent act relating to a motor vehicle theft or a motor vehicle insurance claim.

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

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

Section 5. Section 768.0427, Florida Statutes, is created to read:

768.0427 Admissibility of evidence to prove medical expenses in personal injury or wrongful death actions; disclosure of letters of protection; recovery of past and future medical expenses damages.—

- (1) DEFINITIONS.—As used in this section, the term:
- (a) "Factoring company" means a person who purchases a health care provider's accounts receivable at a discount below the invoice value of such accounts.

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401	(b) "Health care coverage" means any third-party health
402	care or disability services financing arrangement, including,
403	but not limited to, arrangements with entities certified or
404	authorized under federal law or under the Florida Insurance
405	Code; state or federal health care benefit programs; workers'
406	compensation; and personal injury protection.
407	(c) "Health care provider" means any of the following
408	professionals and entities, and professionals and entities
409	similarly licensed in another jurisdiction:
410	1. A provider as defined in s. 408.803.
411	2. A clinical laboratory providing services in this state
412	or services to health care providers in this state, if the
413	clinical laboratory is certified by the Centers for Medicare and
414	Medicaid Services under the federal Clinical Laboratory
415	Improvement Amendments and the federal rules adopted thereunder.
416	3. A federally qualified health center as defined in 42
417	U.S.C. s. 1396d(1)(2)(B), as that definition existed on the
418	effective date of this act.
419	4. A health care practitioner as defined in s. 456.001.
420	5. A health care professional licensed under part IV of
421	chapter 468.
422	6. A home health aide as defined in s. 400.462.
423	7. A provider licensed under chapter 394 or chapter 397
424	and its clinical and nonclinical staff providing inpatient or
425	outpatient services.

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8. A continuing care facility licensed under chapter 651.

9. A pharmacy permitted under chapter 465.

- (d) "Letter of Protection" means any arrangement by which a health care provider renders treatment in exchange for a promise of payment for the claimant's medical expenses from any judgment or settlement of a personal injury or wrongful death action. The term includes any such arrangement, regardless of whether referred to as a letter of protection.
- (2) ADMISSIBLE EVIDENCE OF MEDICAL TREATMENT OR SERVICE EXPENSES.—Evidence offered to prove the amount of damages for past or future medical treatment or services in a personal injury or wrongful death action is admissible only as provided in this subsection.
- (a) Evidence offered to prove the amount of damages for past medical treatment or services that have been satisfied is limited to evidence of the amount actually paid, regardless of the source of payment.
- (b) Evidence offered to prove the amount necessary to satisfy unpaid charges for incurred medical treatment or services is limited to evidence as provided in this paragraph.
- 1. If the claimant has health care coverage, evidence of the amount which such health care coverage is obligated to pay the health care provider to satisfy the charges for the claimant's incurred medical treatment or services, plus the claimant's share of medical expenses under the insurance

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contract or regulation.

- 2. If the claimant has health care coverage but obtains treatment under a letter of protection or otherwise does not submit charges for any health care provider's medical treatment or services to health care coverage, evidence of the amount the claimant's health care coverage would pay the health care provider to satisfy the past unpaid medical charges under the insurance contract or regulation, plus the claimant's share of medical expenses under the insurance contract or regulation, had the claimant obtained medical services or treatment pursuant to the health care coverage.
- 3. If the claimant does not have health care coverage, evidence of the Medicare reimbursement rate in effect at the time of trial for the claimant's incurred medical treatment or services, or, if there is no applicable Medicare rate for a service, 140 percent of the applicable state Medicaid rate.
- 4. If the claimant obtains medical treatment or services under a letter of protection and the health care provider subsequently transfers the right to receive payment under the letter of protection to a third party, evidence of the amount the third party paid or agreed to pay the health care provider in exchange for the right to receive payment pursuant to the letter of protection.
- 5. Any evidence disclosed under subsection (3) related to a letter of protection.

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	(c))	Evidence	off	ered	to	pro	ve	the	amo	unt	of	damages	for
any	futi	ure	medical	tre	atme	nt d	or s	erv	rices	s th	.e c	lain	nant wil	1
rece	eive	is	limited	to	evid	ence	e as	pr	ovio	ded	in	this	s paragr	aph.

- 1. If the claimant has health care coverage or is eligible for any health care coverage, evidence of the amount for which the future charges of health care providers could be satisfied if submitted to such health care coverage, plus the claimant's share of medical expenses under the insurance contract or regulation.
- 2. If the claimant does not have health care coverage, evidence of the Medicare reimbursement rate in effect at the time of trial for the medical treatment or services the claimant will receive, or, if there is no applicable Medicare rate for a service, 140 percent of the applicable state Medicaid rate.
- (d) This subsection does not impose an affirmative duty upon any party to seek a reduction in billed charges to which the party is not contractually entitled.
- (e) Individual contracts between providers and authorized commercial insurers or authorized health maintenance organizations are not subject to discovery or disclosure and are not admissible into evidence.
- (3) LETTERS OF PROTECTION; REQUIRED DISCLOSURES.—In a personal injury or wrongful death action, as a condition precedent to asserting any claim for medical expenses for treatment rendered under a letter of protection, the claimant

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must disclose:

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- (a) A copy of the letter of protection.
- which must be itemized and, to the extent applicable, coded according to the American Medical Association's Current

 Procedural Terminology (CPT), or the Healthcare Common Procedure

 Coding System (HCPCS), in effect for the year in which services are rendered.
- (c) If the health care provider sells the accounts receivable for the claimant's medical expenses to a factoring company or other third party:
- 1. The name of the factoring company or other third party who purchased such accounts.
- 2. The dollar amount for which the factoring company or other third party purchased such accounts, including any discount provided below the invoice amount.
- (d) Whether the claimant, at the time medical treatment was rendered, had health care coverage and, if so, the identity of such coverage.
- (e) Whether the claimant was referred for treatment under a letter of protection and, if so, the identity of the person who made the referral. If the referral is made by the claimant's attorney, disclosure of the referral is permitted under s.

 90.502(4)(f).
 - (4) DAMAGES RECOVERABLE FOR MEDICAL TREATMENT OR SERVICE

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526	EXPENSES.—The damages that may be recovered by a claimant in a
527	personal injury or wrongful death action for the reasonable and
528	necessary cost or value of medical care rendered may not include
529	any amount in excess of the evidence of medical treatment and
530	services expenses admitted pursuant to subsection (2), and also
531	may not exceed the sum of the following:
532	(a) Amounts actually paid by or on behalf of the claimant
533	to a health care provider who rendered medical treatment or
534	services;
535	(b) Amounts necessary to satisfy charges for medical
536	treatment or services that are due and owing but at the time of
537	trial are not yet satisfied; and
538	(c) Amounts necessary to provide for any reasonable and
539	necessary medical treatment or services the claimant will
540	receive in the future.
541	Section 6. Section 768.0701, Florida Statutes, is created
542	to read:
543	768.0701 Premises liability for criminal acts of third
544	parties.—Notwithstanding s. 768.81(4), in an action for damages
545	against the owner, lessor, operator, or manager of commercial or
546	real property brought by a person lawfully on the property who
547	was injured by the criminal act of a third party, the trier of
548	fact must consider the fault of all persons who contributed to
549	the injury.
550	Section 7. Subsection (2) of section 768.81, Florida

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551	Statutes, is amended, and subsection (6) is added to that
552	section, to read:
553	768.81 Comparative fault
554	(2) EFFECT OF CONTRIBUTORY FAULT.—In a negligence action,
555	contributory fault chargeable to the claimant diminishes
556	proportionately the amount awarded as economic and noneconomic
557	damages for an injury attributable to the claimant's
558	contributory fault, but does not bar recovery, subject to
559	subsection (6).
560	(6) GREATER PERCENTAGE OF FAULT.—In a negligence action to
561	which this section applies, any party found to be greater than
562	50 percent at fault for his or her own harm may not recover any
563	damages.
564	Section 8. <u>Section 626.9373</u> , Florida Statutes, is
565	repealed.
566	Section 9. <u>Section 627.428</u> , Florida Statutes, is repealed.
567	Section 10. Subsection (4) of section 624.123, Florida
568	Statutes, is amended to read:
569	624.123 Certain international health insurance policies;
570	exemption from code.—
571	(4) Any international health insurance policy or
572	application solicited, provided, entered into, issued, or
573	delivered pursuant to this subsection is exempt from all
574	provisions of the insurance code, except that such policy,
575	contract, or agreement is subject to the provisions of ss.

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     624.155, 624.316, 624.3161, 626.951, 626.9511, 626.9521,
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     626.9541, 626.9551, 626.9561, 626.9571, 626.9581, 626.9591,
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     626.9601, 627.413, 627.4145, <del>627.428,</del> and 627.6043.
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           Section 11. Subsection (4) of section 624.488, Florida
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     Statutes, is amended to read:
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           624.488 Applicability of related laws.-In addition to
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     other provisions of the code cited in ss. 624.460-624.488:
                Sections 627.291, 627.413, 627.4132, 627.416, 627.418,
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     627.420, 627.421, 627.425, 627.426, 627.4265, 627.427, <del>627.428,</del>
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     627.702, and 627.706; part XI of chapter 627; ss. 627.912,
     627.913, and 627.918;
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     apply to self-insurance funds. Only those sections of the code
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     that are expressly and specifically cited in ss. 624.460-624.489
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     apply to self-insurance funds.
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           Section 12. Paragraph (b) of subsection (3) of section
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     627.062, Florida Statutes, is amended to read:
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           627.062 Rate standards.-
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           (3)
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                Individual risk rates and modifications to existing
           (b)
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     approved forms are not subject to this part or part II, except
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     for paragraph (a) and ss. 627.402, 627.403, 627.4035, 627.404,
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     627.405, 627.406, 627.407, 627.4085, 627.409, 627.4132,
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     627.4133, 627.415, 627.416, 627.417, 627.419, 627.425, 627.426,
     627.4265, and 627.427, and 627.428, but are subject to all other
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601	applicable provisions of this code and rules adopted thereunder.
602	Section 13. Section 627.401, Florida Statutes, is amended
603	to read:
604	627.401 Scope of this part.—No provision of this part of
605	this chapter applies to:
606	(1) Reinsurance.
607	(2) Policies or contracts not issued for delivery in this
608	state nor delivered in this state, except as otherwise provided
609	in this code.
610	(3) Wet marine and transportation insurance, except ss.
611	627.409 $_{ au}$ and 627.420 $_{ au}$ and 627.428.
612	(4) Title insurance, except ss. 627.406, 627.415, 627.416,
613	627.419, <u>and</u> 627.427 , and 627.428 .
614	(5) Credit life or credit disability insurance, except \underline{s} .
615	627.419(5) ss. 627.419(5) and 627.428.
616	Section 14. Subsection (8) of section 627.727, Florida
617	Statutes, is amended to read:
618	627.727 Motor vehicle insurance; uninsured and
619	underinsured vehicle coverage; insolvent insurer protection
620	(8) The provisions of s. 627.428 do not apply to any
621	action brought pursuant to this section against the uninsured
622	motorist insurer unless there is a dispute over whether the
623	policy provides coverage for an uninsured motorist proven to be
624	liable for the accident.
625	Section 15. Subsection (8) of section 627.736, Florida

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626 Statutes, is amended to read:

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- 627.736 Required personal injury protection benefits; exclusions; priority; claims.—
- (8) APPLICABILITY OF PROVISION REGULATING ATTORNEY FEES.— With respect to any dispute under the provisions of ss. 627.730-627.7405 between the insured and the insurer, or between an assignee of an insured's rights and the insurer, the provisions of $\underline{s. 768.79}$ $\underline{ss. 627.428}$ and $\underline{768.79}$ apply, except as provided in subsections (10) and (15), and except that any attorney fees recovered must:
 - (a) Comply with prevailing professional standards;
- (b) Not overstate or inflate the number of hours reasonably necessary for a case of comparable skill or complexity; and
- (c) Represent legal services that are reasonable and necessary to achieve the result obtained.

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

Section 16. Section 627.756, Florida Statutes, is amended to read:

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627.756 Bonds for construction contracts; attorney fees in case of suit.

- (1) Section 627.428 applies to suits brought by owners, contractors, subcontractors, laborers, and materialmen against a surety insurer under payment or performance bonds written by the insurer under the laws of this state to indemnify against pecuniary loss by breach of a building or construction contract. Owners, contractors, subcontractors, laborers, and materialmen shall be deemed to be insureds or beneficiaries for the purposes of this section.
- (2) A surety who issues a bid, performance, or payment bond in connection with construction activities where hazardous substances exist or are discovered is liable under ss. 376.308 and 403.727 only to the extent provided in this section subsection. In case of a default, the surety is liable only for the cost of completion of the contract work in accordance with the plans and specifications, less the balance of funds remaining to be paid under the contract, up to the penal sum of the bond. The surety is not liable on a bond to indemnify or compensate the obligee for loss or liability arising from personal injury or property damage, whether or not caused by a breach of the bonded contract. Further, a right of action does not accrue on a bond to or for the use of any person other than the obligee named in the bond.
 - Section 17. Subsection (4) of section 628.6016, Florida

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676	Statutes, is amended to read:
677	628.6016 Applicability of related laws.—In addition to
678	other provisions of the code cited in ss. 628.6011-628.6018:
679	(4) Sections 627.291, 627.413, 627.4132, 627.416, 627.418,
680	627.420, 627.421, 627.425, 627.426, 627.4265, 627.427, 627.428,
681	627.702, and 627.706; part XI of chapter 627; ss. 627.912,
682	627.913, and 627.918; and
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684	apply to assessable mutual insurers; however, ss. 628.255,
685	628.411, and 628.421 do not apply. No section of the code not
686	expressly and specifically cited in ss. 628.6011-628.6018
687	applies to assessable mutual insurers. The term "assessable
688	mutual insurer" shall be substituted for the term "commercial
689	self-insurer" as appropriate.
690	Section 18. <u>Section 631.70, Florida Statutes, is repealed.</u>
691	Section 19. <u>Section 631.926, Florida Statutes, is</u>
692	repealed.
693	Section 20. Paragraphs (a) and (j) of subsection (1) of
694	section 475.01, Florida Statutes, are amended to read:
695	475.01 Definitions.—
696	(1) As used in this part:
697	(a) "Broker" means a person who, for another, and for a
698	compensation or valuable consideration directly or indirectly
699	paid or promised, expressly or impliedly, or with an intent to
700	collect or receive a compensation or valuable consideration

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therefor, appraises, auctions, sells, exchanges, buys, rents, or offers, attempts or agrees to appraise, auction, or negotiate the sale, exchange, purchase, or rental of business enterprises or business opportunities or any real property or any interest in or concerning the same, including mineral rights or leases, or who advertises or holds out to the public by any oral or printed solicitation or representation that she or he is engaged in the business of appraising, auctioning, buying, selling, exchanging, leasing, or renting business enterprises or business opportunities or real property of others or interests therein, including mineral rights, or who takes any part in the procuring of sellers, purchasers, lessors, or lessees of business enterprises or business opportunities or the real property of another, or leases, or interest therein, including mineral rights, or who directs or assists in the procuring of prospects or in the negotiation or closing of any transaction which does, or is calculated to, result in a sale, exchange, or leasing thereof, and who receives, expects, or is promised any compensation or valuable consideration, directly or indirectly therefor; and all persons who advertise rental property information or lists. A broker renders a professional service and is a professional within the meaning of s. 95.11(4)(b) s. 95.11(4)(a). Where the term "appraise" or "appraising" appears in the definition of the term "broker," it specifically excludes those appraisal services which must be performed only by a

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state-licensed or state-certified appraiser, and those appraisal services which may be performed by a registered trainee appraiser as defined in part II. The term "broker" also includes any person who is a general partner, officer, or director of a partnership or corporation which acts as a broker. The term "broker" also includes any person or entity who undertakes to list or sell one or more timeshare periods per year in one or more timeshare plans on behalf of any number of persons, except as provided in ss. 475.011 and 721.20.

(j) "Sales associate" means a person who performs any act specified in the definition of "broker," but who performs such act under the direction, control, or management of another person. A sales associate renders a professional service and is a professional within the meaning of \underline{s} . $\underline{95.11(4)(a)}$.

Section 21. Paragraph (h) of subsection (1) of section 475.611, Florida Statutes, is amended to read:

475.611 Definitions.—

- (1) As used in this part, the term:
- (h) "Appraiser" means any person who is a registered trainee real estate appraiser, a licensed real estate appraiser, or a certified real estate appraiser. An appraiser renders a professional service and is a professional within the meaning of $\underline{s. 95.11(4)(b)}$ $\underline{s. 95.11(4)(a)}$.

Section 22. Subsection (7) of section 517.191, Florida

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751 Statutes, is amended to read:

- 517.191 Injunction to restrain violations; civil penalties; enforcement by Attorney General.—
- (7) Notwithstanding <u>s. 95.11(4)(f)</u> <u>s. 95.11(4)(e)</u>, an enforcement action brought under this section based on a violation of any provision of this chapter or any rule or order issued under this chapter shall be brought within 6 years after the facts giving rise to the cause of action were discovered or should have been discovered with the exercise of due diligence, but not more than 8 years after the date such violation occurred.
- Section 23. Subsection (2) of section 627.441, Florida Statutes, is amended to read:
- 627.441 Commercial general liability policies; coverage to contractors for completed operations.—
- (2) A liability insurer must offer coverage at an appropriate additional premium for liability arising out of current or completed operations under an owner-controlled insurance program for any period beyond the period for which the program provides liability coverage, as specified in s. 255.0517(2) (b). The period of such coverage must be sufficient to protect against liability arising out of an action brought within the time limits provided in s. 95.11(3) (b) s. 95.11(3) (c).
 - Section 24. Subsection (11) of section 632.638, Florida

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776 Statutes, is amended to read:

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

(11) Section 627.428;

Section 25. The Division of Law Revision is directed to replace the phrase "the effective date of this act" wherever it occurs in this act with the date this act becomes a law.

Section 26. This act shall take effect July 1, 2023.

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