By the Committee on Criminal Justice; and Senator Alexander

591-2450-06

1	A bill to be entitled
2	An act relating to offenses involving
3	insurance; amending s. 316.068, F.S.; providing
4	that a crash report must contain specified
5	information, if available; providing a
6	rebuttable presumption; amending s. 322.21,
7	F.S.; providing an additional fee for certain
8	offenses relating to insurance crimes;
9	providing for deposit of the fee into the
10	Highway Safety Operating Trust Fund; amending
11	s. 322.26, F.S.; providing an additional
12	circumstance relating to insurance crimes for
13	mandatory revocation of a person's driver's
14	license; amending s. 400.9935, F.S.; providing
15	penalties for medical directors of certain
16	health care clinics who refer patients to their
17	own clinics for specified medical procedures;
18	requiring health care clinics to display signs
19	containing certain information relating to
20	insurance fraud; authorizing compliance
21	inspections by the Division of Insurance Fraud;
22	requiring clinics to allow inspection access;
23	amending s. 440.105, F.S.; deleting the
24	provision that a violation of a stop-work order
25	is a misdemeanor of the first degree; providing
26	that the failure to secure required workers'
27	compensation insurance coverage constitutes
28	insurance fraud; amending s. 456.054, F.S.;
29	revising the definition of the term "kickback"
30	for criminal prosecution purposes; amending s.
31	624.15, F.S.; specifying violations of rules of

1	the Department of Financial Services, Office of
2	Insurance Regulation, or Financial Services
3	Commission as misdemeanors; specifying a
4	violation of emergency rules or orders as a
5	felony of the third degree; providing
6	penalties; providing for nonapplication to
7	certain persons; amending s. 626.112, F.S.;
8	providing a criminal penalty for knowingly
9	transacting insurance without a license;
10	amending s. 626.938, F.S.; revising provisions
11	requiring a report and taxation of
12	independently procured coverages; specifying
13	nonauthorization of independent procurement of
14	workers' compensation, life, or health
15	insurance; amending s. 626.9891, F.S.;
16	expanding authorization to impose
17	administrative fines on insurers for failure to
18	comply with certain anti-fraud plan or
19	anti-fraud investigative unit description
20	requirements; providing that anti-fraud plans
21	and anti-fraud investigative unit descriptions
22	are trade secrets; requiring certain hearing
23	officers to preserve the secrecy of such trade
24	secrets; providing that findings, statements,
25	and documents relating to anti-fraud plans and
26	anti-fraud investigative unit descriptions may
27	be subject to similar unauthorized disclosure;
28	creating s. 626.9893, F.S.; authorizing the
29	division to deposit certain revenues into the
30	Insurance Regulatory Trust Fund; specifying
31	accounting and uses of such revenues; providing

1 for appropriation and use of such revenues; 2 amending s. 627.4133, F.S.; providing that any 3 retroactive assumption of coverage and 4 liabilities under a policy providing workers' 5 compensation and employer's liability insurance 6 may not exceed 21 days; amending s. 627.736, 7 F.S.; requiring insurers to provide certain persons with notice of the department's 8 9 Anti-Fraud Reward Program and the criminal 10 violations that may be reported in pursuit of a reward; amending s. 627.7401, F.S.; requiring 11 12 that notice to consumers of possible insurance 13 fraud be added to the notice of consumer's rights to receive personal injury protection 14 benefits under the Florida Motor Vehicle 15 No-Fault Law; amending s. 627.912, F.S.; 16 17 authorizing the Office of Insurance Regulation to adjust certain fines; amending s. 817.234, 18 F.S.; revising provisions specifying material 19 omission and insurance fraud; prohibiting 20 21 scheming to create documentation of a motor 22 vehicle crash that did not occur; providing a 23 criminal penalty; amending s. 817.2361, F.S.; providing that creating, marketing, or 2.4 presenting fraudulent proof of motor vehicle 25 insurance is a felony of the third degree; 26 27 amending s. 817.50, F.S.; specifying 2.8 nonapplication of provisions specifying evidence of intent to defraud to certain 29 investigative actions taken by law enforcement 30 officers; amending s. 817.505, F.S.; providing 31

1 an additional patient brokering prohibition, to 2 which penalties apply; revising a definition; amending s. 843.08, F.S.; providing a criminal 3 4 penalty for falsely assuming or pretending to 5 be an officer of the Department of Financial 6 Services; amending s. 932.7055, F.S.; requiring 7 certain proceeds seized by the division under the Florida Contraband Forfeiture Act to be 8 deposited into certain trust funds; providing 9 10 severability; providing an effective date. 11 12 Be It Enacted by the Legislature of the State of Florida: 13 Section 1. Subsection (2) of section 316.068, Florida 14 Statutes, is amended to read: 15 16 316.068 Crash report forms.--17 (2) Every crash report required to be made in writing 18 must be made on the appropriate form approved by the department and must contain all the information required 19 therein, including the date, time, and location of the crash; 20 21 a description of the vehicles involved; the names and 22 addresses of the parties involved; the names and addresses of 23 all drivers and passengers in the vehicles involved; the names and addresses of witnesses; the name, badge number, and law 2.4 enforcement agency of the officer investigating the crash; and 2.5 the names of the insurance companies for the respective 26 27 parties involved in the crash, unless not available. The 2.8 absence of information in such written crash reports regarding the existence of passengers in the vehicles involved in the 29 crash constitutes a rebuttable presumption that no such 30

passengers were involved in the reported crash.

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Notwithstanding any other provisions of this section, a crash report produced electronically by a law enforcement officer must, at a minimum, contain the same information as is called for on those forms approved by the department.

Section 2. Subsection (8) of section 322.21, Florida Statutes, is amended to read:

322.21 License fees; procedure for handling and collecting fees.--

- (8) Any person who applies for reinstatement following the suspension or revocation of the person's driver's license shall pay a service fee of \$35 following a suspension, and \$60 following a revocation, which is in addition to the fee for a license. Any person who applies for reinstatement of a commercial driver's license following the disqualification of the person's privilege to operate a commercial motor vehicle shall pay a service fee of \$60, which is in addition to the fee for a license. The department shall collect all of these fees at the time of reinstatement. The department shall issue proper receipts for such fees and shall promptly transmit all funds received by it as follows:
- (a) Of the \$35 fee received from a licensee for reinstatement following a suspension, the department shall deposit \$15 in the General Revenue Fund and \$20 in the Highway Safety Operating Trust Fund.
- (b) Of the \$60 fee received from a licensee for reinstatement following a revocation or disqualification, the department shall deposit \$35 in the General Revenue Fund and \$25 in the Highway Safety Operating Trust Fund.

30 If the revocation or suspension of the driver's license was 31 for a violation of s. 316.193, or for refusal to submit to a

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lawful breath, blood, or urine test, an additional fee of \$115 2 must be charged. However, only one \$115 fee may be collected from one person convicted of violations arising out of the 3 same incident. The department shall collect the \$115 fee and 4 deposit the fee into the Highway Safety Operating Trust Fund 5 6 at the time of reinstatement of the person's driver's license, 7 but the fee may not be collected if the suspension or revocation is overturned. If the revocation or suspension of 8 the driver's license was for a conviction for a violation of 9 s. 817.234(8) or (9) or s. 817.505, an additional fee of \$180 10 is imposed for each offense. The department shall collect and 11 12 deposit the additional fee into the Highway Safety Operating 13 Trust Fund at the time of reinstatement of the person's driver's license. 14 Section 3. Subsection (9) is added to section 322.26, 15 16 Florida Statutes, to read: 17 322.26 Mandatory revocation of license by 18 department. -- The department shall forthwith revoke the license or driving privilege of any person upon receiving a record of 19 such person's conviction of any of the following offenses: 20 21 (9) Conviction in any court having jurisdiction over offenses committed under s. 817.234(8) or (9) or s. 817.505. 2.2 23 Section 4. Paragraph (h) is added to subsection (1) of section 400.9935, Florida Statutes, and subsection, (13) is 2.4 added to that section, to read: 2.5 400.9935 Clinic responsibilities.--26 27 (1) Each clinic shall appoint a medical director or

clinic director who shall agree in writing to accept legal

clinic. The medical director or the clinic director shall:

responsibility for the following activities on behalf of the

(h) Not engage in the referral of patients to the 2 clinic if the clinic performs magnetic resonance imaging, static radiographs, computed tomography, or positron emission 3 4 tomography. The term "referral of patients" means the referral of one or more patients of the medical director or clinic 5 6 director or of a member of the medical director's or clinic 7 director's group practice to the clinic for magnetic resonance 8 imaging, static radiographs, computed tomography, or positron emission tomography. A medical director who violates this 9 10 paragraph commits a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084. 11 12 (13) The clinic shall display a sign in a conspicuous 13 location within the clinic readily visible to all patients indicating that, pursuant to s. 626.9892, the Department of 14 Financial Services may pay rewards of up to \$25,000 to persons 15 providing information leading to the arrest and conviction of 16 persons committing crimes investigated by the Division of 18 Insurance Fraud arising from violations of s. 440.105, s. 624.15, s. 626.9541, s. 626.989, or s. 817.234. An authorized 19 employee of the Division of Insurance Fraud may make 2.0 21 unannounced inspections of a clinic licensed under this part 2.2 as necessary to determine whether the clinic is in compliance 23 with this subsection. A licensed clinic shall allow full and complete access to the premises to such authorized employee of 2.4 the division who makes an inspection to determine compliance 2.5 with this subsection. 26 27 Section 5. Paragraph (a) of subsection (2) and 2.8 paragraph (a) of subsection (4) of section 440.105, Florida 29 Statutes, are amended to read: 30 440.105 Prohibited activities; reports; penalties; 31 limitations.--

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- (2) Whoever violates any provision of this subsection commits a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083.
- (a) It shall be unlawful for any employer to knowingly:
- 1. Coerce or attempt to coerce, as a precondition to employment or otherwise, an employee to obtain a certificate of election of exemption pursuant to s. 440.05.
- 2. Discharge or refuse to hire an employee or job applicant because the employee or applicant has filed a claim for benefits under this chapter.
- 3. Discharge, discipline, or take any other adverse personnel action against any employee for disclosing information to the department or any law enforcement agency relating to any violation or suspected violation of any of the provisions of this chapter or rules promulgated hereunder.
- 4. Violate a stop work order issued by the department pursuant to s. 440.107.
- (4) Whoever violates any provision of this subsection commits insurance fraud, punishable as provided in paragraph (f).
- (a) It shall be unlawful for any employer to
 knowingly:
- 1. Present or cause to be presented any false, fraudulent, or misleading oral or written statement to any person as evidence of compliance with s. 440.38.
- 2. Make a deduction from the pay of any employee entitled to the benefits of this chapter for the purpose of requiring the employee to pay any portion of premium paid by the employer to a carrier or to contribute to a benefit fund or department maintained by such employer for the purpose of

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providing compensation or medical services and supplies as required by this chapter.

3. Fail to secure <u>workers'</u> payment of compensation <u>insurance coverage</u> if required to do so by this chapter.

Section 6. Subsection (1) of section 456.054, Florida Statutes, is amended to read:

456.054 Kickbacks prohibited. --

(1) As used in this section, the term "kickback" means a remuneration or payment back pursuant to an investment interest, compensation arrangement, or otherwise, by or on behalf of a provider of health care services or items, of a portion of the charges for services rendered to any person a referring health care provider as an incentive or inducement to refer patients for past or future services or items, when the payment is not tax deductible as an ordinary and necessary expense.

Section 7. Section 624.15, Florida Statutes, is amended to read:

624.15 General penalty.--

(1) Each willful violation of this code or rule of the department, office, or commission as to which a greater penalty is not provided by another provision of this code or rule of the department, office, or commission or by other applicable laws of this state is a misdemeanor of the second degree and is, in addition to any prescribed applicable denial, suspension, or revocation of certificate of authority, license, or permit, punishable as provided in s. 775.082 or s. 775.083. Each instance of such violation shall be considered a separate offense.

(2) Each willful violation of an emergency rule or order of the department, office, or commission by a person who

is not licensed, authorized, or eligible to engage in business 2 in accordance with the Florida Insurance Code is a felony of the third degree, punishable as provided in s. 775.082, s. 3 4 775.083, or s. 775.084. Each instance of such violation is a separate offense. This subsection does not apply to licensees 5 or affiliated parties of licensees. 7 Section 8. Subsection (9) is added to section 626.112, 8 Florida Statutes, to read: 9 626.112 License and appointment required; agents, 10 customer representatives, adjusters, insurance agencies, service representatives, managing general agents. --11 12 (9) Any person who knowingly transacts insurance or 13 otherwise engages in insurance activities in this state without a license in violation of this section commits a 14 felony of the third degree, punishable as provided in s. 15 775.082, s. 775.083, or s. 775.084. 16 17 Section 9. Subsections (1), (2), and (9) of section 18 626.938, Florida Statutes, are amended to read: 19 626.938 Report and tax of independently procured coverages. --20 21 (1) Every insured who in this state procures or causes 22 to be procured or continues or renews insurance from another 23 state or country with an unauthorized foreign or alien insurer <u>legitimately licensed in that jurisdiction</u>, or any 2.4 self-insurer who in this state so procures or continues excess 2.5 26 loss, catastrophe, or other insurance, upon a subject of 27 insurance resident, located, or to be performed within this 2.8 state, other than insurance procured through a surplus lines 29 agent pursuant to the Surplus Lines Law of this state or exempted from tax under s. 626.932(4), shall, within 30 days 30 after the date such insurance was so procured, continued, or

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renewed, file a report of the same with the Florida Surplus
Lines Service Office in writing and upon forms designated by
the Florida Surplus Lines Service Office and furnished to such
an insured upon request, or in a computer readable format as
determined by the Florida Surplus Lines Service Office. The
report shall show the name and address of the insured or
insureds, the name and address of the insurer, the subject of
the insurance, a general description of the coverage, the
amount of premium currently charged therefor, and such
additional pertinent information as is reasonably requested by
the Florida Surplus Lines Service Office.

- an unauthorized insurer <u>legitimately licensed in another state</u> or country procured through <u>solicitations</u>, negotiations, or an application, in whole or in part occurring or made <u>outside</u> within or from within this state, or for which premiums in whole or in part are remitted directly or indirectly from within this state, shall be deemed to be insurance procured, continued, or renewed in this state within the intent of subsection (1).
- (9) This section does not <u>authorize independent</u> <u>procurement of workers' compensation insurance</u>, apply as to life insurance, or health insurance.

Section 10. Subsection (7) of section 626.9891,
Florida Statutes, is amended, present subsection (8) of that
section is redesignated as subsection (9), and a new
subsection (8) is added to that section, to read:

626.9891 Insurer anti-fraud investigative units; reporting requirements; penalties for noncompliance.--

(7) If an insurer fails to <u>timely</u> submit a final <u>acceptable</u> anti-fraud plan or <u>anti-fraud investigative unit</u>

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2 implement the provisions of a plan or an anti-fraud investigative unit <u>description</u>, or otherwise refuses to comply 3 with the provisions of this section, the department, office, 4 or commission may: 5 6 (a) Impose an administrative fine of not more than 7 \$2,000 per day for such failure by an insurer to submit an acceptable anti-fraud plan or anti-fraud investigative unit 8 <u>description</u>, until the department, <u>office</u>, <u>or commission</u> deems 9 10 the insurer to be in compliance; (b) Impose an administrative fine for failure by an 11 12 upon the insurer to implement or follow the provisions of an 13 anti-fraud plan or anti-fraud investigative unit description a fraud detection and prevention plan that is deemed to be 14 15 appropriate by the department and that must be implemented by 16 the insurer; or 17 (c) Impose the provisions of both paragraphs (a) and 18 (b). (8)(a) Anti-fraud plans or anti-fraud investigative 19

description otherwise fails to submit a plan, fails to

unit descriptions required to be furnished to the division 20 21 pursuant to this section are trade secrets as defined in s. 2.2 688.002, and a court or administrative hearing officer shall 23 preserve the secrecy of such anti-fraud plans or anti-fraud investigative unit descriptions by reasonable means, which may 2.4 include granting protective orders in connection with 2.5 discovery proceedings, holding in camera hearings, sealing the 26 27 records of the action, and ordering any person involved in the 2.8 litigation not to disclose the alleged trade secret without 29 prior court approval.

(b) Findings, statements, discussions, reports, or documentation generated by the department or the office

relating to anti-fraud plans or anti-fraud investigative unit 2 descriptions, if determined to contain trade secrets as defined in s. 688.002, may be subject to the same protections 3 4 from unauthorized disclosure as are provided for the anti-fraud plans or anti-fraud investigative unit descriptions 5 6 in paragraph (a). 7 Section 11. Section 626.9893, Florida Statutes, is 8 created to read: 9 626.9893 Disposition of revenues; criminal or 10 forfeiture proceedings. --(1) The Division of Insurance Fraud of the Department 11 12 of Financial Services may deposit revenues received as a 13 result of criminal proceedings or forfeiture proceedings, other than revenues deposited into the Department of Financial 14 Services' Federal Equitable Sharing Trust Fund under s. 17.43, 15 into the Insurance Regulatory Trust Fund. Moneys deposited 16 pursuant to this section shall be separately accounted for and 18 shall be used solely for the division to carry out its duties and responsibilities. 19 (2) Moneys deposited into the Insurance Regulatory 2.0 21 Trust Fund pursuant to this section shall be appropriated by 2.2 the Legislature, pursuant to the provisions of chapter 216, 23 for the sole purpose of enabling the division to carry out its 2.4 duties and responsibilities. (3) Notwithstanding the provisions of s. 216.301 and 2.5 pursuant to s. 216.351, any balance of moneys deposited into 26 27 the Insurance Regulatory Trust Fund pursuant to this section 2.8 remaining at the end of any fiscal year shall remain in the trust fund at the end of that year and shall be available for 29 carrying out the duties and responsibilities of the division. 30

Section 12. Subsection (4) of section 627.4133, 2 Florida Statutes, is amended to read: 3 627.4133 Notice of cancellation, nonrenewal, or 4 renewal premium. --5 (4) Notwithstanding the provisions of s. 440.42(3), if cancellation of a policy providing coverage for workers' 7 compensation and employer's liability insurance is requested 8 by the insured, such cancellation shall be effective on the date the carrier sends the notice of cancellation to the 9 10 insured. Any retroactive assumption of coverage and liabilities under a policy providing workers' compensation and 11 12 employer's liability insurance may not exceed 21 days. 13 Section 13. Subsection (14) is added to section 627.736, Florida Statutes, to read: 14 627.736 Required personal injury protection benefits; 15 16 exclusions; priority; claims. --(14) FRAUD ADVISORY NOTICE. -- Upon receiving notice of 18 a claim under this section, an insurer shall provide a notice to the insured or to a person for whom a claim for 19 reimbursement for diagnosis or treatment of injuries has been 2.0 21 filed, advising that: 22 (a) Pursuant to s. 626.9892, the Department of 23 Financial Services may pay rewards of up to \$25,000 to persons providing information leading to the arrest and conviction of 2.4 persons committing crimes investigated by the Division of 2.5 Insurance Fraud arising from violations of s. 440.105, s. 26 624.15, s. 626.9541, s. 626.989, or s. 817.234. 27 2.8 (b) Solicitation of a person injured in a motor vehicle crash for purposes of filing personal injury 29 protection or tort claims could be a violation of s. 817.234, 30 s. 817.505, or the rules regulating The Florida Bar and should

be immediately reported to the Division of Insurance Fraud if 2 such conduct has taken place. Section 14. Subsection (1) of section 627.7401, 3 4 Florida Statutes, is amended to read: 5 627.7401 Notification of insured's rights.--6 (1) The commission, by rule, shall adopt a form for 7 the notification of insureds of their right to receive 8 personal injury protection benefits under the Florida Motor 9 Vehicle No-Fault Law. Such notice shall include: 10 (a) A description of the benefits provided by personal injury protection, including, but not limited to, the specific 11 12 types of services for which medical benefits are paid, 13 disability benefits, death benefits, significant exclusions from and limitations on personal injury protection benefits, 14 when payments are due, how benefits are coordinated with other 15 insurance benefits that the insured may have, penalties and 16 interest that may be imposed on insurers for failure to make 18 timely payments of benefits, and rights of parties regarding disputes as to benefits; and-19 2.0 (b) A statement that: 21 1. Pursuant to s. 626.9892, the Department of 22 Financial Services may pay rewards of up to \$25,000 to persons 23 providing information leading to the arrest and conviction of persons committing crimes investigated by the Division of 2.4 Insurance Fraud arising from violations of s. 440.105, s. 2.5 26 624.15, s. 626.9541, s. 626.989, or s. 817.234; 27 2. Pursuant to s. 627.736(6)(e)1., if the insured 2.8 notifies the insurer of a billing error, the insured may be entitled to a certain percentage of a reduction in the amount 29 30 paid by the insured's motor vehicle insurer; and 31

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3. Solicitation of a person injured in a motor vehicle crash for purposes of filing personal injury protection or tort claims could be a violation of s. 817.234, s. 817.505, or the rules regulating The Florida Bar, and such conduct should be immediately reported to the Division of Insurance Fraud.

Section 15. Subsection (4) of section 627.912, Florida Statutes, is amended to read:

627.912 Professional liability claims and actions; reports by insurers and health care providers; annual report by office.--

(4) There shall be no liability on the part of, and no cause of action of any nature shall arise against, any person or entity reporting hereunder or its agents or employees or the office or its employees for any action taken by them under this section. The office may shall impose a fine of up to \$250 per day per case, but not to exceed a total of \$10,000 per case, against an insurer, commercial self-insurance fund, medical malpractice self-insurance fund, or risk retention group that violates the requirements of this section, except that the office may impose a fine of \$250 per day per case, not to exceed a total of \$1,000 per case, against an insurer providing professional liability insurance to a member of The Florida Bar, which insurer violates the provisions of this section. If a health care practitioner or health care facility violates the requirements of this section, it shall be considered a violation of the chapter or act under which the practitioner or facility is licensed and shall be grounds for a fine or disciplinary action as such other violations of the chapter or act. The office may adjust a fine imposed under this subsection by considering the financial condition of the licensee, the premium volume written, the ratio of violations

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to compliance, and other mitigating factors as determined by the office.

Section 16. Paragraph (a) of subsection (7) and subsection (9) of section 817.234, Florida Statutes, are amended to read:

817.234 False and fraudulent insurance claims.--

(7)(a) It shall constitute a material omission and insurance fraud, punishable as provided in subsection (11), for any service physician or other provider, other than a hospital, to engage in a general business practice of billing amounts as its usual and customary charge, if such provider has agreed with the insured patient or intends to waive deductibles or copayments, or does not for any other reason intend to collect the total amount of such charge. With respect to a determination as to whether a service physician or other provider has engaged in such general business practice, consideration shall be given to evidence of whether the physician or other provider made a good faith attempt to collect such deductible or copayment. This paragraph does not apply to physicians or other providers who waive deductibles or copayments or reduce their bills as part of a bodily injury settlement or verdict.

(9) A person may not organize, plan, or knowingly participate in an intentional motor vehicle crash or a scheme to create documentation of a motor vehicle crash that did not occur for the purpose of making motor vehicle tort claims or claims for personal injury protection benefits as required by s. 627.736. Any person who violates this subsection commits a felony of the second degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084. A person who is convicted

of a violation of this subsection shall be sentenced to a minimum term of imprisonment of 2 years. 2 Section 17. Section 817.2361, Florida Statutes, is 3 4 amended to read: 5 817.2361 False or fraudulent proof of motor vehicle 6 insurance card .-- Any person who, with intent to deceive any 7 other person, creates, markets, or presents a false or 8 fraudulent proof of motor vehicle insurance card commits a felony of the third degree, punishable as provided in s. 9 775.082, s. 775.083, or s. 775.084. 10 Section 18. Subsection (2) of section 817.50, Florida 11 12 Statutes, is amended to read: 13 817.50 Fraudulently obtaining goods, services, etc., from a health care provider. --14 (2) If any person gives to any health care provider in 15 this state a false or fictitious name or a false or fictitious 16 address or assigns to any health care provider the proceeds of 18 any health maintenance contract or insurance contract, then knowing that such contract is no longer in force, is invalid, 19 or is void for any reason, such action shall be prima facie 20 21 evidence of the intent of such person to defraud the health 22 care provider. However, this subsection does not apply to 23 investigative actions taken by law enforcement officers for law enforcement purposes in the course of their official 2.4 25 duties. Section 19. Subsection (1) and paragraph (a) of 26 27 subsection (2) of section 817.505, Florida Statutes, are 2.8 amended to read: 29 817.505 Patient brokering prohibited; exceptions; 30 penalties .--

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- (1) It is unlawful for any person, including any health care provider or health care facility, to:
- (a) Offer or pay any commission, bonus, rebate, kickback, or bribe, directly or indirectly, in cash or in kind, or engage in any split-fee arrangement, in any form whatsoever, to induce the referral of patients or patronage to or from a health care provider or health care facility;
- (b) Solicit or receive any commission, bonus, rebate, kickback, or bribe, directly or indirectly, in cash or in kind, or engage in any split-fee arrangement, in any form whatsoever, in return for referring patients or patronage to or from a health care provider or health care facility; or
- (c) Solicit or receive any commission, bonus, rebate, kickback, or bribe, directly or indirectly, in cash or in kind, or engage in any split-fee arrangement, in any form whatsoever, in return for the acceptance or acknowledgement of treatment from a health care provider or health care facility; or
- $\underline{(d)(c)}$ Aid, abet, advise, or otherwise participate in the conduct prohibited under paragraph (a), or paragraph (c).
 - (2) For the purposes of this section, the term:
- (a) "Health care provider or health care facility"
 means any person or entity licensed, certified, or registered;
 required to be licensed, certified, or registered; or lawfully
 exempt from being required to be licensed, certified, or
 registered with the Agency for Health Care Administration or
 the Department of Health; any person or entity that has
 contracted with the Agency for Health Care Administration to
 provide goods or services to Medicaid recipients as provided
 under s. 409.907; a county health department established under

part I of chapter 154; any community service provider contracting with the Department of Children and Family Services to furnish alcohol, drug abuse, or mental health 3 services under part IV of chapter 394; any substance abuse 4 service provider licensed under chapter 397; or any federally 5 6 supported primary care program such as a migrant or community health center authorized under ss. 329 and 330 of the United States Public Health Services Act. 8 Section 20. Section 843.08, Florida Statutes, is 9 amended to read: 10 843.08 Falsely personating officer, etc.--A person who 11 12 falsely assumes or pretends to be a sheriff, officer of the 13 Florida Highway Patrol, officer of the Fish and Wildlife Conservation Commission, officer of the Department of 14 Environmental Protection, officer of the Department of 15 Transportation, officer of the Department of Financial 16 Services, officer of the Department of Corrections, 18 correctional probation officer, deputy sheriff, state attorney or assistant state attorney, statewide prosecutor or assistant 19 statewide prosecutor, state attorney investigator, coroner, 20 police officer, lottery special agent or lottery investigator, 2.1 22 beverage enforcement agent, or watchman, or any member of the 23 Parole Commission and any administrative aide or supervisor employed by the commission, or any personnel or representative 2.4 of the Department of Law Enforcement, and takes upon himself 25 26 or herself to act as such, or to require any other person to 27 aid or assist him or her in a matter pertaining to the duty of 2.8 any such officer, commits a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 29 775.084; however, a person who falsely personates any such 30 officer during the course of the commission of a felony

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commits a felony of the second degree, punishable as provided
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    in s. 775.082, s. 775.083, or s. 775.084; except that if the
    commission of the felony results in the death or personal
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    injury of another human being, the person commits a felony of
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   the first degree, punishable as provided in s. 775.082, s.
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   775.083, or s. 775.084.
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           Section 21. Paragraph (n) is added to subsection (6)
    of section 932.7055, Florida Statutes, to read:
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           932.7055 Disposition of liens and forfeited
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   property.--
           (6) If the seizing agency is a state agency, all
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   remaining proceeds shall be deposited into the General Revenue
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    Fund. However, if the seizing agency is:
          (n) The Division of Insurance Fraud of the Department
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    of Financial Services, the proceeds accrued pursuant to the
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    provisions of the Florida Contraband Forfeiture Act shall be
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    deposited into the Insurance Regulatory Trust Fund as provided
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    in s. 626.9893 or into the Department of Financial Services'
    Federal Equitable Sharing Trust Fund as provided in s. 17.43,
19
    as applicable.
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21
           Section 22. If any provision of this act or the
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    application thereof to any person or circumstance is held
23
    invalid, the invalidity does not affect other provisions or
    applications of the act which can be given effect without the
2.4
    invalid provision or application, and, to this end, the
2.5
   provisions of this act are declared severable.
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           Section 23. This act shall take effect July 1, 2006.
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Requires that crash reports contain specified information, and that the absence of information in a report regarding the existence of passengers in the vehicles involved in the crash constitutes a rebuttable presumption that no such passengers were involved in the crash. Provides that the medical director or the clinic director of a health care clinic shall not engage in the referral of patients to the clinic if the clinic performs magnetic resonance imaging, static radiographs, computed tomography, or positron emission tomography, and provides that a medical director who violates this prohibition commits a third degree felony. Defines the term "referral of patients." Provides that anti-fraud plans or antifraud-investigative unit descriptions required to be furnished to the division are trade secrets as defined in s. 688.002, F.S., and a court or administrative hearing officer must preserve the secrecy of the plans or descriptions by reasonable means, which may include granting protective orders in connection with discovery proceedings, holding in camera hearings, sealing the records of the action, and ordering any person involved in the litigation not to disclose the alleged trade secret without prior court approval. Amends a provision of s. 627.413, F.S., which provides that cancellation of a policy providing for coverage for workers' compensation and employer's liability insurance is effective on the date the carrier sends notice to the insured of the cancellation, to further add that any retroactive assumption of coverage and liabilities under a policy providing worker's compensation and employer's liability insurance may not exceed 21 days. Amends s. 627.7401, F.S., pertaining to notification of insured of their right to receive PIP benefits under the Florida Motor Vehicle No-Fault Law, to provide that such notification shall include a statement that the Department of Financial Services may pay a reward for information leading to the arrest and conviction of persons committing specified crimes investi	1		STATEMENT OF SUBSTANTIAL CHANGES CONTAINED IN COMMITTEE SUBSTITUTE FOR
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persons committing specified crimes investigated by the Division of Insurance Fraud; if the insured notifies the insurer of a billing error, the insured may be entitled to a certain percentage of a reduction in the amount paid by the insured's motor vehicle insurer; and solicitation of a person injured in a motor vehicle crash for purposes of filing PIP or tort claims could be a violation of specified statutes or rules regulating the Florida Bar, and such conduct should be immediately reported to the division. Amends s. 627.912, F.S., relating to professional	25		Department of Financial Services may pay a reward for
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by the insured's motor vehicle insurer; and solicitation of a person injured in a motor vehicle crash for purposes of filing PIP or tort claims could be a violation of specified statutes or rules regulating the Florida Bar, and such conduct should be immediately reported to the division. Amends s. 627.912, F.S., relating to professional	27		insurer of a billing error, the insured may be entitled
of filing PIP or tort claims could be a violation of specified statutes or rules regulating the Florida Bar, and such conduct should be immediately reported to the division. Amends s. 627.912, F.S., relating to professional	28		by the insured's motor vehicle insurer; and solicitation
and such conduct should be immediately reported to the division. Amends s. 627.912, F.S., relating to professional	29		of filing PIP or tort claims could be a violation of
31 Amends s. 627.912, F.S., relating to professional	30		and such conduct should be immediately reported to the
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1	liability claims and actions, to provide the Office of Insurance Regulation with discretion in imposing a fine
2	for violation of the section, and revises the minimum
3	fine amount per day per case to specify that the fine is up to \$250 per day per case.
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