

By the Committee on Financial Services and Representatives
Goode, Crist and Effman

1 A bill to be entitled
2 An act relating to insurance fraud; amending s.
3 440.09, F.S.; conforming references to judges
4 of compensation claims and administrative law
5 judges; amending s. 440.105, F.S.; specifying a
6 schedule of criminal penalties for certain
7 prohibited activities; providing definitions;
8 amending s. 626.989, F.S.; including health
9 maintenance organizations and contracts within
10 the jurisdiction of the division; providing for
11 reports of insurance fraud to the Division of
12 Insurance Fraud of the Department of Insurance;
13 amending s. 626.9891, F.S.; requiring insurers
14 to provide for investigation of fraudulent
15 claims; requiring insurers to adopt an
16 anti-fraud plan; providing criteria and
17 procedures; requiring insurers to file an
18 anti-fraud report with the department;
19 specifying contents; creating s. 626.9892,
20 F.S.; establishing the Anti-Fraud Reward
21 Program in the department; providing for
22 awarding rewards under certain circumstances;
23 exempting certain department actions from
24 Florida Administrative Code requirements;
25 creating s. 641.3915, F.S.; requiring certain
26 health maintenance organizations to provide for
27 investigation of fraudulent claims; requiring
28 health maintenance organizations to adopt an
29 anti-fraud plan; providing criteria and
30 procedures; requiring health maintenance
31 organizations to file an anti-fraud report with

1 the department; specifying contents; amending
2 s. 817.234, F.S.; specifying a schedule of
3 criminal penalties for committing insurance
4 fraud or insurance solicitation; providing
5 definitions; providing application to health
6 maintenance organizations and contracts;
7 amending s. 775.15, F.S.; providing a statute
8 of limitations for certain insurance fraud
9 violations; providing an appropriation;
10 providing an effective date.

11
12 Be It Enacted by the Legislature of the State of Florida:

13
14 Section 1. Subsection (4) of section 440.09, Florida
15 Statutes, is amended to read:

16 440.09 Coverage.--

17 (4) An employee shall not be entitled to compensation
18 or benefits under this chapter if any judge of compensation
19 claims, administrative law judge ~~hearing officer~~, court, or
20 jury convened in this state determines that the employee has
21 knowingly or intentionally engaged in any of the acts
22 described in s. 440.105 for the purpose of securing workers'
23 compensation benefits.

24 Section 2. Subsections (4) and (6) of section 440.105,
25 Florida Statutes, are amended to read:

26 440.105 Prohibited activities; penalties.--

27 (4)(a) Whoever violates any provision of this
28 subsection commits insurance fraud. If the value of any
29 property involved in a violation of this subsection:
30
31

1 1. Is less than \$20,000, the offender commits a felony
2 of the third degree, punishable as provided in s. 775.082, s.
3 775.083, or s. 775.084.

4 2. Is \$20,000 or more, but less than \$100,000, the
5 offender commits a felony of the second degree, punishable as
6 provided in s. 775.082, s. 775.083, or s. 775.084.

7 3. Is \$100,000 or more, the offender commits a felony
8 of the first degree, punishable as provided in s. 775.082, s.
9 775.083, or s. 775.084.

10 ~~(b)(a)~~ It shall be unlawful for any employer to
11 knowingly:

12 1. Present or cause to be presented any false,
13 fraudulent, or misleading oral or written statement to any
14 person as evidence of compliance with s. 440.38.

15 2. Make a deduction from the pay of any employee
16 entitled to the benefits of this chapter for the purpose of
17 requiring the employee to pay any portion of premium paid by
18 the employer to a carrier or to contribute to a benefit fund
19 or department maintained by such employer for the purpose of
20 providing compensation or medical services and supplies as
21 required by this chapter.

22 3. Fail to secure payment of compensation if required
23 to do so by this chapter.

24 ~~(c)(b)~~ It shall be unlawful for any person:

25 1. To knowingly make, or cause to be made, any false,
26 fraudulent, or misleading oral or written statement for the
27 purpose of obtaining or denying any benefit or payment under
28 this chapter.

29 2. To present or cause to be presented any written or
30 oral statement as part of, or in support of, a claim for
31 payment or of other benefit pursuant to any provision of this

1 chapter, knowing that such statement contains any false,
2 incomplete, or misleading information concerning any fact or
3 thing material to such claim.

4 3. To prepare or cause to be prepared any written or
5 oral statement that is intended to be presented to any
6 employer, insurance company, or self-insured program in
7 connection with, or in support of, any claim for payment or
8 other benefit pursuant to any provision of this chapter,
9 knowing that such statement contains any false, incomplete, or
10 misleading information concerning any fact or thing material
11 to such claim.

12 4. To knowingly assist, conspire with, or urge any
13 person to engage in activity prohibited by this section.

14 5. To knowingly make any false, fraudulent, or
15 misleading oral or written statement, or to knowingly omit or
16 conceal material information, required by s. 440.185 or s.
17 440.381, for the purpose of obtaining workers' compensation
18 coverage or for the purpose of avoiding, delaying, or
19 diminishing the amount of payment of any workers' compensation
20 premiums.

21 6. To knowingly misrepresent or conceal payroll,
22 classification of workers, or information regarding an
23 employer's loss history which would be material to the
24 computation and application of an experience rating
25 modification factor for the purpose of avoiding or diminishing
26 the amount of payment of any workers' compensation premiums.

27 7. To knowingly present or cause to be presented any
28 false, fraudulent, or misleading oral or written statement to
29 any person as evidence of compliance with s. 440.38.

30 (d)~~(c)~~ It shall be unlawful for any physician licensed
31 under chapter 458, osteopathic physician licensed under

1 chapter 459, chiropractic physician licensed under chapter
2 460, podiatric physician licensed under chapter 461,
3 optometric physician licensed under chapter 463, or any other
4 practitioner licensed under the laws of this state to
5 knowingly and willfully assist, conspire with, or urge any
6 person to fraudulently violate any of the provisions of this
7 chapter.

8 (e)~~(d)~~ It shall be unlawful for any person or
9 governmental entity licensed under chapter 395 to maintain or
10 operate a hospital in such a manner so that such person or
11 governmental entity knowingly and willfully allows the use of
12 the facilities of such hospital by any person, in a scheme or
13 conspiracy to fraudulently violate any of the provisions of
14 this chapter.

15 (f)~~(e)~~ It shall be unlawful for any attorney or other
16 person, in his or her individual capacity or in his or her
17 capacity as a public or private employee, or any firm,
18 corporation, partnership, or association, to knowingly assist,
19 conspire with, or urge any person to fraudulently violate any
20 of the provisions of this chapter.

21 (g)~~(f)~~ It shall be unlawful for any attorney or other
22 person, in his or her individual capacity or in his or her
23 capacity as a public or private employee or for any firm,
24 corporation, partnership, or association, to unlawfully
25 solicit any business in and about city or county hospitals,
26 courts, or any public institution or public place; in and
27 about private hospitals or sanitariums; in and about any
28 private institution; or upon private property of any character
29 whatsoever for the purpose of making workers' compensation
30 claims.

31 (6) For the purpose of the section: ~~the term~~

1 (a) "Statement" includes, but is not limited to, any
2 notice, representation, statement, proof of injury, bill for
3 services, diagnosis, prescription, hospital or doctor records,
4 X ray, test result, or other evidence of loss, injury, or
5 expense.

6 (b) "Property" means property as defined in s.
7 812.012.

8 (c) "Value" means value as defined in s. 812.012.

9 Section 3. Subsections (1) and (6) of section 626.989,
10 Florida Statutes, are amended to read:

11 626.989 Division of Insurance Fraud; definition;
12 investigative, subpoena powers; protection from civil
13 liability; reports to division; division investigator's power
14 to execute warrants and make arrests.--

15 (1) For the purposes of this section, a person commits
16 a "fraudulent insurance act" if the person knowingly and with
17 intent to defraud presents, causes to be presented, or
18 prepares with knowledge or belief that it will be presented,
19 to or by an insurer, self-insurer, self-insurance fund,
20 servicing corporation, purported insurer, broker, or any agent
21 thereof, any written statement as part of, or in support of,
22 an application for the issuance of, or the rating of, any
23 insurance policy, or a claim for payment or other benefit
24 pursuant to any insurance policy, which the person knows to
25 contain materially false information concerning any fact
26 material thereto or if the person conceals, for the purpose of
27 misleading another, information concerning any fact material
28 thereto. For the purposes of this section, the term "insurer"
29 also includes any health maintenance organization, and the
30 term "insurance policy" also includes a health maintenance
31 organization subscriber contract.

1 (6) Any person, other than an insurer, agent, or other
2 person licensed under the code, or an employee thereof, having
3 knowledge or who believes that a fraudulent insurance act or
4 any other act or practice which, upon conviction, constitutes
5 a felony or a misdemeanor under the code, under s. 440.105,or
6 under s. 817.234, is being or has been committed may send to
7 the Division of Insurance Fraud a report or information
8 pertinent to such knowledge or belief and such additional
9 information relative thereto as the department may request.
10 Any professional practitioner licensed or regulated by the
11 Department of Business and Professional Regulation, except as
12 otherwise provided by law, any medical review committee as
13 defined in s. 766.101, any private medical review committee,
14 and any insurer, agent, or other person licensed under the
15 code, or an employee thereof, having knowledge or who believes
16 that a fraudulent insurance act or any other act or practice
17 which, upon conviction, constitutes a felony or a misdemeanor
18 under the code, under s. 440.105,or under s. 817.234, is
19 being or has been committed shall send to the Division of
20 Insurance Fraud a report or information pertinent to such
21 knowledge or belief and such additional information relative
22 thereto as the department may require. The Division of
23 Insurance Fraud shall review such information or reports and
24 select such information or reports as, in its judgment, may
25 require further investigation. It shall then cause an
26 independent examination of the facts surrounding such
27 information or report to be made to determine the extent, if
28 any, to which a fraudulent insurance act or any other act or
29 practice which, upon conviction, constitutes a felony or a
30 misdemeanor under the code, under s. 440.105,or under s.
31 817.234, is being committed. The Division of Insurance Fraud

1 shall report any alleged violations of law which its
2 investigations disclose to the appropriate licensing agency
3 and state attorney or other prosecuting agency having
4 jurisdiction with respect to any such violation, as provided
5 in s. 624.310. If prosecution by the state attorney or other
6 prosecuting agency having jurisdiction with respect to such
7 violation is not begun within 60 days of the division's
8 report, the state attorney or other prosecuting agency having
9 jurisdiction with respect to such violation shall inform the
10 division of the reasons for the lack of prosecution.

11 Section 4. Section 626.9891, Florida Statutes, is
12 amended to read:

13 (Substantial rewording of section. See
14 s. 626.9891, F.S., for present text.)

15 626.9891 Insurer anti-fraud plans, reports, and
16 investigative units.--

17 (1) Each authorized insurer that had \$10 million or
18 more in direct premiums written during the previous calendar
19 year shall:

20 (a) Establish and maintain a unit or division within
21 the company to investigate possible fraudulent claims by
22 insureds or by persons making claims for services or repairs
23 against policies held by insureds; or

24 (b) Contract with others to investigate possible
25 fraudulent claims for services or repairs against policies
26 held by insureds.

27
28 For purposes of this section, the term "unit or division"
29 includes the assignment of fraud investigation to employees
30 whose principal responsibilities are the investigation and
31 disposition of claims. If an insurer creates a distinct unit

1 or division, hires additional employees, or contracts with
2 another entity to fulfill the requirements of this section,
3 the additional cost incurred must be included as an
4 administrative expense for ratemaking purposes.

5 (2)(a) Each authorized insurer, writing direct
6 insurance, shall adopt an anti-fraud plan, which shall be
7 filed with the department prior to July 1, 1999.

8 (b) Any insurer that previously filed an anti-fraud
9 plan with the department shall amend the plan to comply with
10 the requirements of subsection (3) and shall file all plan
11 amendments with the department prior to July 1, 1999.

12 (c) Any insurer that files an application for a
13 certificate of authority with the department prior to July 1,
14 1999, shall, if the certificate is not issued as of that date,
15 comply with the requirements of this section within 90 days
16 after the issuance of a certificate of authority.

17 (d) Any insurer that files an application for a
18 certificate of authority with the department on or after July
19 1, 1999, shall comply with the requirements of this section
20 when the application is filed.

21 (3) Each insurer's anti-fraud plan shall include:

22 (a) A description of the unit or division established,
23 or a copy of the contract and related documents required under
24 subsection (1), if applicable.

25 (b) A description of the insurer's policies and
26 procedures that facilitate the detection and investigation of
27 possible fraudulent insurance acts, including specific policy
28 provisions and investigative procedures intended to combat
29 complex instances of fraud with respect to each of the
30 following coverages: health, property, casualty, and workers'
31 compensation and employer's liability.

1 (c) A description of the insurer's procedures for the
2 mandatory reporting of possible fraudulent insurance acts to
3 the department.

4 (d) A description of the insurer's procedures for
5 auditing workers' compensation insureds to verify covered
6 employees and to ensure proper classification, loss experience
7 reporting, and premium collection practices.

8 (e) A description of the insurer's anti-fraud
9 education and training program for claims adjusters or other
10 personnel.

11 (f) A description or chart that includes the
12 organizational arrangement of the insurer's anti-fraud
13 personnel and the education, training, and claims adjusting,
14 law enforcement, or other investigative experience of such
15 personnel responsible for the investigation of possible
16 fraudulent insurance acts.

17 (4) Each insurer shall file an anti-fraud report with
18 the department prior to March 1, 2000, and annually
19 thereafter, which shall include, for the previous calendar
20 year:

21 (a) Material changes or amendments to personnel,
22 policies, or procedures in the insurer's anti-fraud plan.

23 (b) A summary of significant actions taken by the
24 insurer to combat or prosecute cases of insurance fraud and
25 cases of workers' compensation insurance premium fraud.

26 (c) A statement of the insurer's total number of
27 referrals of suspected fraud, made to the division by line of
28 coverage and monetary category, and the increase or decrease
29 in these referrals as compared to previous calendar years. The
30 monetary categories are:

31

- 1 1. Suspected cases of fraud involving total amounts
2 less than \$20,000.
- 3 2. Suspected cases of fraud involving total amounts
4 not less than \$20,000, but less than \$100,000.
- 5 3. Suspected cases of fraud involving total amounts
6 not less than \$100,000.
- 7 (d) The amount of direct premiums written, by line of
8 coverage, in the previous calendar year and the number of
9 fraud referrals, by line of coverage, made by the insurer to
10 the department during the reporting period.
- 11 (5) The department may recommend changes or amendments
12 to an insurer's anti-fraud plan.
- 13 (6) The anti-fraud plans and anti-fraud reports
14 required by this section must identify the amount of resources
15 allocated to identify and combat fraud.
- 16 Section 5. Section 626.9892, Florida Statutes, is
17 created to read:
- 18 626.9892 Anti-Fraud Reward Program; reporting of
19 insurance fraud.--
- 20 (1) The Anti-Fraud Reward Program is hereby
21 established within the department, to be funded from the
22 Insurance Commissioner's Regulatory Trust Fund.
- 23 (2) The department may, at its discretion, pay rewards
24 of up to \$25,000 to persons responsible for providing
25 information leading to the arrest and conviction of persons
26 committing criminal violations of the insurance code, s.
27 440.105, or s. 817.234.
- 28 (3) Only a single reward amount may be awarded for
29 each case, regardless of the number of persons arrested and
30 convicted in connection with the case and regardless of how
31 many persons submit claims for the reward.

1 (4) The department shall adopt rules providing for
2 application and evaluation procedures, procedures to ensure
3 that the granting of rewards reflects the law enforcement
4 priorities of the Division of Insurance Fraud, criteria for
5 determining whether the information in fact led to an arrest
6 and conviction, and procedures for publicizing the
7 availability of rewards.

8 (5) The decision of the department to make an award or
9 not make an award under this section, or the decision of the
10 department with respect to the amount of a reward, is not a
11 decision which affects substantial interests for purposes of
12 chapter 120.

13 Section 6. Section 641.3915, Florida Statutes, is
14 created to read:

15 641.3915 Health maintenance organization anti-fraud
16 plans, reports, and investigative units.--

17 (1) Each authorized health maintenance organization
18 that had \$10 million or more in revenues during the previous
19 calendar year shall:

20 (a) Establish and maintain a unit or division within
21 the company to investigate possible fraudulent claims by
22 subscribers or by persons making claims for services against
23 policies held by subscribers; or

24 (b) Contract with others to investigate possible
25 fraudulent claims for services against policies held by
26 subscribers.

27
28 For purposes of this section, the term "unit or division"
29 includes the assignment of fraud investigation to employees
30 whose principal responsibilities are the investigation and
31 disposition of claims. If a health maintenance organization

1 creates a distinct unit or division, hires additional
2 employees, or contracts with another entity to fulfill the
3 requirements of this section, the additional cost incurred
4 shall be included as an administrative expense for ratemaking
5 purposes.

6 (2)(a) Each authorized health maintenance organization
7 must adopt an anti-fraud plan and file such plan with the
8 department before July 1, 1999.

9 (b) Any health maintenance organization that has filed
10 an application for a certificate of authority with the
11 department prior to July 1, 1999, shall, if the certificate is
12 not issued as of that date, comply with the requirements of
13 this section within 90 days after the issuance of the
14 certificate of authority.

15 (c) Any health maintenance organization that files an
16 application for a certificate of authority with the department
17 on or after July 1, 1999, shall comply with the requirements
18 of this section when the application is filed.

19 (3) Each health maintenance organization's anti-fraud
20 plan shall include:

21 (a) A description of the unit or division established,
22 or a copy of the contract and related documents required under
23 subsection (1), if applicable.

24 (b) A description of the health maintenance
25 organization's policies and procedures that facilitate the
26 detection and investigation of possible fraudulent insurance
27 acts.

28 (c) A description of the health maintenance
29 organization's procedures for the mandatory reporting of
30 possible fraudulent insurance acts to the department.

31

1 (d) A description of the health maintenance
2 organization's anti-fraud education and training program for
3 claims adjusters or other personnel.

4 (e) A description or chart that includes the
5 organizational arrangement of the health maintenance
6 organization's anti-fraud personnel and the education,
7 training, and claims adjusting, law enforcement, or other
8 investigative experience of such personnel responsible for the
9 investigation of fraudulent insurance acts.

10 (4) Each health maintenance organization shall file an
11 anti-fraud report with the department before March 1, 2000,
12 and annually thereafter, which shall include, for the previous
13 calendar year:

14 (a) Material changes or amendments to personnel,
15 policies, or procedures in the health maintenance
16 organization's anti-fraud plan.

17 (b) A summary of significant actions taken by the
18 health maintenance organization to combat or prosecute cases
19 of insurance fraud.

20 (c) A statement of the insurer's total number of
21 referrals of suspected fraud, made to the division by line of
22 coverage and monetary category, and the increase or decrease
23 in these referrals as compared to previous calendar years. The
24 monetary categories are:

25 1. Suspected cases of fraud involving total amounts
26 less than \$20,000.

27 2. Suspected cases of fraud involving total amounts
28 not less than \$20,000, but less than \$100,000.

29 3. Suspected cases of fraud involving total amounts
30 not less than \$100,000.

31

1 (d) The number of fraud referrals made by the health
2 maintenance organization to the department during the
3 reporting period.

4 (5) The department may recommend changes or amendments
5 to a health maintenance organization's anti-fraud plan.

6 (6) The anti-fraud plans and anti-fraud reports
7 required by this section must identify the amount of resources
8 allocated to identify and combat fraud.

9 (7) Failure of a health maintenance organization to
10 comply with this section or authorized rules constitutes
11 grounds for the imposition of sanctions or penalties under s.
12 641.25.

13 Section 7. Subsections (1), (2), (3), (4), (8), (9),
14 and (10) of section 817.234, Florida Statutes, are amended,
15 and subsections (11) and (12) are added to said section, to
16 read:

17 817.234 False and fraudulent insurance claims.--

18 (1)(a) Any person who, with the intent to injure,
19 defraud, or deceive any insurer:

20 1. Presents or causes to be presented any written or
21 oral statement as part of, or in support of, a claim for
22 payment or other benefit pursuant to an insurance policy,
23 knowing that such statement contains any false, incomplete, or
24 misleading information concerning any fact or thing material
25 to such claim;

26 2. Prepares or makes any written or oral statement
27 that is intended to be presented to any insurer in connection
28 with, or in support of, any claim for payment or other benefit
29 pursuant to an insurance policy, knowing that such statement
30 contains any false, incomplete, or misleading information
31 concerning any fact or thing material to such claim; or

1 3. Knowingly presents, causes to be presented, or
2 prepares or makes with knowledge or belief that it will be
3 presented to any insurer, purported insurer, servicing
4 corporation, insurance broker, or insurance agent, or any
5 employee or agent thereof, any false, incomplete, or
6 misleading information or written or oral statement as part
7 of, or in support of, an application for the issuance of, or
8 the rating of, any insurance policy, or who conceals
9 information concerning any fact material to such application,
10
11 commits insurance fraud ~~a felony of the third degree,~~
12 punishable as provided in subsection (11)~~s. 775.082, s.~~
13 ~~775.083, or s. 775.084.~~

14 (b) All claims and application forms shall contain a
15 statement that is approved by the Department of Insurance that
16 clearly states in substance the following: "Any person who
17 knowingly and with intent to injure, defraud, or deceive any
18 insurer files a statement of claim or an application
19 containing any false, incomplete, or misleading information is
20 guilty of a felony of the third degree." The changes in this
21 paragraph relating to applications shall take effect on March
22 1, 1996.

23 (2) Any physician licensed under chapter 458,
24 osteopathic physician licensed under chapter 459, chiropractor
25 licensed under chapter 460, or other practitioner licensed
26 under the laws of this state who knowingly and willfully
27 assists, conspires with, or urges any insured party to
28 fraudulently violate any of the provisions of this section or
29 part XI of chapter 627, or any person who, due to such
30 assistance, conspiracy, or urging by said physician,
31 osteopathic physician, chiropractor, or practitioner,

1 knowingly and willfully benefits from the proceeds derived
2 from the use of such fraud, commits insurance fraud ~~is guilty~~
3 ~~of a felony of the third degree~~, punishable as provided in
4 subsection (11) ~~s. 775.082, s. 775.083, or s. 775.084~~. In the
5 event that a physician, osteopathic physician, chiropractor,
6 or practitioner is adjudicated guilty of a violation of this
7 section, the Board of Medicine as set forth in chapter 458,
8 the Board of Osteopathic Medicine as set forth in chapter 459,
9 the Board of Chiropractic as set forth in chapter 460, or
10 other appropriate licensing authority shall hold an
11 administrative hearing to consider the imposition of
12 administrative sanctions as provided by law against said
13 physician, osteopathic physician, chiropractor, or
14 practitioner.

15 (3) Any attorney who knowingly and willfully assists,
16 conspires with, or urges any claimant to fraudulently violate
17 any of the provisions of this section or part XI of chapter
18 627, or any person who, due to such assistance, conspiracy, or
19 urging on such attorney's part, knowingly and willfully
20 benefits from the proceeds derived from the use of such fraud,
21 commits insurance fraud ~~a felony of the third degree~~,
22 punishable as provided in subsection (11) ~~s. 775.082, s.~~
23 ~~775.083, or s. 775.084~~.

24 (4) Any ~~No~~ person or governmental unit licensed under
25 chapter 395 to maintain or operate a hospital, and any ~~no~~
26 administrator or employee of any such hospital, who shall
27 knowingly and willfully allows ~~allow~~ the use of the facilities
28 of said hospital by an insured party in a scheme or conspiracy
29 to fraudulently violate any of the provisions of this section
30 or part XI of chapter 627. ~~Any hospital administrator or~~
31 ~~employee who violates this subsection~~ commits insurance fraud

1 ~~a felony of the third degree~~, punishable as provided in
2 subsection (11)~~s. 775.082, s. 775.083, or s. 775.084~~. Any
3 adjudication of guilt for a violation of this subsection, or
4 the use of business practices demonstrating a pattern
5 indicating that the spirit of the law set forth in this
6 section or part XI of chapter 627 is not being followed, shall
7 be grounds for suspension or revocation of the license to
8 operate the hospital or the imposition of an administrative
9 penalty of up to \$5,000 by the licensing agency, as set forth
10 in chapter 395.

11 (8) It is unlawful for any person, in his or her
12 individual capacity or in his or her capacity as a public or
13 private employee, or for any firm, corporation, partnership,
14 or association, to solicit any business in or about city
15 receiving hospitals, city and county receiving hospitals,
16 county hospitals, justice courts, or municipal courts; in any
17 public institution; in any public place; upon any public
18 street or highway; in or about private hospitals, sanitariums,
19 or any private institution; or upon private property of any
20 character whatsoever for the purpose of making motor vehicle
21 tort claims or claims for personal injury protection benefits
22 required by s. 627.736. Any person who violates the
23 provisions of this subsection commits insurance solicitation ~~a~~
24 ~~felony of the third degree~~, punishable as provided in
25 subsection (11)~~s. 775.082, s. 775.083, or s. 775.084~~.

26 (9) It is unlawful for any attorney to solicit any
27 business relating to the representation of persons injured in
28 a motor vehicle accident for the purpose of filing a motor
29 vehicle tort claim or a claim for personal injury protection
30 benefits required by s. 627.736. The solicitation by
31 advertising of any business by an attorney relating to the

1 representation of a person injured in a specific motor vehicle
2 accident is prohibited by this section. Any attorney who
3 violates the provisions of this subsection commits insurance
4 solicitation ~~a felony of the third degree~~, punishable as
5 provided in subsection (11) ~~s. 775.082, s. 775.083, or s.~~
6 ~~775.084~~. Whenever any circuit or special grievance committee
7 acting under the jurisdiction of the Supreme Court finds
8 probable cause to believe that an attorney is guilty of a
9 violation of this section, such committee shall forward to the
10 appropriate state attorney a copy of the finding of probable
11 cause and the report being filed in the matter. This section
12 shall not be interpreted to prohibit advertising by attorneys
13 which does not entail a solicitation as described in this
14 subsection and which is permitted by the rules regulating The
15 Florida Bar as promulgated by the Florida Supreme Court.

16 (10) As used in this section, the term "insurer" means
17 any insurer, health maintenance organization, self-insurer,
18 self-insurance fund, or other similar entity or person
19 regulated under chapter 440 or by the Department of Insurance
20 under the Florida Insurance Code, and the term "insurance
21 policy" includes a health maintenance organization subscriber
22 contract.

23 (11) If the value of any property involved in a
24 violation of this section:

25 (a) Is less than \$20,000, the offender commits a
26 felony of the third degree, punishable as provided in s.
27 775.082, s. 775.083, or s. 775.084.

28 (b) Is \$20,000 or more, but less than \$100,000, the
29 offender commits a felony of the second degree, punishable as
30 provided in s. 775.082, s. 775.083, or s. 775.084.

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1 (c) Is \$100,000 or more, the offender commits a felony
2 of the first degree, punishable as provided in s. 775.082, s.
3 775.083, or s. 775.084.

4 (12) As used in this section:

5 (a) "Property" means property as defined in s.
6 812.012.

7 (b) "Value" means value as defined in s. 812.012.

8 Section 8. Paragraph (h) is added to subsection (2) of
9 section 775.15, Florida Statutes, to read:

10 775.15 Time limitations.--

11 (2) Except as otherwise provided in this section,
12 prosecutions for other offenses are subject to the following
13 periods of limitation:

14 (h) A prosecution for a felony violation of s. 440.105
15 or s. 817.234 must be commenced within 5 years after the
16 violation is committed.

17 Section 9. The sum of \$250,000 is hereby appropriated
18 from the Insurance Commissioner's Regulatory Trust Fund in a
19 nonoperating category for fiscal year 1998-1999 for the
20 purpose of implementing the reward program under s. 626.9892,
21 Florida Statutes, as created by this act.

22 Section 10. This act shall take effect upon becoming a
23 law.

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