

Bill No. CS for CS for SB 1092

Amendment No. Barcode 255388

<u>Senate</u>	CHAMBER ACTION	<u>House</u>
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Senator Campbell moved the following amendment:

Senate Amendment (with title amendment)
Delete everything after the enacting clause

and insert:

Section 1. Legislative findings.--The Legislature finds that the Florida Motor Vehicle No-Fault Law is intended to deliver medically necessary and appropriate medical care quickly and without regard to fault, and without undue litigation or other associated costs. The Legislature further finds that this intent has been frustrated at significant cost and harm to consumers by, among other things, fraud, medically inappropriate over-utilization of treatments and diagnostic services, inflated charges, and other practices on the part of a small number of health care providers and unregulated health care clinics, entrepreneurs, and attorneys. Many of these practices are described in the second interim report of the Fifteenth Statewide Grand Jury entitled "Report on Insurance Fraud Related to Personal Injury Protection." The Legislature hereby adopts and incorporates in this section by reference as

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1 findings the entirety of this Grand Jury report. The
2 Legislature further finds insurance fraud related to personal
3 injury protection takes many forms, including, but not limited
4 to, illegal solicitation of accident victims; brokering
5 patients among doctors, lawyers, and diagnostic facilities;
6 unnecessary medical treatment of accident victims billed to
7 insurers by clinics; billing of insurers by clinics for
8 services not rendered; the intentional overuse or misuse of
9 legitimate diagnostic tests; inflated charges for diagnostic
10 tests or procedures arranged through brokers; and filing
11 fraudulent motor vehicle tort lawsuits. As a result, the
12 Legislature declares it necessary, among other things, to
13 increase the punishment for certain offenses related to
14 solicitation of accident victims and use of police reports,
15 register certain clinics; subject certain diagnostic tests to
16 maximum reimbursement allowances; prohibit the brokering of
17 magnetic resonance imaging services; allow providers and
18 insurers additional time to bill and pay claims in certain
19 situations; require notification of insurers prior to
20 initiating litigation for an overdue claim for benefits; and
21 provide insurers with a civil cause of action for insurance
22 fraud. The Legislature further declares the problem of fraud
23 addressed in the Grand Jury report and in this act and matters
24 connected therewith are matters of great public interest and
25 importance to public health, safety, and welfare, and that the
26 specific provisions of this act are the least-restrictive
27 reasonable means by which to solve these problems.

28 Section 2. Subsection (3) is added to section 119.10,
29 Florida Statutes, to read:

30 119.10 Violation of chapter; penalties.--

31 (3) Any person who willfully and knowingly violates s.

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1 119.105 commits a felony of the third degree, punishable as
2 provided in s. 775.082, s. 775.083, or s. 775.084.

3 Section 3. Effective October 1, 2001, section
4 456.0375, Florida Statutes, is created to read:

5 456.0375 Registration of certain clinics;
6 requirements; discipline; exemptions.--

7 (1)(a) As used in this section, the term "clinic"
8 means a business operating in a single structure or facility,
9 or in a group of adjacent structures or facilities operating
10 under the same business name or management, at which health
11 care services are provided to individuals and which tender
12 charges for reimbursement for such services.

13 (b) For purposes of this section, the term "clinic"
14 does not include and the registration requirements herein do
15 not apply to:

16 1. Entities licensed or registered by the state
17 pursuant to chapter 390, chapter 394, chapter 395, chapter
18 397, chapter 400, chapter 463, chapter 465, chapter 466,
19 chapter 478, chapter 480, or chapter 484.

20 2. Entities exempt from federal taxation under 26
21 U.S.C. s. 501(c)(3).

22 3. Sole proprietorships, group practices,
23 partnerships, or corporations that provide health care
24 services by licensed health care practitioners pursuant to
25 chapters 457, 458, 459, 460, 461, 462, 463, 466, 467, 484,
26 486, 490, 491, or parts I, III, X, XIII, or XIV of chapter
27 468, or s. 464.012, which are wholly owned by licensed health
28 care practitioners or the licensed health care practitioner
29 and the spouse, parent, or child of a licensed health care
30 practitioner, so long as one of the owners who is a licensed
31 health care practitioner is supervising the services performed

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1 therein and is legally responsible for the entity's compliance
2 with all federal and state laws. However, no health care
3 practitioner may supervise services beyond the scope of the
4 practitioner's license.

5 (2)(a) Every clinic, as defined in paragraph (1)(a),
6 must register, and must at all times maintain a valid
7 registration, with the Department of Health. Each clinic
8 location shall be registered separately even though operated
9 under the same business name or management, and each clinic
10 shall appoint a medical director or clinical director.

11 (b) The department shall adopt rules necessary to
12 implement the registration program, including rules
13 establishing the specific registration procedures, forms, and
14 fees. Registration fees must be reasonably calculated to
15 cover the cost of registration and must be of such amount that
16 the total fees collected do not exceed the cost of
17 administering and enforcing compliance with this section.

18 Registration may be conducted electronically. The registration
19 program must require:

20 1. The clinic to file the registration form with the
21 department within 60 days after the effective date of this
22 section or prior to the inception of operation. The
23 registration expires automatically 2 years after its date of
24 issuance and must be renewed biennially.

25 2. The registration form to contain the name,
26 residence and business address, phone number, and license
27 number of the medical director or clinical director for the
28 clinic.

29 3. The clinic to display the registration certificate
30 in a conspicuous location within the clinic readily visible to
31 all patients.

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1 (3)(a) Each clinic must employ or contract with a
2 physician maintaining a full and unencumbered physician
3 license in accordance with chapter 458, chapter 459, chapter
4 460, or chapter 461 to serve as the medical director.
5 However, if the clinic is limited to providing health care
6 services pursuant to chapter 457, chapter 484, chapter 486,
7 chapter 490, or chapter 491 or part I, part III, part X, part
8 XIII, or part XIV of chapter 468, the clinic may appoint a
9 health care practitioner licensed under that chapter to serve
10 as a clinical director who is responsible for the clinic's
11 activities. A health care practitioner may not serve as the
12 clinical director if the services provided at the clinic are
13 beyond the scope of that practitioner's license.

14 (b) The medical director or clinical director shall
15 agree in writing to accept legal responsibility for the
16 following activities on behalf of the clinic. The medical
17 director or the clinical director shall:

18 1. Have signs identifying the medical director or
19 clinical director posted in a conspicuous location within the
20 clinic readily visible to all patients.

21 2. Ensure that all practitioners providing health care
22 services or supplies to patients maintain a current active and
23 unencumbered Florida license.

24 3. Review any patient referral contracts or agreements
25 executed by the clinic.

26 4. Ensure that all health care practitioners at the
27 clinic have active appropriate certification or licensure for
28 the level of care being provided.

29 5. Serve as the clinic records holder as defined in s.
30 456.057.

31 6. Ensure compliance with the recordkeeping, office

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1 surgery, and adverse incident reporting requirements of
2 chapter 456, the respective practice acts, and rules adopted
3 thereunder.

4 7. Conduct systematic reviews of clinic billings to
5 ensure that the billings are not fraudulent or unlawful. Upon
6 discovery of an unlawful charge, the medical director shall
7 take immediate corrective action.

8 (c) Any contract to serve as a medical director or a
9 clinical director entered into or renewed by a physician or a
10 licensed health care practitioner in violation of this section
11 is void as contrary to public policy. This section shall
12 apply to contracts entered into or renewed on or after October
13 1, 2001.

14 (d) The department, in consultation with the boards,
15 shall adopt rules specifying limitations on the number of
16 registered clinics and licensees for which a medical director
17 or a clinical director may assume responsibility for purposes
18 of this section. In determining the quality of supervision a
19 medical director or a clinical director can provide, the
20 department shall consider the number of clinic employees,
21 clinic location, and services provided by the clinic.

22 (4)(a) All charges or reimbursement claims made by or
23 on behalf of a clinic that is required to be registered under
24 this section, but that is not so registered, are unlawful
25 charges and therefore are noncompensable and unenforceable.

26 (b) Any person establishing, operating, or managing an
27 unregistered clinic otherwise required to be registered under
28 this section commits a felony of the third degree, punishable
29 as provided in s. 775.082, s. 775.083, or s. 775.084.

30 (c) Any licensed health care practitioner who violates
31 this section is subject to discipline in accordance with

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1 chapter 456 and the respective practice act.

2 (d) The department shall revoke the registration of
3 any clinic registered under this section for operating in
4 violation of the requirements of this section or the rules
5 adopted by the department.

6 (e) The department shall investigate allegations of
7 noncompliance with this section and the rules adopted pursuant
8 to this section.

9 Section 4. Paragraph (c) of subsection (4) of section
10 626.989, Florida Statutes, is amended to read:

11 626.989 Investigation by department or Division of
12 Insurance Fraud; compliance; immunity; confidential
13 information; reports to division; division investigator's
14 power of arrest.--

15 (4)

16 (c) In the absence of fraud or bad faith, a person is
17 not subject to civil liability for libel, slander, or any
18 other relevant tort by virtue of filing reports, without
19 malice, or furnishing other information, without malice,
20 required by this section or required by the department or
21 division under the authority granted in this section, and no
22 civil cause of action of any nature shall arise against such
23 person:

24 1. For any information relating to suspected
25 fraudulent insurance acts or persons suspected of engaging in
26 such acts furnished to or received from law enforcement
27 officials, their agents, or employees;

28 2. For any information relating to suspected
29 fraudulent insurance acts or persons suspected of engaging in
30 such acts furnished to or received from other persons subject
31 to the provisions of this chapter; ~~or~~

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1 3. For any such information furnished in reports to
2 the department, the division, the National Insurance Crime
3 Bureau, ~~or~~ the National Association of Insurance
4 Commissioners, or any local, state, or federal enforcement
5 officials or their agents or employees; or

6 4. For other actions taken in cooperation with any of
7 the agencies or individuals specified in this paragraph in the
8 lawful investigation of suspected fraudulent insurance acts.

9 Section 5. Section 627.732, Florida Statutes, is
10 amended to read:

11 627.732 Definitions.--As used in ss. 627.730-627.7405,
12 the term:

13 (1) "Broker" means any person not possessing a license
14 under chapter 395, chapter 400, chapter 458, chapter 459,
15 chapter 460, chapter 461, or chapter 641 who charges or
16 receives compensation for any use of medical equipment and is
17 not the 100-percent owner or the 100-percent lessee of such
18 equipment. For purposes of this section, such owner or lessee
19 may be an individual, a corporation, a partnership, or any
20 other entity and any of its 100-percent-owned affiliates and
21 subsidiaries. For purposes of this subsection, the term
22 "lessee" means a long-term lessee under a capital or operating
23 lease, but does not include a part-time lessee. The term
24 "broker" does not include a hospital or physician management
25 company whose medical equipment is ancillary to the practices
26 managed, a debt collection agency, or an entity that has
27 contracted with the insurer to obtain a discounted rate for
28 such services; nor does the term include a management company
29 that has contracted to provide general management services for
30 a licensed physician or health care facility and whose
31 compensation is not materially affected by the usage or

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1 frequency of usage of medical equipment or an entity that is
2 100-percent owned by one or more hospitals or physicians.

3 (2) "Medically necessary" refers to a medical service
4 or supply that a prudent physician would provide for the
5 purpose of preventing, diagnosing, or treating an illness,
6 injury, disease, or symptom in a manner that is:

7 (a) In accordance with generally accepted standards of
8 medical practice;

9 (b) Clinically appropriate in terms of type,
10 frequency, extent, site, and duration; and

11 (c) Not primarily for the convenience of the patient,
12 physician, or other health care provider.

13 (3)(1) "Motor vehicle" means any self-propelled
14 vehicle with four or more wheels which is of a type both
15 designed and required to be licensed for use on the highways
16 of this state and any trailer or semitrailer designed for use
17 with such vehicle and includes:

18 (a) A "private passenger motor vehicle," which is any
19 motor vehicle which is a sedan, station wagon, or jeep-type
20 vehicle and, if not used primarily for occupational,
21 professional, or business purposes, a motor vehicle of the
22 pickup, panel, van, camper, or motor home type.

23 (b) A "commercial motor vehicle," which is any motor
24 vehicle which is not a private passenger motor vehicle.

25
26 The term "motor vehicle" does not include a mobile home or any
27 motor vehicle which is used in mass transit, other than public
28 school transportation, and designed to transport more than
29 five passengers exclusive of the operator of the motor vehicle
30 and which is owned by a municipality, a transit authority, or
31 a political subdivision of the state.

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1 ~~(4)(2)~~ "Named insured" means a person, usually the
2 owner of a vehicle, identified in a policy by name as the
3 insured under the policy.

4 ~~(5)(3)~~ "Owner" means a person who holds the legal
5 title to a motor vehicle; or, in the event a motor vehicle is
6 the subject of a security agreement or lease with an option to
7 purchase with the debtor or lessee having the right to
8 possession, then the debtor or lessee shall be deemed the
9 owner for the purposes of ss. 627.730-627.7405.

10 ~~(6)(4)~~ "Relative residing in the same household" means
11 a relative of any degree by blood or by marriage who usually
12 makes her or his home in the same family unit, whether or not
13 temporarily living elsewhere.

14 ~~(7)(5)~~ "Recovery agent" means any person or agency who
15 is licensed as a recovery agent or recovery agency and
16 authorized under s. 324.202 to seize license plates.

17 Section 6. Subsections (1), (4), (5), (7), and (8) of
18 section 627.736, Florida Statutes, and paragraph (b) of
19 subsection (6) of that section, are amended, and subsections
20 (11) and (12) are added to that section, to read:

21 627.736 Required personal injury protection benefits;
22 exclusions; priority; claims.--

23 (1) REQUIRED BENEFITS.--Every insurance policy
24 complying with the security requirements of s. 627.733 shall
25 provide personal injury protection to the named insured,
26 relatives residing in the same household, persons operating
27 the insured motor vehicle, passengers in such motor vehicle,
28 and other persons struck by such motor vehicle and suffering
29 bodily injury while not an occupant of a self-propelled
30 vehicle, subject to the provisions of subsection (2) and
31 paragraph (4)(d), to a limit of \$10,000 for loss sustained by

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1 any such person as a result of bodily injury, sickness,
2 disease, or death arising out of the ownership, maintenance,
3 or use of a motor vehicle as follows:

4 (a) Medical benefits.--Eighty percent of all
5 reasonable expenses for medically necessary medical, surgical,
6 X-ray, dental, and rehabilitative services, including
7 prosthetic devices, and medically necessary ambulance,
8 hospital, and nursing services. Such benefits shall also
9 include necessary remedial treatment and services recognized
10 and permitted under the laws of the state for an injured
11 person who relies upon spiritual means through prayer alone
12 for healing, in accordance with his or her religious beliefs;
13 however, this sentence does not affect the determination of
14 what other services or procedures are medically necessary.

15 (b) Disability benefits.--Sixty percent of any loss of
16 gross income and loss of earning capacity per individual from
17 inability to work proximately caused by the injury sustained
18 by the injured person, plus all expenses reasonably incurred
19 in obtaining from others ordinary and necessary services in
20 lieu of those that, but for the injury, the injured person
21 would have performed without income for the benefit of his or
22 her household. All disability benefits payable under this
23 provision shall be paid not less than every 2 weeks.

24 (c) Death benefits.--Death benefits of \$5,000 per
25 individual. The insurer may pay such benefits to the executor
26 or administrator of the deceased, to any of the deceased's
27 relatives by blood or legal adoption or connection by
28 marriage, or to any person appearing to the insurer to be
29 equitably entitled thereto.

30

31 Only insurers writing motor vehicle liability insurance in

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1 this state may provide the required benefits of this section,
2 and no such insurer shall require the purchase of any other
3 motor vehicle coverage other than the purchase of property
4 damage liability coverage as required by s. 627.7275 as a
5 condition for providing such required benefits. Insurers may
6 not require that property damage liability insurance in an
7 amount greater than \$10,000 be purchased in conjunction with
8 personal injury protection. Such insurers shall make benefits
9 and required property damage liability insurance coverage
10 available through normal marketing channels. Any insurer
11 writing motor vehicle liability insurance in this state who
12 fails to comply with such availability requirement as a
13 general business practice shall be deemed to have violated
14 part X of chapter 626, and such violation shall constitute an
15 unfair method of competition or an unfair or deceptive act or
16 practice involving the business of insurance; and any such
17 insurer committing such violation shall be subject to the
18 penalties afforded in such part, as well as those which may be
19 afforded elsewhere in the insurance code.

20 (4) BENEFITS; WHEN DUE.--Benefits due from an insurer
21 under ss. 627.730-627.7405 shall be primary, except that
22 benefits received under any workers' compensation law shall be
23 credited against the benefits provided by subsection (1) and
24 shall be due and payable as loss accrues, upon receipt of
25 reasonable proof of such loss and the amount of expenses and
26 loss incurred which are covered by the policy issued under ss.
27 627.730-627.7405. When the Agency for Health Care
28 Administration provides, pays, or becomes liable for medical
29 assistance under the Medicaid program related to injury,
30 sickness, disease, or death arising out of the ownership,
31 maintenance, or use of a motor vehicle, benefits under ss.

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1 627.730-627.7405 shall be subject to the provisions of the
2 Medicaid program.

3 (a) An insurer may require written notice to be given
4 as soon as practicable after an accident involving a motor
5 vehicle with respect to which the policy affords the security
6 required by ss. 627.730-627.7405.

7 (b) Personal injury protection insurance benefits paid
8 pursuant to this section shall be overdue if not paid within
9 30 days after the insurer is furnished written notice of the
10 fact of a covered loss and of the amount of same. If such
11 written notice is not furnished to the insurer as to the
12 entire claim, any partial amount supported by written notice
13 is overdue if not paid within 30 days after such written
14 notice is furnished to the insurer. Any part or all of the
15 remainder of the claim that is subsequently supported by
16 written notice is overdue if not paid within 30 days after
17 such written notice is furnished to the insurer. When an
18 insurer pays only a portion of a claim or rejects a claim, the
19 insurer shall include with the partial payment or rejection an
20 itemized specification of each item that the insurer had
21 reduced, omitted, or declined to pay and any information that
22 the insurer desires the claimant to consider related to the
23 medical necessity of the denied treatment or to explain the
24 reasonableness of the reduced charge, provided that this shall
25 not limit the introduction of evidence at trial; and the
26 insurer shall include the name and address of the person to
27 whom the claimant should respond and a claim number to be
28 referenced in future correspondence. However, notwithstanding
29 the fact that written notice has been furnished to the
30 insurer, any payment shall not be deemed overdue when the
31 insurer has reasonable proof to establish that the insurer is

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1 not responsible for the payment, ~~notwithstanding that written~~
2 ~~notice has been furnished to the insurer.~~ For the purpose of
3 calculating the extent to which any benefits are overdue,
4 payment shall be treated as being made on the date a draft or
5 other valid instrument which is equivalent to payment was
6 placed in the United States mail in a properly addressed,
7 postpaid envelope or, if not so posted, on the date of
8 delivery. This paragraph does not preclude or limit the
9 ability of the insurer to assert that the claim was unrelated,
10 was not medically necessary, or was unreasonable or that the
11 amount of the charge was in excess of that permitted under, or
12 in violation of, subsection (5). Such assertion by the insurer
13 may be made at any time, including after payment of the claim
14 or after the 30-day time period for payment set forth in this
15 paragraph.

16 (c) All overdue payments shall bear simple interest at
17 the rate established by the Comptroller under s. 55.03 or the
18 rate established in the insurance contract, whichever is
19 greater, for the year in which the payment became overdue,
20 calculated from the date the insurer was furnished with
21 written notice of the amount of covered loss. Interest shall
22 be due at the time payment of the overdue claim is made ~~of 10~~
23 ~~percent per year.~~

24 (d) The insurer of the owner of a motor vehicle shall
25 pay personal injury protection benefits for:

26 1. Accidental bodily injury sustained in this state by
27 the owner while occupying a motor vehicle, or while not an
28 occupant of a self-propelled vehicle if the injury is caused
29 by physical contact with a motor vehicle.

30 2. Accidental bodily injury sustained outside this
31 state, but within the United States of America or its

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1 territories or possessions or Canada, by the owner while
2 occupying the owner's motor vehicle.

3 3. Accidental bodily injury sustained by a relative of
4 the owner residing in the same household, under the
5 circumstances described in subparagraph 1. or subparagraph 2.,
6 provided the relative at the time of the accident is domiciled
7 in the owner's household and is not himself or herself the
8 owner of a motor vehicle with respect to which security is
9 required under ss. 627.730-627.7405.

10 4. Accidental bodily injury sustained in this state by
11 any other person while occupying the owner's motor vehicle or,
12 if a resident of this state, while not an occupant of a
13 self-propelled vehicle, if the injury is caused by physical
14 contact with such motor vehicle, provided the injured person
15 is not himself or herself:

16 a. The owner of a motor vehicle with respect to which
17 security is required under ss. 627.730-627.7405; or

18 b. Entitled to personal injury benefits from the
19 insurer of the owner or owners of such a motor vehicle.

20 (e) If two or more insurers are liable to pay personal
21 injury protection benefits for the same injury to any one
22 person, the maximum payable shall be as specified in
23 subsection (1), and any insurer paying the benefits shall be
24 entitled to recover from each of the other insurers an
25 equitable pro rata share of the benefits paid and expenses
26 incurred in processing the claim.

27 ~~(f) Medical payments insurance, if available in a~~
28 ~~policy of motor vehicle insurance, shall pay the portion of~~
29 ~~any claim for personal injury protection medical benefits~~
30 ~~which is otherwise covered but is not payable due to the~~
31 ~~coinsurance provision of paragraph (1)(a), regardless of~~

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1 ~~whether the full amount of personal injury protection coverage~~
2 ~~has been exhausted. The benefits shall not be payable for the~~
3 ~~amount of any deductible which has been selected.~~

4 (f)~~(g)~~ It is a violation of the insurance code for an
5 insurer to fail to timely provide benefits as required by this
6 section with such frequency as to constitute a general
7 business practice.

8 (5) CHARGES FOR TREATMENT OF INJURED PERSONS.--

9 (a) Any physician, hospital, clinic, or other person
10 or institution lawfully rendering treatment to an injured
11 person for a bodily injury covered by personal injury
12 protection insurance may charge only a reasonable amount for
13 the ~~products, services, and supplies accommodations~~ rendered,
14 and the insurer providing such coverage may pay for such
15 charges directly to such person or institution lawfully
16 rendering such treatment, if the insured receiving such
17 treatment or his or her guardian has countersigned the
18 invoice, bill, or claim form approved by the Department of
19 Insurance upon which such charges are to be paid for as having
20 actually been rendered, to the best knowledge of the insured
21 or his or her guardian. In no event, however, may such a
22 charge be in excess of the amount the person or institution
23 customarily charges for like ~~products, services, or supplies~~
24 ~~accommodations~~ in cases involving no insurance., ~~provided that~~

25 (b)1. An insurer or insured is not required to pay a
26 claim made by a broker or by a person making a claim on behalf
27 of a broker.

28 2. Charges for medically necessary cephalic
29 thermograms, and peripheral thermograms, spinal ultrasounds,
30 extremity ultrasounds, video fluoroscopy, and surface
31 electromyography shall not exceed the maximum reimbursement

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1 allowance for such procedures as set forth in the applicable
2 fee schedule or other payment methodology established pursuant
3 to s. 440.13.

4 3. Payments by an insurer for medically necessary
5 nerve conduction testing when done in conjunction with a
6 needle electromyography procedure and both are performed and
7 billed solely by a physician licensed under chapter 458,
8 chapter 459, chapter 460, or chapter 461 who is also certified
9 by the American Board of Electrodiagnostic Medicine or by a
10 board recognized by the American Board of Medical Specialties
11 or who holds diplomate status with the American Chiropractic
12 Neurology Board or its predecessors shall not exceed 200
13 percent of the allowable amount under Medicare Part B for year
14 2001, adjusted annually by an additional amount equal to the
15 medical Consumer Price Index for Florida.

16 4. Payments by an insurer for medically necessary
17 nerve conduction testing that does not meet the requirements
18 of subparagraph 3. shall not exceed the applicable fee
19 schedule or other payment methodology established pursuant to
20 s. 440.13.

21 5. Effective upon this act becoming a law and before
22 November 1, 2001, payments for magnetic resonance imaging
23 services shall not exceed 200 percent of the allowable amount
24 under Medicare Part B for year 2001. Beginning November 1,
25 2001, payments for magnetic resonance imaging services shall
26 not exceed 175 percent of the allowable amount under Medicare
27 Part B for year 2001, adjusted annually by an additional
28 amount equal to the medical Consumer Price Index for Florida,
29 except that payments for magnetic resonance imaging services
30 provided in facilities accredited by the American College of
31 Radiology or the Joint Commission on Accreditation of

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1 Healthcare Organizations shall not exceed 200 percent of the
2 allowable amount under Medicare Part B for year 2001, adjusted
3 annually by an additional amount equal to the medical Consumer
4 Price Index for Florida. This paragraph does not apply to
5 charges for magnetic resonance imaging services and nerve
6 conduction testing for inpatients and emergency services
7 services and nerve conduction testing for inpatients and
8 emergency services and care as defined in chapter 395 rendered
9 by facilities licensed under chapter 395.

10 (c)(b) With respect to any treatment or service, other
11 than medical services billed by a hospital or other provider
12 for emergency services as defined in s. 395.002 or inpatient
13 services rendered at a hospital-owned facility, the statement
14 of charges must be furnished to the insurer by the provider
15 and may not include, and the insurer is not required to pay,
16 charges for treatment or services rendered more than 35 ~~30~~
17 days before the postmark date of the statement, except for
18 past due amounts previously billed on a timely basis under
19 this paragraph, and except that, if the provider submits to
20 the insurer a notice of initiation of treatment within 21 days
21 after its first examination or treatment of the claimant, the
22 statement may include charges for treatment or services
23 rendered up to, but not more than, 75 ~~60~~ days before the
24 postmark date of the statement. The injured party is not
25 liable for, and the provider shall not bill the injured party
26 for, charges that are unpaid because of the provider's failure
27 to comply with this paragraph. Any agreement requiring the
28 injured person or insured to pay for such charges is
29 unenforceable. If, however, the insured fails to furnish the
30 provider with the correct name and address of the insured's
31 personal injury protection insurer, the provider has 35 days

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1 from the date the provider obtains the correct information to
 2 furnish the insurer with a statement of the charges. The
 3 insurer is not required to pay for such charges unless the
 4 provider includes with the statement documentary evidence that
 5 was provided by the insured during the 35-day period
 6 demonstrating that the provider reasonably relied on erroneous
 7 information from the insured and either:
 8 1. A denial letter from the incorrect insurer; or
 9 2. Proof of mailing, which may include an affidavit
 10 under penalty of perjury, reflecting timely mailing to the
 11 incorrect address or insurer.

12
 13 For emergency services and care as defined in s. 395.002
 14 rendered in a hospital emergency department or for transport
 15 and treatment rendered by an ambulance provider licensed
 16 pursuant to part III of chapter 401, the provider is not
 17 required to furnish the statement of charges within the time
 18 periods established by this paragraph; and the insurer shall
 19 not be considered to have been furnished with notice of the
 20 amount of covered loss for purposes of paragraph (4)(b) until
 21 it receives a statement complying with paragraph~~(e)~~(~~5~~)(d),
 22 or copy thereof, which specifically identifies the place of
 23 service to be a hospital emergency department or an ambulance
 24 in accordance with billing standards recognized by the Health
 25 Care Finance Administration. Each notice of insured's rights
 26 under s. 627.7401 must include the following statement in type
 27 no smaller than 12 points:

28 BILLING REQUIREMENTS.--Florida Statutes provide
 29 that with respect to any treatment or services,
 30 other than certain hospital and emergency
 31 services, the statement of charges furnished to

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1 the insurer by the provider may not include,
2 and the insurer and the injured party are not
3 required to pay, charges for treatment or
4 services rendered more than 35 ~~30~~ days before
5 the postmark date of the statement, except for
6 past due amounts previously billed on a timely
7 basis, and except that, if the provider submits
8 to the insurer a notice of initiation of
9 treatment within 21 days after its first
10 examination or treatment of the claimant, the
11 statement may include charges for treatment or
12 services rendered up to, but not more than, 75
13 ~~60~~ days before the postmark date of the
14 statement.

15 (d)~~(c)~~ Every insurer shall include a provision in its
16 policy for personal injury protection benefits for binding
17 arbitration of any claims dispute involving medical benefits
18 arising between the insurer and any person providing medical
19 services or supplies if that person has agreed to accept
20 assignment of personal injury protection benefits. The
21 provision shall specify that the provisions of chapter 682
22 relating to arbitration shall apply. The prevailing party
23 shall be entitled to attorney's fees and costs. For purposes
24 of the award of attorney's fees and costs, the prevailing
25 party shall be determined as follows:

26 1. When the amount of personal injury protection
27 benefits determined by arbitration exceeds the sum of the
28 amount offered by the insurer at arbitration plus 50 percent
29 of the difference between the amount of the claim asserted by
30 the claimant at arbitration and the amount offered by the
31 insurer at arbitration, the claimant is the prevailing party.

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1 2. When the amount of personal injury protection
2 benefits determined by arbitration is less than the sum of the
3 amount offered by the insurer at arbitration plus 50 percent
4 of the difference between the amount of the claim asserted by
5 the claimant at arbitration and the amount offered by the
6 insurer at arbitration, the insurer is the prevailing party.

7 3. When neither subparagraph 1. nor subparagraph 2.
8 applies, there is no prevailing party. For purposes of this
9 paragraph, the amount of the offer or claim at arbitration is
10 the amount of the last written offer or claim made at least 30
11 days prior to the arbitration.

12 4. In the demand for arbitration, the party requesting
13 arbitration must include a statement specifically identifying
14 the issues for arbitration for each examination or treatment
15 in dispute. The other party must subsequently issue a
16 statement specifying any other examinations or treatment and
17 any other issues that it intends to raise in the arbitration.
18 The parties may amend their statements up to 30 days prior to
19 arbitration, provided that arbitration shall be limited to
20 those identified issues and neither party may add additional
21 issues during arbitration.

22 ~~(d)~~ (e) All statements and bills for medical services
23 rendered by any physician, hospital, clinic, or other person
24 or institution shall be submitted to the insurer on a Health
25 Care Finance Administration 1500 form, UB 92 forms, or any
26 other standard form approved by the department for purposes of
27 this paragraph. All billings for such services shall, to the
28 extent applicable, follow the Physicians' Current Procedural
29 Terminology (CPT) in the year in which services are rendered.
30 No statement of medical services may include charges for
31 medical services of a person or entity that performed such

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1 services without possessing the valid licenses required to
2 perform such services. For purposes of paragraph (4)(b), an
3 insurer shall not be considered to have been furnished with
4 notice of the amount of covered loss or medical bills due
5 unless the statements or bills comply with this paragraph.

6 (6) DISCOVERY OF FACTS ABOUT AN INJURED PERSON;
7 DISPUTES.--

8 (b) Every physician, hospital, clinic, or other
9 medical institution providing, before or after bodily injury
10 upon which a claim for personal injury protection insurance
11 benefits is based, any products, services, or accommodations
12 in relation to that or any other injury, or in relation to a
13 condition claimed to be connected with that or any other
14 injury, shall, if requested to do so by the insurer against
15 whom the claim has been made, furnish forthwith a written
16 report of the history, condition, treatment, dates, and costs
17 of such treatment of the injured person and why the items
18 identified by the insurer were reasonable in amount and
19 medically necessary, together with a sworn statement that the
20 treatment or services rendered were reasonable and necessary
21 with respect to the bodily injury sustained and identifying
22 which portion of the expenses for such treatment or services
23 was incurred as a result of such bodily injury, and produce
24 forthwith, and permit the inspection and copying of, his or
25 her or its records regarding such history, condition,
26 treatment, dates, and costs of treatment; provided that this
27 shall not limit the introduction of evidence at trial. Such
28 sworn statement shall read as follows: "Under penalty of
29 perjury, I declare that I have read the foregoing, and the
30 facts alleged are true, to the best of my knowledge and
31 belief." No cause of action for violation of the

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1 physician-patient privilege or invasion of the right of
2 privacy shall be permitted against any physician, hospital,
3 clinic, or other medical institution complying with the
4 provisions of this section. The person requesting such records
5 and such sworn statement shall pay all reasonable costs
6 connected therewith. If an insurer makes a written request for
7 documentation or information under this paragraph within 30 ~~20~~
8 days after having received notice of the amount of a covered
9 loss under paragraph (4)(a), the amount or the partial amount
10 which is the subject of the insurer's inquiry shall become
11 overdue if the insurer does not pay ~~the insurer shall pay the~~
12 ~~amount or partial amount of covered loss to which such~~
13 ~~documentation relates~~ in accordance with paragraph (4)(b) or
14 within 10 days after the insurer's receipt of the requested
15 documentation or information, whichever occurs later. For
16 purposes of this paragraph, the term "receipt" includes, but
17 is not limited to, inspection and copying pursuant to this
18 paragraph. Any insurer that requests documentation or
19 information pertaining to reasonableness of charges or medical
20 necessity under this paragraph without a reasonable basis for
21 such requests as a general business practice is engaging in an
22 unfair trade practice under the insurance code.

23 (7) MENTAL AND PHYSICAL EXAMINATION OF INJURED PERSON;
24 REPORTS.--

25 (a) Whenever the mental or physical condition of an
26 injured person covered by personal injury protection is
27 material to any claim that has been or may be made for past or
28 future personal injury protection insurance benefits, such
29 person shall, upon the request of an insurer, submit to mental
30 or physical examination by a physician or physicians. The
31 costs of any examinations requested by an insurer shall be

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1 borne entirely by the insurer. Such examination shall be
2 conducted within the municipality where the insured is
3 receiving treatment, or in a location reasonably accessible to
4 the insured, which, for purposes of this paragraph, means any
5 location within the municipality in which the insured resides,
6 or any location within 10 miles by road of the insured's
7 residence, provided such location is within the county in
8 which the insured resides. If the examination is to be
9 conducted in a location reasonably accessible to the insured,
10 and if there is no qualified physician to conduct the
11 examination in a location reasonably accessible to the
12 insured, then such examination shall be conducted in an area
13 of the closest proximity to the insured's residence. Personal
14 protection insurers are authorized to include reasonable
15 provisions in personal injury protection insurance policies
16 for mental and physical examination of those claiming personal
17 injury protection insurance benefits. An insurer may not
18 withdraw payment of a treating physician without the consent
19 of the injured person covered by the personal injury
20 protection, unless the insurer first obtains a valid report by
21 a physician licensed under the same chapter as the treating
22 physician whose treatment authorization is sought to be
23 withdrawn, stating that treatment was not reasonable, related,
24 or necessary. A valid report is one that is prepared and
25 signed by the physician examining the injured person or
26 reviewing the treatment records of the injured person and is
27 factually supported by the examination and treatment records
28 if reviewed and that has not been modified by anyone other
29 than the physician. The physician preparing the report must be
30 in active practice, unless the physician is physically
31 disabled. Active practice means that during the 3 years

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1 immediately preceding the date of the physical examination or
2 review of the treatment records the physician must have
3 devoted professional time to the active clinical practice of
4 evaluation, diagnosis, or treatment of medical conditions or
5 to the instruction of students in an accredited health
6 professional school or accredited residency program or a
7 clinical research program that is affiliated with an
8 accredited health professional school or teaching hospital or
9 accredited residency program.

10 (b) If requested by the person examined, a party
11 causing an examination to be made shall deliver to him or her
12 a copy of every written report concerning the examination
13 rendered by an examining physician, at least one of which
14 reports must set out the examining physician's findings and
15 conclusions in detail. After such request and delivery, the
16 party causing the examination to be made is entitled, upon
17 request, to receive from the person examined every written
18 report available to him or her or his or her representative
19 concerning any examination, previously or thereafter made, of
20 the same mental or physical condition. By requesting and
21 obtaining a report of the examination so ordered, or by taking
22 the deposition of the examiner, the person examined waives any
23 privilege he or she may have, in relation to the claim for
24 benefits, regarding the testimony of every other person who
25 has examined, or may thereafter examine, him or her in respect
26 to the same mental or physical condition. If a person
27 unreasonably refuses to submit to an examination, the personal
28 injury protection carrier is no longer liable for subsequent
29 personal injury protection benefits.

30 (8) APPLICABILITY OF PROVISION REGULATING ATTORNEY'S
31 FEES.--With respect to any dispute under the provisions of ss.

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1 627.730-627.7405 between the insured and the insurer, or
2 between an assignee of an insured's rights and the insurer,
3 the provisions of s. 627.428 shall apply, except as provided
4 in subsection (11).

5 (11) DEMAND LETTER.--

6 (a) As a condition precedent to filing any action for
7 an overdue claim for benefits under paragraph (4)(b), the
8 insurer must be provided with written notice of an intent to
9 initiate litigation; provided, however, that, except with
10 regard to a claim or amended claim or judgment for interest
11 only which was not paid or was incorrectly calculated, such
12 notice is not required for an overdue claim that the insurer
13 has denied or reduced, nor is such notice required if the
14 insurer has been provided documentation or information at the
15 insurer's request pursuant to subsection (6). Such notice may
16 not be sent until the claim is overdue, including any
17 additional time the insurer has to pay the claim pursuant to
18 paragraph (4)(b).

19 (b) The notice required shall state that it is a
20 "demand letter under s. 627.736(11)" and shall state with
21 specificity:

22 1. The name of the insured upon which such benefits
23 are being sought.

24 2. The claim number or policy number upon which such
25 claim was originally submitted to the insurer.

26 3. To the extent applicable, the name of any medical
27 provider who rendered to an insured the treatment, services,
28 accommodations, or supplies that form the basis of such claim;
29 and an itemized statement specifying each exact amount, the
30 date of treatment, service, or accommodation, and the type of
31 benefit claimed to be due. A completed Health Care Finance

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1 Administration 1500 form, UB 92, or successor forms approved
2 by the Secretary of the U.S. Department of Health and Human
3 Services may be used as the itemized statement.

4 (c) Each notice required by this section must be
5 delivered to the insurer by U.S. certified or registered mail,
6 return receipt requested. Such postal costs shall be
7 reimbursed by the insurer if so requested by the provider in
8 the notice, when the insurer pays the overdue claim. Such
9 notice must be sent to the person and address specified by the
10 insurer for the purposes of receiving notices under this
11 section, on the document denying or reducing the amount
12 asserted by the filer to be overdue. Each licensed insurer,
13 whether domestic, foreign, or alien, may file with the
14 department designation of the name and address of the person
15 to whom notices pursuant to this section shall be sent when
16 such document does not specify the name and address to whom
17 the notices under this section are to be sent or when there is
18 no such document. The name and address on file with the
19 department pursuant to s. 624.422 shall be deemed the
20 authorized representative to accept notice pursuant to this
21 section in the event no other designation has been made.

22 (d) If, within 7 business days after receipt of notice
23 by the insurer, the overdue claim specified in the notice is
24 paid by the insurer together with applicable interest and a
25 penalty of 10 percent of the overdue amount paid by the
26 insurer, subject to a maximum penalty of \$250, no action for
27 nonpayment or late payment may be brought against the insurer.
28 To the extent the insurer determines not to pay the overdue
29 amount, the penalty shall not be payable in any action for
30 nonpayment or late payment. For purposes of this subsection,
31 payment shall be treated as being made on the date a draft or

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1 other valid instrument that is equivalent to payment is placed
2 in the United States mail in a properly addressed, postpaid
3 envelope, or if not so posted, on the date of delivery. The
4 insurer shall not be obligated to pay any attorney's fees if
5 the insurer pays the claim within the time prescribed by this
6 subsection.

7 (e) The applicable statute of limitation for an action
8 under this section shall be tolled for a period of 15 business
9 days by the mailing of the notice required by this subsection.

10 (f) Any insurer making a general business practice of
11 not paying valid claims until receipt of the notice required
12 by this section is engaging in an unfair trade practice under
13 the insurance code.

14 (12) CIVIL ACTION FOR INSURANCE FRAUD.--An insurer
15 shall have a cause of action against any person convicted of,
16 or who, regardless of adjudication of guilt, pleads guilty or
17 nolo contendere to insurance fraud under s. 817.234, patient
18 brokering under s. 817.505, or kickbacks under s. 456.054,
19 associated with a claim for personal injury protection
20 benefits in accordance with s. 627.736. An insurer prevailing
21 in an action brought under this subsection may recover
22 compensatory, consequential, and punitive damages subject to
23 the requirements and limitations of part II of chapter 768,
24 and attorney's fees and costs incurred in litigating a cause
25 of action against any person convicted of, or who, regardless
26 of adjudication of guilt, pleads guilty or nolo contendere to
27 insurance fraud under s. 817.234, patient brokering under s.
28 817.505, or kickbacks under s. 456.054, associated with a
29 claim for personal injury protection benefits in accordance
30 with s. 627.736.

31 Section 7. Effective October 1, 2001, subsections (8)

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1 and (9) of section 817.234, Florida Statutes, are amended to
2 read:

3 817.234 False and fraudulent insurance claims.--

4 (8) It is unlawful for any person, in his or her
5 individual capacity or in his or her capacity as a public or
6 private employee, or for any firm, corporation, partnership,
7 or association, to solicit or cause to be solicited any
8 business from a person involved in a motor vehicle accident by
9 any means of communication other than advertising directed to
10 the public in or about city receiving hospitals, city and
11 county receiving hospitals, county hospitals, justice courts,
12 or municipal courts; in any public institution; in any public
13 place; upon any public street or highway; in or about private
14 hospitals, sanitariums, or any private institution; or upon
15 private property of any character whatsoever for the purpose
16 of making motor vehicle tort claims or claims for personal
17 injury protection benefits required by s. 627.736. Charges
18 for any services rendered by a health care provider or
19 attorney who violates this subsection in regard to the person
20 for whom such services were rendered are noncompensable and
21 unenforceable as a matter of law.Any person who violates the
22 provisions of this subsection commits a felony of the third
23 degree, punishable as provided in s. 775.082, s. 775.083, or
24 s. 775.084.

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

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

15 Section 8. Effective October 1, 2001, paragraphs (c),
 16 (e), and (g) of subsection (3) of section 921.0022, Florida
 17 Statutes, are amended to read:

18 921.0022 Criminal Punishment Code; offense severity
 19 ranking chart.--

20 (3) OFFENSE SEVERITY RANKING CHART

21

Florida	Felony	
Statute	Degree	Description
		(c) LEVEL 3
316.1935(2)	3rd	Fleeing or attempting to elude law enforcement officer in marked patrol vehicle with siren and lights activated.

31

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1	319.30(4)	3rd	Possession by junkyard of motor
2			vehicle with identification
3			number plate removed.
4	319.33(1)(a)	3rd	Alter or forge any certificate of
5			title to a motor vehicle or
6			mobile home.
7	319.33(1)(c)	3rd	Procure or pass title on stolen
8			vehicle.
9	319.33(4)	3rd	With intent to defraud, possess,
10			sell, etc., a blank, forged, or
11			unlawfully obtained title or
12			registration.
13	328.05(2)	3rd	Possess, sell, or counterfeit
14			fictitious, stolen, or fraudulent
15			titles or bills of sale of
16			vessels.
17	328.07(4)	3rd	Manufacture, exchange, or possess
18			vessel with counterfeit or wrong
19			ID number.
20	376.302(5)	3rd	Fraud related to reimbursement
21			for cleanup expenses under the
22			Inland Protection Trust Fund.
23	501.001(2)(b)	2nd	Tampers with a consumer product
24			or the container using materially
25			false/misleading information.
26	697.08	3rd	Equity skimming.
27	790.15(3)	3rd	Person directs another to
28			discharge firearm from a vehicle.
29	796.05(1)	3rd	Live on earnings of a prostitute.
30	806.10(1)	3rd	Maliciously injure, destroy, or
31			interfere with vehicles or

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1			equipment used in firefighting.
2	806.10(2)	3rd	Interferes with or assaults
3			firefighter in performance of
4			duty.
5	810.09(2)(c)	3rd	Trespass on property other than
6			structure or conveyance armed
7			with firearm or dangerous weapon.
8	812.014(2)(c)2.	3rd	Grand theft; \$5,000 or more but
9			less than \$10,000.
10	815.04(4)(b)	2nd	Computer offense devised to
11			defraud or obtain property.
12	817.034(4)(a)3.	3rd	Engages in scheme to defraud
13			(Florida Communications Fraud
14			Act), property valued at less
15			than \$20,000.
16	817.233	3rd	Burning to defraud insurer.
17	<u>817.234(8) & (9)</u>	<u>3rd</u>	<u>Unlawful solicitation of persons</u>
18			<u>involved in motor vehicle</u>
19			<u>accidents.</u>
20	<u>817.234(11)(a)</u>	<u>3rd</u>	<u>Insurance fraud; property value</u>
21			<u>less than \$20,000.</u>
22	<u>817.505(4)</u>	<u>3rd</u>	<u>Patient brokering.</u>
23	828.12(2)	3rd	Tortures any animal with intent
24			to inflict intense pain, serious
25			physical injury, or death.
26	831.29	2nd	Possession of instruments for
27			counterfeiting drivers' licenses
28			or identification cards.
29	838.021(3)(b)	3rd	Threatens unlawful harm to public
30			servant.
31			

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1	843.19	3rd	Injure, disable, or kill police
2			dog or horse.
3	870.01(2)	3rd	Riot; inciting or encouraging.
4	893.13(1)(a)2.	3rd	Sell, manufacture, or deliver
5			cannabis (or other s.
6			893.03(1)(c), (2)(c)1., (2)(c)2.,
7			(2)(c)3., (2)(c)5., (2)(c)6.,
8			(2)(c)7., (2)(c)8., (2)(c)9.,
9			(3), or (4) drugs).
10	893.13(1)(d)2.	2nd	Sell, manufacture, or deliver s.
11			893.03(1)(c), (2)(c)1., (2)(c)2.,
12			(2)(c)3., (2)(c)5., (2)(c)6.,
13			(2)(c)7., (2)(c)8., (2)(c)9.,
14			(3), or (4) drugs within 200 feet
15			of university or public park.
16	893.13(1)(f)2.	2nd	Sell, manufacture, or deliver s.
17			893.03(1)(c), (2)(c)1., (2)(c)2.,
18			(2)(c)3., (2)(c)5., (2)(c)6.,
19			(2)(c)7., (2)(c)8., (2)(c)9.,
20			(3), or (4) drugs within 200 feet
21			of public housing facility.
22	893.13(6)(a)	3rd	Possession of any controlled
23			substance other than felony
24			possession of cannabis.
25	893.13(7)(a)9.	3rd	Obtain or attempt to obtain
26			controlled substance by fraud,
27			forgery, misrepresentation, etc.
28	893.13(7)(a)11.	3rd	Furnish false or fraudulent
29			material information on any
30			document or record required by
31			chapter 893.

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1	918.13(1)(a)	3rd	Alter, destroy, or conceal
2			investigation evidence.
3	944.47		
4	(1)(a)1.-2.	3rd	Introduce contraband to
5			correctional facility.
6	944.47(1)(c)	2nd	Possess contraband while upon the
7			grounds of a correctional
8			institution.
9	985.3141	3rd	Escapes from a juvenile facility
10			(secure detention or residential
11			commitment facility).
12			(e) LEVEL 5
13	316.027(1)(a)	3rd	Accidents involving personal
14			injuries, failure to stop;
15			leaving scene.
16	316.1935(4)	2nd	Aggravated fleeing or eluding.
17	322.34(6)	3rd	Careless operation of motor
18			vehicle with suspended license,
19			resulting in death or serious
20			bodily injury.
21	327.30(5)	3rd	Vessel accidents involving
22			personal injury; leaving scene.
23	381.0041(11)(b)	3rd	Donate blood, plasma, or organs
24			knowing HIV positive.
25	790.01(2)	3rd	Carrying a concealed firearm.
26	790.162	2nd	Threat to throw or discharge
27			destructive device.
28	790.163	2nd	False report of deadly explosive.
29	790.165(2)	3rd	Manufacture, sell, possess, or
30			deliver hoax bomb.
31			

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1	790.221(1)	2nd	Possession of short-barreled
2			shotgun or machine gun.
3	790.23	2nd	Felons in possession of firearms
4			or electronic weapons or devices.
5	800.04(6)(c)	3rd	Lewd or lascivious conduct;
6			offender less than 18 years.
7	800.04(7)(c)	2nd	Lewd or lascivious exhibition;
8			offender 18 years or older.
9	806.111(1)	3rd	Possess, manufacture, or dispense
10			fire bomb with intent to damage
11			any structure or property.
12	812.019(1)	2nd	Stolen property; dealing in or
13			trafficking in.
14	812.131(2)(b)	3rd	Robbery by sudden snatching.
15	812.16(2)	3rd	Owning, operating, or conducting
16			a chop shop.
17	817.034(4)(a)2.	2nd	Communications fraud, value
18			\$20,000 to \$50,000.
19	<u>817.234(11)(b)</u>	<u>2nd</u>	<u>Insurance fraud; property value</u>
20			<u>\$20,000 or more but less than</u>
21			<u>\$100,000.</u>
22	825.1025(4)	3rd	Lewd or lascivious exhibition in
23			the presence of an elderly person
24			or disabled adult.
25	827.071(4)	2nd	Possess with intent to promote
26			any photographic material, motion
27			picture, etc., which includes
28			sexual conduct by a child.
29	843.01	3rd	Resist officer with violence to
30			person; resist arrest with
31			violence.

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1	874.05(2)	2nd	Encouraging or recruiting another
2			to join a criminal street gang;
3			second or subsequent offense.
4	893.13(1)(a)1.	2nd	Sell, manufacture, or deliver
5			cocaine (or other s.
6			893.03(1)(a), (1)(b), (1)(d),
7			(2)(a), (2)(b), or (2)(c)4.
8			drugs).
9	893.13(1)(c)2.	2nd	Sell, manufacture, or deliver
10			cannabis (or other s.
11			893.03(1)(c), (2)(c)1., (2)(c)2.,
12			(2)(c)3., (2)(c)5., (2)(c)6.,
13			(2)(c)7., (2)(c)8., (2)(c)9.,
14			(3), or (4) drugs) within 1,000
15			feet of a child care facility or
16			school.
17	893.13(1)(d)1.	1st	Sell, manufacture, or deliver
18			cocaine (or other s.
19			893.03(1)(a), (1)(b), (1)(d),
20			(2)(a), (2)(b), or (2)(c)4.
21			drugs) within 200 feet of
22			university or public park.
23	893.13(1)(e)2.	2nd	Sell, manufacture, or deliver
24			cannabis or other drug prohibited
25			under s. 893.03(1)(c), (2)(c)1.,
26			(2)(c)2., (2)(c)3., (2)(c)5.,
27			(2)(c)6., (2)(c)7., (2)(c)8.,
28			(2)(c)9., (3), or (4) within
29			1,000 feet of property used for
30			religious services or a specified
31			business site.

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1	893.13(1)(f)1.	1st	Sell, manufacture, or deliver
2			cocaine (or other s.
3			893.03(1)(a), (1)(b), (1)(d), or
4			(2)(a), (2)(b), or (2)(c)4.
5			drugs) within 200 feet of public
6			housing facility.
7	893.13(4)(b)	2nd	Deliver to minor cannabis (or
8			other s. 893.03(1)(c), (2)(c)1.,
9			(2)(c)2., (2)(c)3., (2)(c)5.,
10			(2)(c)6., (2)(c)7., (2)(c)8.,
11			(2)(c)9., (3), or (4) drugs).
12			(g) LEVEL 7
13	316.193(3)(c)2.	3rd	DUI resulting in serious bodily
14			injury.
15	327.35(3)(c)2.	3rd	Vessel BUI resulting in serious
16			bodily injury.
17	402.319(2)	2nd	Misrepresentation and negligence
18			or intentional act resulting in
19			great bodily harm, permanent
20			disfiguration, permanent
21			disability, or death.
22	409.920(2)	3rd	Medicaid provider fraud.
23	456.065(2)	3rd	Practicing a health care
24			profession without a license.
25	456.065(2)	2nd	Practicing a health care
26			profession without a license
27			which results in serious bodily
28			injury.
29	458.327(1)	3rd	Practicing medicine without a
30			license.
31			

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1	459.013(1)	3rd	Practicing osteopathic medicine
2			without a license.
3	460.411(1)	3rd	Practicing chiropractic medicine
4			without a license.
5	461.012(1)	3rd	Practicing podiatric medicine
6			without a license.
7	462.17	3rd	Practicing naturopathy without a
8			license.
9	463.015(1)	3rd	Practicing optometry without a
10			license.
11	464.016(1)	3rd	Practicing nursing without a
12			license.
13	465.015(2)	3rd	Practicing pharmacy without a
14			license.
15	466.026(1)	3rd	Practicing dentistry or dental
16			hygiene without a license.
17	467.201	3rd	Practicing midwifery without a
18			license.
19	468.366	3rd	Delivering respiratory care
20			services without a license.
21	483.828(1)	3rd	Practicing as clinical laboratory
22			personnel without a license.
23	483.901(9)	3rd	Practicing medical physics
24			without a license.
25	484.053	3rd	Dispensing hearing aids without a
26			license.
27	494.0018(2)	1st	Conviction of any violation of
28			ss. 494.001-494.0077 in which the
29			total money and property
30			unlawfully obtained exceeded
31			\$50,000 and there were five or

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1			more victims.
2	560.123(8)(b)1.	3rd	Failure to report currency or
3			payment instruments exceeding
4			\$300 but less than \$20,000 by
5			money transmitter.
6	560.125(5)(a)	3rd	Money transmitter business by
7			unauthorized person, currency or
8			payment instruments exceeding
9			\$300 but less than \$20,000.
10	655.50(10)(b)1.	3rd	Failure to report financial
11			transactions exceeding \$300 but
12			less than \$20,000 by financial
13			institution.
14	782.051(3)	2nd	Attempted felony murder of a
15			person by a person other than the
16			perpetrator or the perpetrator of
17			an attempted felony.
18	782.07(1)	2nd	Killing of a human being by the
19			act, procurement, or culpable
20			negligence of another
21			(manslaughter).
22	782.071	2nd	Killing of human being or viable
23			fetus by the operation of a motor
24			vehicle in a reckless manner
25			(vehicular homicide).
26	782.072	2nd	Killing of a human being by the
27			operation of a vessel in a
28			reckless manner (vessel
29			homicide).
30	784.045(1)(a)1.	2nd	Aggravated battery; intentionally
31			causing great bodily harm or

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1			disfigurement.
2	784.045(1)(a)2.	2nd	Aggravated battery; using deadly
3			weapon.
4	784.045(1)(b)	2nd	Aggravated battery; perpetrator
5			aware victim pregnant.
6	784.048(4)	3rd	Aggravated stalking; violation of
7			injunction or court order.
8	784.07(2)(d)	1st	Aggravated battery on law
9			enforcement officer.
10	784.08(2)(a)	1st	Aggravated battery on a person 65
11			years of age or older.
12	784.081(1)	1st	Aggravated battery on specified
13			official or employee.
14	784.082(1)	1st	Aggravated battery by detained
15			person on visitor or other
16			detainee.
17	784.083(1)	1st	Aggravated battery on code
18			inspector.
19	790.07(4)	1st	Specified weapons violation
20			subsequent to previous conviction
21			of s. 790.07(1) or (2).
22	790.16(1)	1st	Discharge of a machine gun under
23			specified circumstances.
24	790.166(3)	2nd	Possessing, selling, using, or
25			attempting to use a hoax weapon
26			of mass destruction.
27	796.03	2nd	Procuring any person under 16
28			years for prostitution.
29	800.04(5)(c)1.	2nd	Lewd or lascivious molestation;
30			victim less than 12 years of age;
31			offender less than 18 years.

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1	800.04(5)(c)2.	2nd	Lewd or lascivious molestation;
2			victim 12 years of age or older
3			but less than 16 years; offender
4			18 years or older.
5	806.01(2)	2nd	Maliciously damage structure by
6			fire or explosive.
7	810.02(3)(a)	2nd	Burglary of occupied dwelling;
8			unarmed; no assault or battery.
9	810.02(3)(b)	2nd	Burglary of unoccupied dwelling;
10			unarmed; no assault or battery.
11	810.02(3)(d)	2nd	Burglary of occupied conveyance;
12			unarmed; no assault or battery.
13	812.014(2)(a)	1st	Property stolen, valued at
14			\$100,000 or more; property stolen
15			while causing other property
16			damage; 1st degree grand theft.
17	812.019(2)	1st	Stolen property; initiates,
18			organizes, plans, etc., the theft
19			of property and traffics in
20			stolen property.
21	812.131(2)(a)	2nd	Robbery by sudden snatching.
22	812.133(2)(b)	1st	Carjacking; no firearm, deadly
23			weapon, or other weapon.
24	<u>817.234(11)(c)</u>	<u>1st</u>	<u>Insurance fraud; property value</u>
25			<u>\$100,000 or more.</u>
26	825.102(3)(b)	2nd	Neglecting an elderly person or
27			disabled adult causing great
28			bodily harm, disability, or
29			disfigurement.
30	825.1025(2)	2nd	Lewd or lascivious battery upon
31			an elderly person or disabled

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1			adult.
2	825.103(2)(b)	2nd	Exploiting an elderly person or
3			disabled adult and property is
4			valued at \$20,000 or more, but
5			less than \$100,000.
6	827.03(3)(b)	2nd	Neglect of a child causing great
7			bodily harm, disability, or
8			disfigurement.
9	827.04(3)	3rd	Impregnation of a child under 16
10			years of age by person 21 years
11			of age or older.
12	837.05(2)	3rd	Giving false information about
13			alleged capital felony to a law
14			enforcement officer.
15	872.06	2nd	Abuse of a dead human body.
16	893.13(1)(c)1.	1st	Sell, manufacture, or deliver
17			cocaine (or other drug prohibited
18			under s. 893.03(1)(a), (1)(b),
19			(1)(d), (2)(a), (2)(b), or
20			(2)(c)4.) within 1,000 feet of a
21			child care facility or school.
22	893.13(1)(e)1.	1st	Sell, manufacture, or deliver
23			cocaine or other drug prohibited
24			under s. 893.03(1)(a), (1)(b),
25			(1)(d), (2)(a), (2)(b), or
26			(2)(c)4., within 1,000 feet of
27			property used for religious
28			services or a specified business
29			site.
30	893.13(4)(a)	1st	Deliver to minor cocaine (or
31			other s. 893.03(1)(a), (1)(b),

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1			(1)(d), (2)(a), (2)(b), or
2			(2)(c)4. drugs).
3	893.135(1)(a)1.	1st	Trafficking in cannabis, more
4			than 50 lbs., less than 2,000
5			lbs.
6	893.135		
7	(1)(b)1.a.	1st	Trafficking in cocaine, more than
8			28 grams, less than 200 grams.
9	893.135		
10	(1)(c)1.a.	1st	Trafficking in illegal drugs,
11			more than 4 grams, less than 14
12			grams.
13	893.135		
14	(1)(d)1.	1st	Trafficking in phencyclidine,
15			more than 28 grams, less than 200
16			grams.
17	893.135(1)(e)1.	1st	Trafficking in methaqualone, more
18			than 200 grams, less than 5
19			kilograms.
20	893.135(1)(f)1.	1st	Trafficking in amphetamine, more
21			than 14 grams, less than 28
22			grams.
23	893.135		
24	(1)(g)1.a.	1st	Trafficking in flunitrazepam, 4
25			grams or more, less than 14
26			grams.
27	893.135		
28	(1)(h)1.a.	1st	Trafficking in
29			gamma-hydroxybutyric acid (GHB),
30			1 kilogram or more, less than 5
31			kilograms.

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1 893.135
 2 (1)(i)1.a. 1st Trafficking in 1,4-Butanediol, 1
 3 kilogram or more, less than 5
 4 kilograms.

5 893.135
 6 (1)(j)2.a. 1st Trafficking in Phenethylamines,
 7 10 grams or more, less than 200
 8 grams.

9 896.101(5)(a) 3rd Money laundering, financial
 10 transactions exceeding \$300 but
 11 less than \$20,000.

12 896.104(4)(a)1. 3rd Structuring transactions to evade
 13 reporting or registration
 14 requirements, financial
 15 transactions exceeding \$300 but
 16 less than \$20,000.

17 Section 9. Subsection (1) of section 324.021, Florida
 18 Statutes, is amended to read:

19 324.021 Definitions; minimum insurance required.--The
 20 following words and phrases when used in this chapter shall,
 21 for the purpose of this chapter, have the meanings
 22 respectively ascribed to them in this section, except in those
 23 instances where the context clearly indicates a different
 24 meaning:

25 (1) MOTOR VEHICLE.--Every self-propelled vehicle which
 26 is designed and required to be licensed for use upon a
 27 highway, including trailers and semitrailers designed for use
 28 with such vehicles, except traction engines, road rollers,
 29 farm tractors, power shovels, and well drillers, and every
 30 vehicle which is propelled by electric power obtained from
 31 overhead wires but not operated upon rails, but not including

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1 any bicycle or moped. However, the term "motor vehicle" shall
2 not include any motor vehicle as defined in s. 627.732(3)~~s.~~
3 ~~627.732(1)~~when the owner of such vehicle has complied with
4 the requirements of ss. 627.730-627.7405, inclusive, unless
5 the provisions of s. 324.051 apply; and, in such case, the
6 applicable proof of insurance provisions of s. 320.02 apply.

7 Section 10. The sum of \$100,000 is appropriated from
8 the registration fees collected from clinics pursuant to
9 section 456.0375, Florida Statutes, to the Department of
10 Health and one-half of one full-time-equivalent position is
11 authorized for the purposes of regulating medical clinics
12 pursuant to section 456.0375, Florida Statutes. These funds
13 shall be deposited into the Medical Quality Assurance Trust
14 Fund.

15 Section 11. (1) Except as otherwise expressly
16 provided in this act, this act shall take effect upon becoming
17 a law.

18 (2) Paragraphs (1)(a), (4)(b) and (c), and (7)(a) of
19 s. 627.736, Florida Statutes, as amended by section 5 of this
20 act, and the deletion of paragraph (4)(f) and redesignation of
21 paragraph (4)(g) as (4)(f) by section 5 of this act shall
22 apply to policies issued new or renewed on or after October 1,
23 2001.

24 (3) Paragraphs (5)(b) and (c) and subsection (6) of
25 section 627.736, Florida Statutes, as amended by this act and
26 subsection (11) of section 627.736, Florida Statutes, shall
27 apply to treatment and services occurring on or after October
28 1, 2001, except that subsection (11) of section 627.736,
29 Florida Statutes, shall apply to actions filed on or after the
30 effective date of this act with regard to a claim or amended
31 claim or judgment for interest only which was not paid or was

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1 incorrectly calculated.

2

3

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

5 And the title is amended as follows:

6 Delete everything before the enacting clause

7

8 and insert:

9

A bill to be entitled

10 An act relating to insurance; providing
11 legislative findings; amending s. 119.10, F.S.;
12 providing a criminal penalty for use of certain
13 report information for commercial solicitation;
14 creating s. 456.0375, F.S.; defining the term
15 "clinic"; imposing registration requirements
16 for certain clinics; providing for medical
17 directors or clinical directors; providing
18 duties and responsibilities of medical
19 directors or clinical directors; authorizing
20 the Department of Health to adopt rules for
21 certain purposes; providing for enforcement;
22 providing penalties; amending s. 626.989, F.S.;
23 clarifying immunity from civil actions
24 provisions; amending s. 627.732, F.S.; defining
25 the terms "broker" and "medically necessary";
26 amending s. 627.736, F.S.; revising provisions
27 relating to personal injury protection
28 benefits; revising provisions relating to
29 interest on overdue claims; revising provisions
30 for charges and payments for certain
31 treatments; removing provisions specifying the

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1 use of medical payments insurance; making
2 certain charges by a broker noncompensable;
3 providing for a demand letter; providing demand
4 letter requirements; providing for civil
5 actions against certain persons; amending s.
6 817.234, F.S.; prohibiting solicitation of
7 specific persons involved in motor vehicle
8 crashes; specifying certain charges as unlawful
9 and unenforceable; amending s. 921.0022, F.S.;
10 ranking certain criminal offenses specified in
11 that section; amending s. 324.021, F.S.;
12 correcting a cross-reference; providing an
13 appropriation; providing effective dates.

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