

Amendment No. ____ (for drafter's use only)

	<u>Senate</u>	CHAMBER ACTION	<u>House</u>
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ORIGINAL STAMP BELOW

11 Representative(s) Waters, Brown, and Simmons offered the
12 following:

14 **Amendment (with title amendment)**

15 Remove from the bill: Everything after the enacting clause
16
17 and insert in lieu thereof:

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

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

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

31 119.10 Violation of chapter; penalties.--

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1 (3) Any person who willingly and knowingly violates s.
2 119.105 commits a felony of the third degree, punishable as
3 provided in s. 775.082, s. 775.083, or s. 775.084.

4 Section 3. Effective October 1, 2001, section
5 456.0375, Florida Statutes, is created to read:

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

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

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

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

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

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

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

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

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

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

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

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

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1 all patients.

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

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

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

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

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

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

30 5. Serve as the clinic records holder as defined in s.
31 456.057.

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1 6. Ensure compliance with the recordkeeping, office
2 surgery, and adverse incident reporting requirements of
3 chapter 456, the respective practice acts, and rules adopted
4 thereunder.

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

9 (c) Any contract to serve as a medical director or a
10 clinical director entered into or renewed by a physician or a
11 licensed health care practitioner in violation of this section
12 is void as contrary to public policy. This section shall
13 apply to contracts entered into or renewed on or after October
14 1, 2001.

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

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

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

31 (c) Any licensed health care practitioner who violates

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1 this section is subject to discipline in accordance with
2 chapter 456 and the respective practice act.

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

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

10 Section 4. Paragraph (c) of subsection (4) of section
11 626.989, Florida Statutes, is amended to read:

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

16 (4)

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

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

29 2. For any information relating to suspected
30 fraudulent insurance acts or persons suspected of engaging in
31 such acts furnished to or received from other persons subject

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1 to the provisions of this chapter; ~~or~~

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

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

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

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

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

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1 compensation is not materially affected by the usage or
2 frequency of usage of medical equipment or an entity that is
3 100-percent owned by one or more hospitals or physicians. The
4 term "broker" does not include a person that certifies, upon
5 the request of an insurer, and establishes that the person is
6 in fact in compliance with all parts of the so-called "space
7 rental," "equipment rental," and "personal service" safe
8 harbors (C.F.R. Title 42, Chapter V, Subchapter B, Part 1001,
9 Subpart 1001.952(b), (c), and (d)), as in effect and
10 interpreted by United States federal courts and administrative
11 enforcement agencies as of April 1, 2001. Any person making a
12 false certification under this paragraph commits insurance
13 fraud as defined in s. 817.234.

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

18 (a) In accordance with generally accepted standards of
19 medical practice;

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

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

24 (3)~~(1)~~ "Motor vehicle" means any self-propelled
25 vehicle with four or more wheels which is of a type both
26 designed and required to be licensed for use on the highways
27 of this state and any trailer or semitrailer designed for use
28 with such vehicle and includes:

29 (a) A "private passenger motor vehicle," which is any
30 motor vehicle which is a sedan, station wagon, or jeep-type
31 vehicle and, if not used primarily for occupational,

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1 professional, or business purposes, a motor vehicle of the
2 pickup, panel, van, camper, or motor home type.

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

5
6 The term "motor vehicle" does not include a mobile home or any
7 motor vehicle which is used in mass transit, other than public
8 school transportation, and designed to transport more than
9 five passengers exclusive of the operator of the motor vehicle
10 and which is owned by a municipality, a transit authority, or
11 a political subdivision of the state.

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

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

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

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

28 Section 6. Subsections (1), (4), (5), (7), and (8) of
29 section 627.736, Florida Statutes, and paragraph (b) of
30 subsection (6) of that section, are amended, and subsections
31 (11) and (12) are added to that section, to read:

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1 627.736 Required personal injury protection benefits;
2 exclusions; priority; claims.--

3 (1) REQUIRED BENEFITS.--Every insurance policy
4 complying with the security requirements of s. 627.733 shall
5 provide personal injury protection to the named insured,
6 relatives residing in the same household, persons operating
7 the insured motor vehicle, passengers in such motor vehicle,
8 and other persons struck by such motor vehicle and suffering
9 bodily injury while not an occupant of a self-propelled
10 vehicle, subject to the provisions of subsection (2) and
11 paragraph (4)(d), to a limit of \$10,000 for loss sustained by
12 any such person as a result of bodily injury, sickness,
13 disease, or death arising out of the ownership, maintenance,
14 or use of a motor vehicle as follows:

15 (a) Medical benefits.--Eighty percent of all
16 reasonable expenses for medically necessary medical, surgical,
17 X-ray, dental, and rehabilitative services, including
18 prosthetic devices, and medically necessary ambulance,
19 hospital, and nursing services. Such benefits shall also
20 include necessary remedial treatment and services recognized
21 and permitted under the laws of the state for an injured
22 person who relies upon spiritual means through prayer alone
23 for healing, in accordance with his or her religious beliefs;
24 however, this sentence does not affect the determination of
25 what other services or procedures are medically necessary.

26 (b) Disability benefits.--Sixty percent of any loss of
27 gross income and loss of earning capacity per individual from
28 inability to work proximately caused by the injury sustained
29 by the injured person, plus all expenses reasonably incurred
30 in obtaining from others ordinary and necessary services in
31 lieu of those that, but for the injury, the injured person

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1 would have performed without income for the benefit of his or
2 her household. All disability benefits payable under this
3 provision shall be paid not less than every 2 weeks.

4 (c) Death benefits.--Death benefits of \$5,000 per
5 individual. The insurer may pay such benefits to the executor
6 or administrator of the deceased, to any of the deceased's
7 relatives by blood or legal adoption or connection by
8 marriage, or to any person appearing to the insurer to be
9 equitably entitled thereto.

10

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

31 (4) BENEFITS; WHEN DUE.--Benefits due from an insurer

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1 under ss. 627.730-627.7405 shall be primary, except that
2 benefits received under any workers' compensation law shall be
3 credited against the benefits provided by subsection (1) and
4 shall be due and payable as loss accrues, upon receipt of
5 reasonable proof of such loss and the amount of expenses and
6 loss incurred which are covered by the policy issued under ss.
7 627.730-627.7405. When the Agency for Health Care
8 Administration provides, pays, or becomes liable for medical
9 assistance under the Medicaid program related to injury,
10 sickness, disease, or death arising out of the ownership,
11 maintenance, or use of a motor vehicle, benefits under ss.
12 627.730-627.7405 shall be subject to the provisions of the
13 Medicaid program.

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

18 (b) Personal injury protection insurance benefits paid
19 pursuant to this section shall be overdue if not paid within
20 30 days after the insurer is furnished written notice of the
21 fact of a covered loss and of the amount of same. If such
22 written notice is not furnished to the insurer as to the
23 entire claim, any partial amount supported by written notice
24 is overdue if not paid within 30 days after such written
25 notice is furnished to the insurer. Any part or all of the
26 remainder of the claim that is subsequently supported by
27 written notice is overdue if not paid within 30 days after
28 such written notice is furnished to the insurer. When an
29 insurer pays only a portion of a claim or rejects a claim, the
30 insurer shall include with the partial payment or rejection an
31 itemized specification of each item that the insurer had

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1 reduced, omitted, or declined to pay and any information that
2 the insurer desires the claimant to consider related to the
3 medical necessity of the denied treatment or to explain the
4 reasonableness of the reduced charge, provided that this shall
5 not limit the introduction of evidence at trial; and the
6 insurer shall include the name and address of the person to
7 whom the claimant should respond and a claim number to be
8 referenced in future correspondence. However, notwithstanding
9 the fact that written notice has been furnished to the
10 insurer, any payment shall not be deemed overdue when the
11 insurer has reasonable proof to establish that the insurer is
12 not responsible for the payment, notwithstanding that written
13 notice has been furnished to the insurer. For the purpose of
14 calculating the extent to which any benefits are overdue,
15 payment shall be treated as being made on the date a draft or
16 other valid instrument which is equivalent to payment was
17 placed in the United States mail in a properly addressed,
18 postpaid envelope or, if not so posted, on the date of
19 delivery. This paragraph does not preclude or limit the
20 ability of the insurer to assert that the claim was unrelated,
21 was not medically necessary, or was unreasonable or that the
22 amount of the charge was in excess of that permitted under, or
23 in violation of, subsection (5). Such assertion by the insurer
24 may be made at any time, including after payment of the claim
25 or after the 30-day time period for payment set forth in this
26 paragraph.

27 (c) All overdue payments shall bear simple interest at
28 the rate established by the Comptroller under s. 55.03 or the
29 rate established in the insurance contract, whichever is
30 greater, for the year in which the payment became overdue,
31 calculated from the date the insurer was furnished with

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1 written notice of the amount of covered loss. Interest shall
2 be due at the time payment of the overdue claim is made of 10
3 percent per year.

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

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

10 2. Accidental bodily injury sustained outside this
11 state, but within the United States of America or its
12 territories or possessions or Canada, by the owner while
13 occupying the owner's motor vehicle.

14 3. Accidental bodily injury sustained by a relative of
15 the owner residing in the same household, under the
16 circumstances described in subparagraph 1. or subparagraph 2.,
17 provided the relative at the time of the accident is domiciled
18 in the owner's household and is not himself or herself the
19 owner of a motor vehicle with respect to which security is
20 required under ss. 627.730-627.7405.

21 4. Accidental bodily injury sustained in this state by
22 any other person while occupying the owner's motor vehicle or,
23 if a resident of this state, while not an occupant of a
24 self-propelled vehicle, if the injury is caused by physical
25 contact with such motor vehicle, provided the injured person
26 is not himself or herself:

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

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

31 (e) If two or more insurers are liable to pay personal

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1 injury protection benefits for the same injury to any one
2 person, the maximum payable shall be as specified in
3 subsection (1), and any insurer paying the benefits shall be
4 entitled to recover from each of the other insurers an
5 equitable pro rata share of the benefits paid and expenses
6 incurred in processing the claim.

7 ~~(f) Medical payments insurance, if available in a~~
8 ~~policy of motor vehicle insurance, shall pay the portion of~~
9 ~~any claim for personal injury protection medical benefits~~
10 ~~which is otherwise covered but is not payable due to the~~
11 ~~coinsurance provision of paragraph (1)(a), regardless of~~
12 ~~whether the full amount of personal injury protection coverage~~
13 ~~has been exhausted. The benefits shall not be payable for the~~
14 ~~amount of any deductible which has been selected.~~

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

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

20 (a) Any physician, hospital, clinic, or other person
21 or institution lawfully rendering treatment to an injured
22 person for a bodily injury covered by personal injury
23 protection insurance may charge only a reasonable amount for
24 the ~~products, services, and supplies accommodations~~ rendered,
25 and the insurer providing such coverage may pay for such
26 charges directly to such person or institution lawfully
27 rendering such treatment, if the insured receiving such
28 treatment or his or her guardian has countersigned the
29 invoice, bill, or claim form approved by the Department of
30 Insurance upon which such charges are to be paid for as having
31 actually been rendered, to the best knowledge of the insured

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1 or his or her guardian. In no event, however, may such a
2 charge be in excess of the amount the person or institution
3 customarily charges for like ~~products, services, or supplies~~
4 ~~accommodations~~ in cases involving no insurance., ~~provided that~~

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

8 2. Charges for medically necessary cephalic
9 thermograms, and peripheral thermograms, spinal ultrasounds,
10 extremity ultrasounds, video fluoroscopy, and surface
11 electromyography shall not exceed the maximum reimbursement
12 allowance for such procedures as set forth in the applicable
13 fee schedule or other payment methodology established pursuant
14 to s. 440.13.

15 3. Payments by an insurer for medically necessary
16 nerve conduction testing when done in conjunction with a
17 needle electromyography procedure and both are performed and
18 billed solely by a physician licensed under chapter 458,
19 chapter 459, chapter 460, or chapter 461 who is also certified
20 by the American Board of Electrodiagnostic Medicine or by a
21 board recognized by the American Board of Medical Specialties
22 or who holds diplomate status with the American Chiropractic
23 Neurology Board or its predecessors shall not exceed 175
24 percent of the payment amount under Medicare Part B for year
25 2001, adjusted annually by an additional amount equal to the
26 medical Consumer Price Index for Florida.

27 4. Payments by an insurer for medically necessary
28 nerve conduction testing that does not meet the requirements
29 of subparagraph 3. shall not exceed the applicable fee
30 schedule or other payment methodology established pursuant to
31 s. 440.13.

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1 5. Effective upon this act becoming a law and before
2 November 1, 2001, payments for magnetic resonance imaging
3 services shall not exceed 200 percent of the payment amount
4 under Medicare Part B for year 2001. Beginning November 1,
5 2001, payments for magnetic resonance imaging services shall
6 not exceed 150 percent of the payment amount under Medicare
7 Part B for year 2001, adjusted annually by an additional
8 amount equal to the medical Consumer Price Index for Florida,
9 except that payments for magnetic resonance imaging services
10 provided in facilities accredited by the American College of
11 Radiology or the Joint Commission on Accreditation of
12 Healthcare Organizations shall not exceed 175 percent of the
13 payment amount under Medicare Part B for year 2001, adjusted
14 annually by an additional amount equal to the medical Consumer
15 Price Index for Florida. This paragraph does not apply to
16 charges for magnetic resonance imaging services and nerve
17 conduction testing for inpatients and emergency services
18 services and nerve conduction testing for inpatients and
19 emergency services and care as defined in chapter 395 rendered
20 by facilities licensed under chapter 395.

21 (c)(b) With respect to any treatment or service, other
22 than medical services billed by a hospital or other provider
23 for emergency services as defined in s. 395.002 or inpatient
24 services rendered at a hospital-owned facility, the statement
25 of charges must be furnished to the insurer by the provider
26 and may not include, and the insurer is not required to pay,
27 charges for treatment or services rendered more than 35 ~~30~~
28 days before the postmark date of the statement, except for
29 past due amounts previously billed on a timely basis under
30 this paragraph, and except that, if the provider submits to
31 the insurer a notice of initiation of treatment within 21 days

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1 after its first examination or treatment of the claimant, the
2 statement may include charges for treatment or services
3 rendered up to, but not more than, 75 ~~60~~ days before the
4 postmark date of the statement. The injured party is not
5 liable for, and the provider shall not bill the injured party
6 for, charges that are unpaid because of the provider's failure
7 to comply with this paragraph. Any agreement requiring the
8 injured person or insured to pay for such charges is
9 unenforceable. If, however, the insured fails to furnish the
10 provider with the correct name and address of the insured's
11 personal injury protection insurer, the provider has 35 days
12 from the date the provider obtains the correct information to
13 furnish the insurer with a statement of the charges. The
14 insurer is not required to pay for such charges unless the
15 provider includes with the statement documentary evidence that
16 was provided by the insured during the 35-day period
17 demonstrating that the provider reasonably relied on erroneous
18 information from the insured and either:

- 19 1. A denial letter from the incorrect insurer; or
- 20 2. Proof of mailing, which may include an affidavit
21 under penalty of perjury, reflecting timely mailing to the
22 incorrect address or insurer.

23
24 For emergency services and care as defined in s. 395.002
25 rendered in a hospital emergency department or for transport
26 and treatment rendered by an ambulance provider licensed
27 pursuant to part III of chapter 401, the provider is not
28 required to furnish the statement of charges within the time
29 periods established by this paragraph; and the insurer shall
30 not be considered to have been furnished with notice of the
31 amount of covered loss for purposes of paragraph (4)(b) until

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1 it receives a statement complying with paragraph ~~(e)(5)(d)~~,
2 or copy thereof, which specifically identifies the place of
3 service to be a hospital emergency department or an ambulance
4 in accordance with billing standards recognized by the Health
5 Care Finance Administration. Each notice of insured's rights
6 under s. 627.7401 must include the following statement in type
7 no smaller than 12 points:

8 BILLING REQUIREMENTS.--Florida Statutes provide
9 that with respect to any treatment or services,
10 other than certain hospital and emergency
11 services, the statement of charges furnished to
12 the insurer by the provider may not include,
13 and the insurer and the injured party are not
14 required to pay, charges for treatment or
15 services rendered more than 35 ~~30~~ days before
16 the postmark date of the statement, except for
17 past due amounts previously billed on a timely
18 basis, and except that, if the provider submits
19 to the insurer a notice of initiation of
20 treatment within 21 days after its first
21 examination or treatment of the claimant, the
22 statement may include charges for treatment or
23 services rendered up to, but not more than, 75
24 ~~60~~ days before the postmark date of the
25 statement.

26 ~~(d)(c)~~ Every insurer shall include a provision in its
27 policy for personal injury protection benefits for binding
28 arbitration of any claims dispute involving medical benefits
29 arising between the insurer and any person providing medical
30 services or supplies if that person has agreed to accept
31 assignment of personal injury protection benefits. The

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1 provision shall specify that the provisions of chapter 682
2 relating to arbitration shall apply. The prevailing party
3 shall be entitled to attorney's fees and costs. For purposes
4 of the award of attorney's fees and costs, the prevailing
5 party shall be determined as follows:

6 1. When the amount of personal injury protection
7 benefits determined by arbitration exceeds the sum of the
8 amount offered by the insurer at arbitration plus 50 percent
9 of the difference between the amount of the claim asserted by
10 the claimant at arbitration and the amount offered by the
11 insurer at arbitration, the claimant is the prevailing party.

12 2. When the amount of personal injury protection
13 benefits determined by arbitration is less than the sum of the
14 amount offered by the insurer at arbitration plus 50 percent
15 of the difference between the amount of the claim asserted by
16 the claimant at arbitration and the amount offered by the
17 insurer at arbitration, the insurer is the prevailing party.

18 3. When neither subparagraph 1. nor subparagraph 2.
19 applies, there is no prevailing party. For purposes of this
20 paragraph, the amount of the offer or claim at arbitration is
21 the amount of the last written offer or claim made at least 30
22 days prior to the arbitration.

23 4. In the demand for arbitration, the party requesting
24 arbitration must include a statement specifically identifying
25 the issues for arbitration for each examination or treatment
26 in dispute. The other party must subsequently issue a
27 statement specifying any other examinations or treatment and
28 any other issues that it intends to raise in the arbitration.
29 The parties may amend their statements up to 30 days prior to
30 arbitration, provided that arbitration shall be limited to
31 those identified issues and neither party may add additional

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1 issues during arbitration.

2 (e)~~(d)~~ All statements and bills for medical services
3 rendered by any physician, hospital, clinic, or other person
4 or institution shall be submitted to the insurer on a Health
5 Care Finance Administration 1500 form, UB 92 forms, or any
6 other standard form approved by the department for purposes of
7 this paragraph. All billings for such services shall, to the
8 extent applicable, follow the Physicians' Current Procedural
9 Terminology (CPT) in the year in which services are rendered.
10 No statement of medical services may include charges for
11 medical services of a person or entity that performed such
12 services without possessing the valid licenses required to
13 perform such services. For purposes of paragraph (4)(b), an
14 insurer shall not be considered to have been furnished with
15 notice of the amount of covered loss or medical bills due
16 unless the statements or bills comply with this paragraph.

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

19 (b) Every physician, hospital, clinic, or other
20 medical institution providing, before or after bodily injury
21 upon which a claim for personal injury protection insurance
22 benefits is based, any products, services, or accommodations
23 in relation to that or any other injury, or in relation to a
24 condition claimed to be connected with that or any other
25 injury, shall, if requested to do so by the insurer against
26 whom the claim has been made, furnish forthwith a written
27 report of the history, condition, treatment, dates, and costs
28 of such treatment of the injured person, and a response as to
29 why certain items identified by the insurer are medically
30 necessary and as to why certain items identified by the
31 insurer are reasonable in amount, together with a sworn

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1 statement that the treatment or services rendered were
2 reasonable and necessary with respect to the bodily injury
3 sustained and identifying which portion of the expenses for
4 such treatment or services was incurred as a result of such
5 bodily injury, and produce forthwith, and permit the
6 inspection and copying of, his or her or its records regarding
7 such history, condition, treatment, dates, and costs of
8 treatment; provided that this shall not limit the introduction
9 of evidence at trial. Such sworn statement shall read as
10 follows: "Under penalty of perjury, I declare that I have read
11 the foregoing, and the facts alleged are true, to the best of
12 my knowledge and belief." No cause of action for violation of
13 the physician-patient privilege or invasion of the right of
14 privacy shall be permitted against any physician, hospital,
15 clinic, or other medical institution complying with the
16 provisions of this section. The person requesting such records
17 and such sworn statement shall pay all reasonable costs
18 connected therewith. If an insurer makes a written request for
19 documentation or information under this paragraph within 30 ~~20~~
20 days after having received notice of the amount of a covered
21 loss under paragraph (4)(a), the amount or the partial amount
22 which is the subject of the insurer's inquiry shall become
23 overdue if the insurer does not pay ~~the insurer shall pay the~~
24 ~~amount or partial amount of covered loss to which such~~
25 ~~documentation relates~~ in accordance with paragraph (4)(b) or
26 within 10 days after the insurer's receipt of the requested
27 documentation or information, whichever occurs later. For
28 purposes of this paragraph, the term "receipt" includes, but
29 is not limited to, inspection and copying pursuant to this
30 paragraph. Any insurer that requests documentation or
31 information pertaining to reasonableness of charges or medical

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1 necessity under this paragraph without a reasonable basis for
2 such requests as a general business practice is engaging in an
3 unfair trade practice under the insurance code.

4 (7) MENTAL AND PHYSICAL EXAMINATION OF INJURED PERSON;
5 REPORTS.--

6 (a) Whenever the mental or physical condition of an
7 injured person covered by personal injury protection is
8 material to any claim that has been or may be made for past or
9 future personal injury protection insurance benefits, such
10 person shall, upon the request of an insurer, submit to mental
11 or physical examination by a physician or physicians. The
12 costs of any examinations requested by an insurer shall be
13 borne entirely by the insurer. Such examination shall be
14 conducted within the municipality where the insured is
15 receiving treatment, or in a location reasonably accessible to
16 the insured, which, for purposes of this paragraph, means any
17 location within the municipality in which the insured resides,
18 or any location within 10 miles by road of the insured's
19 residence, provided such location is within the county in
20 which the insured resides. If the examination is to be
21 conducted in a location reasonably accessible to the insured,
22 and if there is no qualified physician to conduct the
23 examination in a location reasonably accessible to the
24 insured, then such examination shall be conducted in an area
25 of the closest proximity to the insured's residence. Personal
26 protection insurers are authorized to include reasonable
27 provisions in personal injury protection insurance policies
28 for mental and physical examination of those claiming personal
29 injury protection insurance benefits. An insurer may not
30 withdraw payment of a treating physician without the consent
31 of the injured person covered by the personal injury

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1 protection, unless the insurer first obtains a valid report by
2 a physician licensed under the same chapter as the treating
3 physician whose treatment authorization is sought to be
4 withdrawn, stating that treatment was not reasonable, related,
5 or necessary. A valid report is one that is prepared and
6 signed by the physician examining the injured person or
7 reviewing the treatment records of the injured person and is
8 factually supported by the examination and treatment records
9 if reviewed and that has not been modified by anyone other
10 than the physician. The physician preparing the report must be
11 in active practice, unless the physician is physically
12 disabled. Active practice means that during the 3 years
13 immediately preceding the date of the physical examination or
14 review of the treatment records the physician must have
15 devoted professional time to the active clinical practice of
16 evaluation, diagnosis, or treatment of medical conditions or
17 to the instruction of students in an accredited health
18 professional school or accredited residency program or a
19 clinical research program that is affiliated with an
20 accredited health professional school or teaching hospital or
21 accredited residency program.

22 (b) If requested by the person examined, a party
23 causing an examination to be made shall deliver to him or her
24 a copy of every written report concerning the examination
25 rendered by an examining physician, at least one of which
26 reports must set out the examining physician's findings and
27 conclusions in detail. After such request and delivery, the
28 party causing the examination to be made is entitled, upon
29 request, to receive from the person examined every written
30 report available to him or her or his or her representative
31 concerning any examination, previously or thereafter made, of

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1 the same mental or physical condition. By requesting and
2 obtaining a report of the examination so ordered, or by taking
3 the deposition of the examiner, the person examined waives any
4 privilege he or she may have, in relation to the claim for
5 benefits, regarding the testimony of every other person who
6 has examined, or may thereafter examine, him or her in respect
7 to the same mental or physical condition. If a person
8 unreasonably refuses to submit to an examination, the personal
9 injury protection carrier is no longer liable for subsequent
10 personal injury protection benefits.

11 (8) APPLICABILITY OF PROVISION REGULATING ATTORNEY'S
12 FEES.--With respect to any dispute under the provisions of ss.
13 627.730-627.7405 between the insured and the insurer, or
14 between an assignee of an insured's rights and the insurer,
15 the provisions of s. 627.428 shall apply, except as provided
16 in subsection (11).

17 (11) DEMAND LETTER.--

18 (a) As a condition precedent to filing any action for
19 an overdue claim for benefits under paragraph (4)(b), the
20 insurer must be provided with written notice of an intent to
21 initiate litigation; provided, however, that, except with
22 regard to a claim or amended claim or judgment for interest
23 only which was not paid or was incorrectly calculated, such
24 notice is not required for an overdue claim that the insurer
25 has denied or reduced, nor is such notice required if the
26 insurer has been provided documentation or information at the
27 insurer's request pursuant to subsection (6). Such notice may
28 not be sent until the claim is overdue, including any
29 additional time the insurer has to pay the claim pursuant to
30 paragraph (4)(b).

31 (b) The notice required shall state that it is a

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1 "demand letter under s. 627.736(11)" and shall state with
2 specificity:
3 1. The name of the insured upon which such benefits
4 are being sought.
5 2. The claim number or policy number upon which such
6 claim was originally submitted to the insurer.
7 3. To the extent applicable, the name of any medical
8 provider who rendered to an insured the treatment, services,
9 accommodations, or supplies that form the basis of such claim;
10 and an itemized statement specifying each exact amount, the
11 date of treatment, service, or accommodation, and the type of
12 benefit claimed to be due. A completed Health Care Finance
13 Administration 1500 form, UB 92, or successor forms approved
14 by the Secretary of the U.S. Department of Health and Human
15 Services may be used as the itemized statement.
16 (c) Each notice required by this section must be
17 delivered to the insurer by U.S. certified or registered mail,
18 return receipt requested. Such postal costs shall be
19 reimbursed by the insurer if so requested by the provider in
20 the notice, when the insurer pays the overdue claim. Such
21 notice must be sent to the person and address specified by the
22 insurer for the purposes of receiving notices under this
23 section, on the document denying or reducing the amount
24 asserted by the filer to be overdue. Each licensed insurer,
25 whether domestic, foreign, or alien, may file with the
26 department designation of the name and address of the person
27 to whom notices pursuant to this section shall be sent when
28 such document does not specify the name and address to whom
29 the notices under this section are to be sent or when there is
30 no such document. The name and address on file with the
31 department pursuant to s. 624.422 shall be deemed the

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1 authorized representative to accept notice pursuant to this
2 section in the event no other designation has been made.

3 (d) If, within 7 business days after receipt of notice
4 by the insurer, the overdue claim specified in the notice is
5 paid by the insurer together with applicable interest and a
6 penalty of 10 percent of the overdue amount paid by the
7 insurer, subject to a maximum penalty of \$250, no action for
8 nonpayment or late payment may be brought against the insurer.
9 To the extent the insurer determines not to pay the overdue
10 amount, the penalty shall not be payable in any action for
11 nonpayment or late payment. For purposes of this subsection,
12 payment shall be treated as being made on the date a draft or
13 other valid instrument that is equivalent to payment is placed
14 in the United States mail in a properly addressed, postpaid
15 envelope, or if not so posted, on the date of delivery. The
16 insurer shall not be obligated to pay any attorney's fees if
17 the insurer pays the claim within the time prescribed by this
18 subsection.

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

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

26 (12) CIVIL ACTION FOR INSURANCE FRAUD.--An insurer
27 shall have a cause of action against any person convicted of,
28 or who, regardless of adjudication of guilt, pleads guilty or
29 nolo contendere to insurance fraud under s. 817.234, patient
30 brokering under s. 817.505, or kickbacks under s. 456.054,
31 associated with a claim for personal injury protection

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1 benefits in accordance with s. 627.736. An insurer prevailing
2 in an action brought under this subsection may recover
3 compensatory, consequential, and punitive damages subject to
4 the requirements and limitations of part II of chapter 768,
5 and attorney's fees and costs incurred in litigating a cause
6 of action against any person convicted of, or who, regardless
7 of adjudication of guilt, pleads guilty or nolo contendere to
8 insurance fraud under s. 817.234, patient brokering under s.
9 817.505, or kickbacks under s. 456.054, associated with a
10 claim for personal injury protection benefits in accordance
11 with s. 627.736.

12 Section 7. Effective October 1, 2001, subsections (8)
13 and (9) of section 817.234, Florida Statutes, are amended to
14 read:

15 817.234 False and fraudulent insurance claims.--
16 (8) It is unlawful for any person, in his or her
17 individual capacity or in his or her capacity as a public or
18 private employee, or for any firm, corporation, partnership,
19 or association, to solicit or cause to be solicited any
20 business from a person involved in a motor vehicle accident by
21 any means of communication other than advertising directed to
22 the public in or about city receiving hospitals, city and
23 county receiving hospitals, county hospitals, justice courts,
24 or municipal courts; in any public institution; in any public
25 place; upon any public street or highway; in or about private
26 hospitals, sanitariums, or any private institution; or upon
27 private property of any character whatsoever for the purpose
28 of making motor vehicle tort claims or claims for personal
29 injury protection benefits required by s. 627.736. Charges
30 for any services rendered by a health care provider or
31 attorney who violates this subsection in regard to the person

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1 for whom such services were rendered are noncompensable and
2 unenforceable as a matter of law.Any person who violates the
3 provisions of this subsection commits a felony of the third
4 degree, punishable as provided in s. 775.082, s. 775.083, or
5 s. 775.084.

6 (9) It is unlawful for any attorney to solicit any
7 business relating to the representation of a person involved
8 ~~persons injured~~ in a motor vehicle accident for the purpose of
9 filing a motor vehicle tort claim or a claim for personal
10 injury protection benefits required by s. 627.736. The
11 solicitation by advertising of any business by an attorney
12 relating to the representation of a person injured in a
13 specific motor vehicle accident is prohibited by this section.
14 Any attorney who violates the provisions of this subsection
15 commits a felony of the third degree, punishable as provided
16 in s. 775.082, s. 775.083, or s. 775.084. Whenever any circuit
17 or special grievance committee acting under the jurisdiction
18 of the Supreme Court finds probable cause to believe that an
19 attorney is guilty of a violation of this section, such
20 committee shall forward to the appropriate state attorney a
21 copy of the finding of probable cause and the report being
22 filed in the matter. This section shall not be interpreted to
23 prohibit advertising by attorneys which does not entail a
24 solicitation as described in this subsection and which is
25 permitted by the rules regulating The Florida Bar as
26 promulgated by the Florida Supreme Court.

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

30 921.0022 Criminal Punishment Code; offense severity
31 ranking chart.--

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	(3) OFFENSE SEVERITY RANKING CHART		
3	Florida	Felony	
4	Statute	Degree	Description
7			(c) LEVEL 3
8	316.1935(2)	3rd	Fleeing or attempting to elude
9			law enforcement officer in marked
10			patrol vehicle with siren and
11			lights activated.
12	319.30(4)	3rd	Possession by junkyard of motor
13			vehicle with identification
14			number plate removed.
15	319.33(1)(a)	3rd	Alter or forge any certificate of
16			title to a motor vehicle or
17			mobile home.
18	319.33(1)(c)	3rd	Procure or pass title on stolen
19			vehicle.
20	319.33(4)	3rd	With intent to defraud, possess,
21			sell, etc., a blank, forged, or
22			unlawfully obtained title or
23			registration.
24	328.05(2)	3rd	Possess, sell, or counterfeit
25			fictitious, stolen, or fraudulent
26			titles or bills of sale of
27			vessels.
28	328.07(4)	3rd	Manufacture, exchange, or possess
29			vessel with counterfeit or wrong
30			ID number.
31			

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1	376.302(5)	3rd	Fraud related to reimbursement
2			for cleanup expenses under the
3			Inland Protection Trust Fund.
4	501.001(2)(b)	2nd	Tampers with a consumer product
5			or the container using materially
6			false/misleading information.
7	697.08	3rd	Equity skimming.
8	790.15(3)	3rd	Person directs another to
9			discharge firearm from a vehicle.
10	796.05(1)	3rd	Live on earnings of a prostitute.
11	806.10(1)	3rd	Maliciously injure, destroy, or
12			interfere with vehicles or
13			equipment used in firefighting.
14	806.10(2)	3rd	Interferes with or assaults
15			firefighter in performance of
16			duty.
17	810.09(2)(c)	3rd	Trespass on property other than
18			structure or conveyance armed
19			with firearm or dangerous weapon.
20	812.014(2)(c)2.	3rd	Grand theft; \$5,000 or more but
21			less than \$10,000.
22	815.04(4)(b)	2nd	Computer offense devised to
23			defraud or obtain property.
24	817.034(4)(a)3.	3rd	Engages in scheme to defraud
25			(Florida Communications Fraud
26			Act), property valued at less
27			than \$20,000.
28	817.233	3rd	Burning to defraud insurer.
29	<u>817.234(8) & (9)</u>	<u>3rd</u>	<u>Unlawful solicitation of persons</u>
30			<u>involved in motor vehicle</u>
31			<u>accidents.</u>

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1	<u>817.234(11)(a)</u>	<u>3rd</u>	<u>Insurance fraud; property value</u>
2			<u>less than \$20,000.</u>
3	<u>817.505(4)</u>	<u>3rd</u>	<u>Patient brokering.</u>
4	828.12(2)	3rd	Tortures any animal with intent
5			to inflict intense pain, serious
6			physical injury, or death.
7	831.29	2nd	Possession of instruments for
8			counterfeiting drivers' licenses
9			or identification cards.
10	838.021(3)(b)	3rd	Threatens unlawful harm to public
11			servant.
12	843.19	3rd	Injure, disable, or kill police
13			dog or horse.
14	870.01(2)	3rd	Riot; inciting or encouraging.
15	893.13(1)(a)2.	3rd	Sell, manufacture, or deliver
16			cannabis (or other 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).
21	893.13(1)(d)2.	2nd	Sell, manufacture, or deliver s.
22			893.03(1)(c), (2)(c)1., (2)(c)2.,
23			(2)(c)3., (2)(c)5., (2)(c)6.,
24			(2)(c)7., (2)(c)8., (2)(c)9.,
25			(3), or (4) drugs within 200 feet
26			of university or public park.
27	893.13(1)(f)2.	2nd	Sell, manufacture, or deliver s.
28			893.03(1)(c), (2)(c)1., (2)(c)2.,
29			(2)(c)3., (2)(c)5., (2)(c)6.,
30			(2)(c)7., (2)(c)8., (2)(c)9.,
31			(3), or (4) drugs within 200 feet

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1			of public housing facility.
2	893.13(6)(a)	3rd	Possession of any controlled
3			substance other than felony
4			possession of cannabis.
5	893.13(7)(a)9.	3rd	Obtain or attempt to obtain
6			controlled substance by fraud,
7			forgery, misrepresentation, etc.
8	893.13(7)(a)11.	3rd	Furnish false or fraudulent
9			material information on any
10			document or record required by
11			chapter 893.
12	918.13(1)(a)	3rd	Alter, destroy, or conceal
13			investigation evidence.
14	944.47		
15	(1)(a)1.-2.	3rd	Introduce contraband to
16			correctional facility.
17	944.47(1)(c)	2nd	Possess contraband while upon the
18			grounds of a correctional
19			institution.
20	985.3141	3rd	Escapes from a juvenile facility
21			(secure detention or residential
22			commitment facility).
23			(e) LEVEL 5
24	316.027(1)(a)	3rd	Accidents involving personal
25			injuries, failure to stop;
26			leaving scene.
27	316.1935(4)	2nd	Aggravated fleeing or eluding.
28	322.34(6)	3rd	Careless operation of motor
29			vehicle with suspended license,
30			resulting in death or serious
31			bodily injury.

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1	327.30(5)	3rd	Vessel accidents involving
2			personal injury; leaving scene.
3	381.0041(11)(b)	3rd	Donate blood, plasma, or organs
4			knowing HIV positive.
5	790.01(2)	3rd	Carrying a concealed firearm.
6	790.162	2nd	Threat to throw or discharge
7			destructive device.
8	790.163	2nd	False report of deadly explosive.
9	790.165(2)	3rd	Manufacture, sell, possess, or
10			deliver hoax bomb.
11	790.221(1)	2nd	Possession of short-barreled
12			shotgun or machine gun.
13	790.23	2nd	Felons in possession of firearms
14			or electronic weapons or devices.
15	800.04(6)(c)	3rd	Lewd or lascivious conduct;
16			offender less than 18 years.
17	800.04(7)(c)	2nd	Lewd or lascivious exhibition;
18			offender 18 years or older.
19	806.111(1)	3rd	Possess, manufacture, or dispense
20			fire bomb with intent to damage
21			any structure or property.
22	812.019(1)	2nd	Stolen property; dealing in or
23			trafficking in.
24	812.131(2)(b)	3rd	Robbery by sudden snatching.
25	812.16(2)	3rd	Owning, operating, or conducting
26			a chop shop.
27	817.034(4)(a)2.	2nd	Communications fraud, value
28			\$20,000 to \$50,000.
29	<u>817.234(11)(b)</u>	<u>2nd</u>	<u>Insurance fraud; property value</u>
30			<u>\$20,000 or more but less than</u>
31			<u>\$100,000.</u>

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1	825.1025(4)	3rd	Lewd or lascivious exhibition in
2			the presence of an elderly person
3			or disabled adult.
4	827.071(4)	2nd	Possess with intent to promote
5			any photographic material, motion
6			picture, etc., which includes
7			sexual conduct by a child.
8	843.01	3rd	Resist officer with violence to
9			person; resist arrest with
10			violence.
11	874.05(2)	2nd	Encouraging or recruiting another
12			to join a criminal street gang;
13			second or subsequent offense.
14	893.13(1)(a)1.	2nd	Sell, manufacture, or deliver
15			cocaine (or other s.
16			893.03(1)(a), (1)(b), (1)(d),
17			(2)(a), (2)(b), or (2)(c)4.
18			drugs).
19	893.13(1)(c)2.	2nd	Sell, manufacture, or deliver
20			cannabis (or other s.
21			893.03(1)(c), (2)(c)1., (2)(c)2.,
22			(2)(c)3., (2)(c)5., (2)(c)6.,
23			(2)(c)7., (2)(c)8., (2)(c)9.,
24			(3), or (4) drugs) within 1,000
25			feet of a child care facility or
26			school.
27	893.13(1)(d)1.	1st	Sell, manufacture, or deliver
28			cocaine (or other s.
29			893.03(1)(a), (1)(b), (1)(d),
30			(2)(a), (2)(b), or (2)(c)4.
31			drugs) within 200 feet of

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1			university or public park.
2	893.13(1)(e)2.	2nd	Sell, manufacture, or deliver
3			cannabis or other drug prohibited
4			under s. 893.03(1)(c), (2)(c)1.,
5			(2)(c)2., (2)(c)3., (2)(c)5.,
6			(2)(c)6., (2)(c)7., (2)(c)8.,
7			(2)(c)9., (3), or (4) within
8			1,000 feet of property used for
9			religious services or a specified
10			business site.
11	893.13(1)(f)1.	1st	Sell, manufacture, or deliver
12			cocaine (or other s.
13			893.03(1)(a), (1)(b), (1)(d), or
14			(2)(a), (2)(b), or (2)(c)4.
15			drugs) within 200 feet of public
16			housing facility.
17	893.13(4)(b)	2nd	Deliver to minor cannabis (or
18			other s. 893.03(1)(c), (2)(c)1.,
19			(2)(c)2., (2)(c)3., (2)(c)5.,
20			(2)(c)6., (2)(c)7., (2)(c)8.,
21			(2)(c)9., (3), or (4) drugs).
22			(g) LEVEL 7
23	316.193(3)(c)2.	3rd	DUI resulting in serious bodily
24			injury.
25	327.35(3)(c)2.	3rd	Vessel BUI resulting in serious
26			bodily injury.
27	402.319(2)	2nd	Misrepresentation and negligence
28			or intentional act resulting in
29			great bodily harm, permanent
30			disfiguration, permanent
31			disability, or death.

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1	409.920(2)	3rd	Medicaid provider fraud.
2	456.065(2)	3rd	Practicing a health care
3			profession without a license.
4	456.065(2)	2nd	Practicing a health care
5			profession without a license
6			which results in serious bodily
7			injury.
8	458.327(1)	3rd	Practicing medicine without a
9			license.
10	459.013(1)	3rd	Practicing osteopathic medicine
11			without a license.
12	460.411(1)	3rd	Practicing chiropractic medicine
13			without a license.
14	461.012(1)	3rd	Practicing podiatric medicine
15			without a license.
16	462.17	3rd	Practicing naturopathy without a
17			license.
18	463.015(1)	3rd	Practicing optometry without a
19			license.
20	464.016(1)	3rd	Practicing nursing without a
21			license.
22	465.015(2)	3rd	Practicing pharmacy without a
23			license.
24	466.026(1)	3rd	Practicing dentistry or dental
25			hygiene without a license.
26	467.201	3rd	Practicing midwifery without a
27			license.
28	468.366	3rd	Delivering respiratory care
29			services without a license.
30	483.828(1)	3rd	Practicing as clinical laboratory
31			personnel without a license.

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1	483.901(9)	3rd	Practicing medical physics
2			without a license.
3	484.053	3rd	Dispensing hearing aids without a
4			license.
5	494.0018(2)	1st	Conviction of any violation of
6			ss. 494.001-494.0077 in which the
7			total money and property
8			unlawfully obtained exceeded
9			\$50,000 and there were five or
10			more victims.
11	560.123(8)(b)1.	3rd	Failure to report currency or
12			payment instruments exceeding
13			\$300 but less than \$20,000 by
14			money transmitter.
15	560.125(5)(a)	3rd	Money transmitter business by
16			unauthorized person, currency or
17			payment instruments exceeding
18			\$300 but less than \$20,000.
19	655.50(10)(b)1.	3rd	Failure to report financial
20			transactions exceeding \$300 but
21			less than \$20,000 by financial
22			institution.
23	782.051(3)	2nd	Attempted felony murder of a
24			person by a person other than the
25			perpetrator or the perpetrator of
26			an attempted felony.
27	782.07(1)	2nd	Killing of a human being by the
28			act, procurement, or culpable
29			negligence of another
30			(manslaughter).
31			

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1	782.071	2nd	Killing of human being or viable
2			fetus by the operation of a motor
3			vehicle in a reckless manner
4			(vehicular homicide).
5	782.072	2nd	Killing of a human being by the
6			operation of a vessel in a
7			reckless manner (vessel
8			homicide).
9	784.045(1)(a)1.	2nd	Aggravated battery; intentionally
10			causing great bodily harm or
11			disfigurement.
12	784.045(1)(a)2.	2nd	Aggravated battery; using deadly
13			weapon.
14	784.045(1)(b)	2nd	Aggravated battery; perpetrator
15			aware victim pregnant.
16	784.048(4)	3rd	Aggravated stalking; violation of
17			injunction or court order.
18	784.07(2)(d)	1st	Aggravated battery on law
19			enforcement officer.
20	784.08(2)(a)	1st	Aggravated battery on a person 65
21			years of age or older.
22	784.081(1)	1st	Aggravated battery on specified
23			official or employee.
24	784.082(1)	1st	Aggravated battery by detained
25			person on visitor or other
26			detainee.
27	784.083(1)	1st	Aggravated battery on code
28			inspector.
29	790.07(4)	1st	Specified weapons violation
30			subsequent to previous conviction
31			of s. 790.07(1) or (2).

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1	790.16(1)	1st	Discharge of a machine gun under
2			specified circumstances.
3	790.166(3)	2nd	Possessing, selling, using, or
4			attempting to use a hoax weapon
5			of mass destruction.
6	796.03	2nd	Procuring any person under 16
7			years for prostitution.
8	800.04(5)(c)1.	2nd	Lewd or lascivious molestation;
9			victim less than 12 years of age;
10			offender less than 18 years.
11	800.04(5)(c)2.	2nd	Lewd or lascivious molestation;
12			victim 12 years of age or older
13			but less than 16 years; offender
14			18 years or older.
15	806.01(2)	2nd	Maliciously damage structure by
16			fire or explosive.
17	810.02(3)(a)	2nd	Burglary of occupied dwelling;
18			unarmed; no assault or battery.
19	810.02(3)(b)	2nd	Burglary of unoccupied dwelling;
20			unarmed; no assault or battery.
21	810.02(3)(d)	2nd	Burglary of occupied conveyance;
22			unarmed; no assault or battery.
23	812.014(2)(a)	1st	Property stolen, valued at
24			\$100,000 or more; property stolen
25			while causing other property
26			damage; 1st degree grand theft.
27	812.019(2)	1st	Stolen property; initiates,
28			organizes, plans, etc., the theft
29			of property and traffics in
30			stolen property.
31	812.131(2)(a)	2nd	Robbery by sudden snatching.

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1	812.133(2)(b)	1st	Carjacking; no firearm, deadly
2			weapon, or other weapon.
3	<u>817.234(11)(c)</u>	<u>1st</u>	<u>Insurance fraud; property value</u>
4			<u>\$100,000 or more.</u>
5	825.102(3)(b)	2nd	Neglecting an elderly person or
6			disabled adult causing great
7			bodily harm, disability, or
8			disfigurement.
9	825.1025(2)	2nd	Lewd or lascivious battery upon
10			an elderly person or disabled
11			adult.
12	825.103(2)(b)	2nd	Exploiting an elderly person or
13			disabled adult and property is
14			valued at \$20,000 or more, but
15			less than \$100,000.
16	827.03(3)(b)	2nd	Neglect of a child causing great
17			bodily harm, disability, or
18			disfigurement.
19	827.04(3)	3rd	Impregnation of a child under 16
20			years of age by person 21 years
21			of age or older.
22	837.05(2)	3rd	Giving false information about
23			alleged capital felony to a law
24			enforcement officer.
25	872.06	2nd	Abuse of a dead human body.
26	893.13(1)(c)1.	1st	Sell, manufacture, or deliver
27			cocaine (or other drug prohibited
28			under s. 893.03(1)(a), (1)(b),
29			(1)(d), (2)(a), (2)(b), or
30			(2)(c)4.) within 1,000 feet of a
31			child care facility or school.

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1	893.13(1)(e)1.	1st	Sell, manufacture, or deliver
2			cocaine or other drug prohibited
3			under s. 893.03(1)(a), (1)(b),
4			(1)(d), (2)(a), (2)(b), or
5			(2)(c)4., within 1,000 feet of
6			property used for religious
7			services or a specified business
8			site.
9	893.13(4)(a)	1st	Deliver to minor cocaine (or
10			other s. 893.03(1)(a), (1)(b),
11			(1)(d), (2)(a), (2)(b), or
12			(2)(c)4. drugs).
13	893.135(1)(a)1.	1st	Trafficking in cannabis, more
14			than 50 lbs., less than 2,000
15			lbs.
16	893.135		
17	(1)(b)1.a.	1st	Trafficking in cocaine, more than
18			28 grams, less than 200 grams.
19	893.135		
20	(1)(c)1.a.	1st	Trafficking in illegal drugs,
21			more than 4 grams, less than 14
22			grams.
23	893.135		
24	(1)(d)1.	1st	Trafficking in phencyclidine,
25			more than 28 grams, less than 200
26			grams.
27	893.135(1)(e)1.	1st	Trafficking in methaqualone, more
28			than 200 grams, less than 5
29			kilograms.
30	893.135(1)(f)1.	1st	Trafficking in amphetamine, more
31			than 14 grams, less than 28

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- 1 grams.
2 893.135
3 (1)(g)1.a. 1st Trafficking in flunitrazepam, 4
4 grams or more, less than 14
5 grams.
6 893.135
7 (1)(h)1.a. 1st Trafficking in
8 gamma-hydroxybutyric acid (GHB),
9 1 kilogram or more, less than 5
10 kilograms.
11 893.135
12 (1)(i)1.a. 1st Trafficking in 1,4-Butanediol, 1
13 kilogram or more, less than 5
14 kilograms.
15 893.135
16 (1)(j)2.a. 1st Trafficking in Phenethylamines,
17 10 grams or more, less than 200
18 grams.
19 896.101(5)(a) 3rd Money laundering, financial
20 transactions exceeding \$300 but
21 less than \$20,000.
22 896.104(4)(a)1. 3rd Structuring transactions to evade
23 reporting or registration
24 requirements, financial
25 transactions exceeding \$300 but
26 less than \$20,000.

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

29 324.021 Definitions; minimum insurance required.--The
30 following words and phrases when used in this chapter shall,
31 for the purpose of this chapter, have the meanings

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1 respectively ascribed to them in this section, except in those
2 instances where the context clearly indicates a different
3 meaning:

4 (1) MOTOR VEHICLE.--Every self-propelled vehicle which
5 is designed and required to be licensed for use upon a
6 highway, including trailers and semitrailers designed for use
7 with such vehicles, except traction engines, road rollers,
8 farm tractors, power shovels, and well drillers, and every
9 vehicle which is propelled by electric power obtained from
10 overhead wires but not operated upon rails, but not including
11 any bicycle or moped. However, the term "motor vehicle" shall
12 not include any motor vehicle as defined in s. 627.732(3)~~s.~~
13 ~~627.732(1)~~when the owner of such vehicle has complied with
14 the requirements of ss. 627.730-627.7405, inclusive, unless
15 the provisions of s. 324.051 apply; and, in such case, the
16 applicable proof of insurance provisions of s. 320.02 apply.

17 Section 10. The sum of \$100,000 is appropriated from
18 the registration fees collected from clinics pursuant to
19 section 456.0375, Florida Statutes, to the Department of
20 Health and one-half of one full-time-equivalent position is
21 authorized for the purposes of regulating medical clinics
22 pursuant to section 456.0375, Florida Statutes. These funds
23 shall be deposited into the Medical Quality Assurance Trust
24 Fund.

25 Section 11. (1) Except as otherwise expressly
26 provided in this act, this act shall take effect upon becoming
27 a law.

28 (2) Paragraph (1)(a), (4)(c), (7)(a), and subparagraph
29 (4)(b)1. of s. 627.736, Florida Statutes, as amended by
30 section 5 of this act, and the deletion of paragraph (4)(f)
31 and redesignation of paragraph (4)(g) as (4)(f) by section 5

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1 of this act shall apply to policies issued new or renewed on
2 or after October 1, 2001.

3 (3) Paragraphs (5)(b) and (c) and subsection (6) of
4 section 627.736, Florida Statutes, as amended by this act and
5 subsection (11) of section 627.736, Florida Statutes, shall
6 apply to treatment and services occurring on or after October
7 1, 2001, except that subsection (11) of section 627.736,
8 Florida Statutes, shall apply to actions filed on or after the
9 effective date of this act with regard to a claim or amended
10 claim or judgment for interest only which was not paid or was
11 incorrectly calculated.

12
13

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

15 And the title is amended as follows:

16 On page 1,
17 remove from the title of the bill: The entire title

18
19 and insert in lieu thereof:

20 A bill to be entitled
21 An act relating to insurance; providing
22 legislative findings; amending s. 119.10, F.S.;
23 providing a criminal penalty for use of certain
24 report information for commercial solicitation;
25 creating s. 456.0375, F.S.; defining the term
26 "clinic"; imposing registration requirements
27 for certain clinics; providing for medical
28 directors or clinical directors; providing
29 duties and responsibilities of medical
30 directors or clinical directors; authorizing
31 the Department of Health to adopt rules for

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1 certain purposes; providing for enforcement;
2 providing penalties; amending s. 626.989, F.S.;
3 clarifying immunity from civil actions
4 provisions; amending s. 627.732, F.S.; defining
5 the terms "broker" and "medically necessary";
6 amending s. 627.736, F.S.; revising provisions
7 relating to personal injury protection
8 benefits; revising provisions relating to
9 interest on overdue claims; revising provisions
10 for charges and payments for certain
11 treatments; removing provisions specifying the
12 use of medical payments insurance; making
13 certain charges by a broker noncompensable;
14 providing for a demand letter; providing demand
15 letter requirements; providing for civil
16 actions against certain persons; amending s.
17 817.234, F.S.; prohibiting solicitation of
18 specific persons involved in motor vehicle
19 crashes; specifying certain charges as unlawful
20 and unenforceable; amending s. 921.0022, F.S.;
21 ranking certain criminal offenses specified in
22 that section; amending s. 324.021, F.S.;
23 correcting a cross-reference; providing an
24 appropriation; providing effective dates.

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