

1 A bill to be entitled
2 An act relating to insurance; providing
3 legislative findings; amending s. 119.10, F.S.;
4 providing a criminal penalty for use of certain
5 report information for commercial solicitation;
6 creating s. 456.0375, F.S.; defining the term
7 "clinic"; imposing registration requirements
8 for certain clinics; providing for medical
9 directors or clinical directors; providing
10 duties and responsibilities of medical
11 directors or clinical directors; authorizing
12 the Department of Health to adopt rules for
13 certain purposes; providing for enforcement;
14 providing penalties; amending s. 626.989, F.S.;
15 clarifying immunity from civil actions
16 provisions; amending s. 627.732, F.S.; defining
17 the terms "broker" and "medically necessary";
18 amending s. 627.736, F.S.; revising provisions
19 relating to personal injury protection
20 benefits; revising provisions relating to
21 interest on overdue claims; revising provisions
22 for charges and payments for certain
23 treatments; removing provisions specifying the
24 use of medical payments insurance; making
25 certain charges by a broker noncompensable;
26 providing for a demand letter; providing demand
27 letter requirements; providing for civil
28 actions against certain persons; amending s.
29 817.234, F.S.; prohibiting solicitation of
30 specific persons involved in motor vehicle
31 crashes; specifying certain charges as unlawful

1 and unenforceable; amending s. 921.0022, F.S.;
2 ranking certain criminal offenses specified in
3 that section; amending s. 324.021, F.S.;
4 correcting a cross-reference; providing an
5 appropriation; providing effective dates.
6

7 Be It Enacted by the Legislature of the State of Florida:
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9 Section 1. Legislative findings.--The Legislature
10 finds that the Florida Motor Vehicle No-Fault Law is intended
11 to deliver medically necessary and appropriate medical care
12 quickly and without regard to fault, and without undue
13 litigation or other associated costs. The Legislature further
14 finds that this intent has been frustrated at significant cost
15 and harm to consumers by, among other things, fraud, medically
16 inappropriate over-utilization of treatments and diagnostic
17 services, inflated charges, and other practices on the part of
18 a small number of health care providers and unregulated health
19 care clinics, entrepreneurs, and attorneys. Many of these
20 practices are described in the second interim report of the
21 Fifteenth Statewide Grand Jury entitled "Report on Insurance
22 Fraud Related to Personal Injury Protection." The Legislature
23 hereby adopts and incorporates in this section by reference as
24 findings the entirety of this Grand Jury report. The
25 Legislature further finds insurance fraud related to personal
26 injury protection takes many forms, including, but not limited
27 to, illegal solicitation of accident victims; brokering
28 patients among doctors, lawyers, and diagnostic facilities;
29 unnecessary medical treatment of accident victims billed to
30 insurers by clinics; billing of insurers by clinics for
31 services not rendered; the intentional overuse or misuse of

1 legitimate diagnostic tests; inflated charges for diagnostic
2 tests or procedures arranged through brokers; and filing
3 fraudulent motor vehicle tort lawsuits. As a result, the
4 Legislature declares it necessary, among other things, to
5 increase the punishment for certain offenses related to
6 solicitation of accident victims and use of police reports,
7 register certain clinics; subject certain diagnostic tests to
8 maximum reimbursement allowances; prohibit the brokering of
9 magnetic resonance imaging services; allow providers and
10 insurers additional time to bill and pay claims in certain
11 situations; require notification of insurers prior to
12 initiating litigation for an overdue claim for benefits; and
13 provide insurers with a civil cause of action for insurance
14 fraud. The Legislature further declares the problem of fraud
15 addressed in the Grand Jury report and in this act and matters
16 connected therewith are matters of great public interest and
17 importance to public health, safety, and welfare, and that the
18 specific provisions of this act at the least-restrictive
19 reasonable means by which to solve these problems.

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

22 119.10 Violation of chapter; penalties.--

23 (3) Any person who willingly and knowingly violates s.
24 119.105 commits a felony of the third degree, punishable as
25 provided in s. 775.082, s. 775.083, or s. 775.084.

26 Section 3. Effective October 1, 2001, section
27 456.0375, Florida Statutes, is created to read:

28 456.0375 Registration of certain clinics;
29 requirements; discipline; exemptions.--

30 (1)(a) As used in this section, the term "clinic"
31 means a business operating in a single structure or facility,

1 or in a group of adjacent structures or facilities operating
2 under the same business name or management, at which health
3 care services are provided to individuals and which tender
4 charges for reimbursement for such services.

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

8 1. Entities licensed or registered by the state
9 pursuant to chapter 390, chapter 394, chapter 395, chapter
10 397, chapter 400, chapter 463, chapter 465, chapter 466,
11 chapter 478, chapter 480, or chapter 484.

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

14 3. Sole proprietorships, group practices,
15 partnerships, or corporations that provide health care
16 services by licensed health care practitioners pursuant to
17 chapters 457, 458, 459, 460, 461, 462, 463, 466, 467, 484,
18 486, 490, 491, or parts I, III, X, XIII, or XIV of chapter
19 468, or s. 464.012, which are wholly owned by licensed health
20 care practitioners or the licensed health care practitioner
21 and the spouse, parent, or child of a licensed health care
22 practitioner, so long as one of the owners who is a licensed
23 health care practitioner is supervising the services performed
24 therein and is legally responsible for the entity's compliance
25 with all federal and state laws. However, no health care
26 practitioner may supervise services beyond the scope of the
27 practitioner's license.

28 (2)(a) Every clinic, as defined in paragraph (1)(a),
29 must register, and must at all times maintain a valid
30 registration, with the Department of Health. Each clinic
31 location shall be registered separately even though operated

1 under the same business name or management, and each clinic
2 shall appoint a medical director or clinical director.

3 (b) The department shall adopt rules necessary to
4 implement the registration program, including rules
5 establishing the specific registration procedures, forms, and
6 fees. Registration fees must be reasonably calculated to
7 cover the cost of registration and must be of such amount that
8 the total fees collected do not exceed the cost of
9 administering and enforcing compliance with this section.

10 Registration may be conducted electronically. The registration
11 program must require:

12 1. The clinic to file the registration form with the
13 department within 60 days after the effective date of this
14 section or prior to the inception of operation. The
15 registration expires automatically 2 years after its date of
16 issuance and must be renewed biennially.

17 2. The registration form to contain the name,
18 residence and business address, phone number, and license
19 number of the medical director or clinical director for the
20 clinic.

21 3. The clinic to display the registration certificate
22 in a conspicuous location within the clinic readily visible to
23 all patients.

24 (3)(a) Each clinic must employ or contract with a
25 physician maintaining a full and unencumbered physician
26 license in accordance with chapter 458, chapter 459, chapter
27 460, or chapter 461 to serve as the medical director.
28 However, if the clinic is limited to providing health care
29 services pursuant to chapter 457, chapter 484, chapter 486,
30 chapter 490, or chapter 491 or part I, part III, part X, part
31 XIII, or part XIV of chapter 468, the clinic may appoint a

1 health care practitioner licensed under that chapter to serve
2 as a clinical director who is responsible for the clinic's
3 activities. A health care practitioner may not serve as the
4 clinical director if the services provided at the clinic are
5 beyond the scope of that practitioner's license.

6 (b) The medical director or clinical director shall
7 agree in writing to accept legal responsibility for the
8 following activities on behalf of the clinic. The medical
9 director or the clinical director shall:

10 1. Have signs identifying the medical director or
11 clinical director posted in a conspicuous location within the
12 clinic readily visible to all patients.

13 2. Ensure that all practitioners providing health care
14 services or supplies to patients maintain a current active and
15 unencumbered Florida license.

16 3. Review any patient referral contracts or agreements
17 executed by the clinic.

18 4. Ensure that all health care practitioners at the
19 clinic have active appropriate certification or licensure for
20 the level of care being provided.

21 5. Serve as the clinic records holder as defined in s.
22 456.057.

23 6. Ensure compliance with the recordkeeping, office
24 surgery, and adverse incident reporting requirements of
25 chapter 456, the respective practice acts, and rules adopted
26 thereunder.

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

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1 (c) Any contract to serve as a medical director or a
2 clinical director entered into or renewed by a physician or a
3 licensed health care practitioner in violation of this section
4 is void as contrary to public policy. This section shall
5 apply to contracts entered into or renewed on or after October
6 1, 2001.

7 (d) The department, in consultation with the boards,
8 shall adopt rules specifying limitations on the number of
9 registered clinics and licensees for which a medical director
10 or a clinical director may assume responsibility for purposes
11 of this section. In determining the quality of supervision a
12 medical director or a clinical director can provide, the
13 department shall consider the number of clinic employees,
14 clinic location, and services provided by the clinic.

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

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

23 (c) Any licensed health care practitioner who violates
24 this section is subject to discipline in accordance with
25 chapter 456 and the respective practice act.

26 (d) The department shall revoke the registration of
27 any clinic registered under this section for operating in
28 violation of the requirements of this section or the rules
29 adopted by the department.

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1 (e) The department shall investigate allegations of
2 noncompliance with this section and the rules adopted pursuant
3 to this section.

4 Section 4. Paragraph (c) of subsection (4) of section
5 626.989, Florida Statutes, is amended to read:

6 626.989 Investigation by department or Division of
7 Insurance Fraud; compliance; immunity; confidential
8 information; reports to division; division investigator's
9 power of arrest.--

10 (4)

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

19 1. For any information relating to suspected
20 fraudulent insurance acts or persons suspected of engaging in
21 such acts furnished to or received from law enforcement
22 officials, their agents, or employees;

23 2. For any information relating to suspected
24 fraudulent insurance acts or persons suspected of engaging in
25 such acts furnished to or received from other persons subject
26 to the provisions of this chapter; ~~or~~

27 3. For any such information furnished in reports to
28 the department, the division, the National Insurance Crime
29 Bureau, ~~or~~ the National Association of Insurance
30 Commissioners, or any local, state, or federal enforcement
31 officials or their agents or employees; or

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

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

6 627.732 Definitions.--As used in ss. 627.730-627.7405,
7 the term:

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

1 rental," "equipment rental," and "personal service" safe
2 harbors (C.F.R. Title 42, Chapter V, Subchapter B, Part 1001,
3 Subpart 1001.952(b), (c), and (d)), as in effect and
4 interpreted by United States federal courts and administrative
5 enforcement agencies as of April 1, 2001. Any person making a
6 false certification under this paragraph commits insurance
7 fraud as defined in s. 817.234.

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

12 (a) In accordance with generally accepted standards of
13 medical practice;

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

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

18 (3)~~(1)~~ "Motor vehicle" means any self-propelled
19 vehicle with four or more wheels which is of a type both
20 designed and required to be licensed for use on the highways
21 of this state and any trailer or semitrailer designed for use
22 with such vehicle and includes:

23 (a) A "private passenger motor vehicle," which is any
24 motor vehicle which is a sedan, station wagon, or jeep-type
25 vehicle and, if not used primarily for occupational,
26 professional, or business purposes, a motor vehicle of the
27 pickup, panel, van, camper, or motor home type.

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

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

7 (4)~~(2)~~ "Named insured" means a person, usually the
8 owner of a vehicle, identified in a policy by name as the
9 insured under the policy.

10 (5)~~(3)~~ "Owner" means a person who holds the legal
11 title to a motor vehicle; or, in the event a motor vehicle is
12 the subject of a security agreement or lease with an option to
13 purchase with the debtor or lessee having the right to
14 possession, then the debtor or lessee shall be deemed the
15 owner for the purposes of ss. 627.730-627.7405.

16 (6)~~(4)~~ "Relative residing in the same household" means
17 a relative of any degree by blood or by marriage who usually
18 makes her or his home in the same family unit, whether or not
19 temporarily living elsewhere.

20 (7)~~(5)~~ "Recovery agent" means any person or agency who
21 is licensed as a recovery agent or recovery agency and
22 authorized under s. 324.202 to seize license plates.

23 Section 6. Subsections (1), (4), (5), (7), and (8) of
24 section 627.736, Florida Statutes, and paragraph (b) of
25 subsection (6) of that section, are amended, and subsections
26 (11) and (12) are added to that section, to read:

27 627.736 Required personal injury protection benefits;
28 exclusions; priority; claims.--

29 (1) REQUIRED BENEFITS.--Every insurance policy
30 complying with the security requirements of s. 627.733 shall
31 provide personal injury protection to the named insured,

1 relatives residing in the same household, persons operating
2 the insured motor vehicle, passengers in such motor vehicle,
3 and other persons struck by such motor vehicle and suffering
4 bodily injury while not an occupant of a self-propelled
5 vehicle, subject to the provisions of subsection (2) and
6 paragraph (4)(d), to a limit of \$10,000 for loss sustained by
7 any such person as a result of bodily injury, sickness,
8 disease, or death arising out of the ownership, maintenance,
9 or use of a motor vehicle as follows:

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

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

30 (c) Death benefits.--Death benefits of \$5,000 per
31 individual. The insurer may pay such benefits to the executor

1 or administrator of the deceased, to any of the deceased's
2 relatives by blood or legal adoption or connection by
3 marriage, or to any person appearing to the insurer to be
4 equitably entitled thereto.

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

26 (4) BENEFITS; WHEN DUE.--Benefits due from an insurer
27 under ss. 627.730-627.7405 shall be primary, except that
28 benefits received under any workers' compensation law shall be
29 credited against the benefits provided by subsection (1) and
30 shall be due and payable as loss accrues, upon receipt of
31 reasonable proof of such loss and the amount of expenses and

1 loss incurred which are covered by the policy issued under ss.
2 627.730-627.7405. When the Agency for Health Care
3 Administration provides, pays, or becomes liable for medical
4 assistance under the Medicaid program related to injury,
5 sickness, disease, or death arising out of the ownership,
6 maintenance, or use of a motor vehicle, benefits under ss.
7 627.730-627.7405 shall be subject to the provisions of the
8 Medicaid program.

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

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

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

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

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

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

5 2. Accidental bodily injury sustained outside this
6 state, but within the United States of America or its
7 territories or possessions or Canada, by the owner while
8 occupying the owner's motor vehicle.

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

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

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

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

26 (e) If two or more insurers are liable to pay personal
27 injury protection benefits for the same injury to any one
28 person, the maximum payable shall be as specified in
29 subsection (1), and any insurer paying the benefits shall be
30 entitled to recover from each of the other insurers an

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1 equitable pro rata share of the benefits paid and expenses
2 incurred in processing the claim.

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

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

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

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

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

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

11 3. Payments by an insurer for medically necessary
12 nerve conduction testing when done in conjunction with a
13 needle electromyography procedure and both are performed and
14 billed solely by a physician licensed under chapter 458,
15 chapter 459, chapter 460, or chapter 461 who is also certified
16 by the American Board of Electrodiagnostic Medicine or by a
17 board recognized by the American Board of Medical Specialties
18 or who holds diplomate status with the American Chiropractic
19 Neurology Board or its predecessors shall not exceed 200
20 percent of the payment amount under Medicare Part B for year
21 2001, adjusted annually by an additional amount equal to the
22 medical Consumer Price Index for Florida.

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

28 5. Effective upon this act becoming a law and before
29 November 1, 2001, payments for magnetic resonance imaging
30 services shall not exceed 200 percent of the payment amount
31 under Medicare Part B for year 2001. Beginning November 1,

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

16 (c)~~(b)~~ With respect to any treatment or service, other
17 than medical services billed by a hospital or other provider
18 for emergency services as defined in s. 395.002 or inpatient
19 services rendered at a hospital-owned facility, the statement
20 of charges must be furnished to the insurer by the provider
21 and may not include, and the insurer is not required to pay,
22 charges for treatment or services rendered more than 35 ~~30~~
23 days before the postmark date of the statement, except for
24 past due amounts previously billed on a timely basis under
25 this paragraph, and except that, if the provider submits to
26 the insurer a notice of initiation of treatment within 21 days
27 after its first examination or treatment of the claimant, the
28 statement may include charges for treatment or services
29 rendered up to, but not more than, 75 ~~60~~ days before the
30 postmark date of the statement. The injured party is not
31 liable for, and the provider shall not bill the injured party

1 for, charges that are unpaid because of the provider's failure
 2 to comply with this paragraph. Any agreement requiring the
 3 injured person or insured to pay for such charges is
 4 unenforceable. If, however, the insured fails to furnish the
 5 provider with the correct name and address of the insured's
 6 personal injury protection insurer, the provider has 35 days
 7 from the date the provider obtains the correct information to
 8 furnish the insurer with a statement of the charges. The
 9 insurer is not required to pay for such charges unless the
 10 provider includes with the statement documentary evidence that
 11 was provided by the insured during the 35-day period
 12 demonstrating that the provider reasonably relied on erroneous
 13 information from the insured and either:

- 14 1. A denial letter from the incorrect insurer; or
- 15 2. Proof of mailing, which may include an affidavit
 16 under penalty of perjury, reflecting timely mailing to the
 17 incorrect address or insurer.

18
 19 For emergency services and care as defined in s. 395.002
 20 rendered in a hospital emergency department or for transport
 21 and treatment rendered by an ambulance provider licensed
 22 pursuant to part III of chapter 401, the provider is not
 23 required to furnish the statement of charges within the time
 24 periods established by this paragraph; and the insurer shall
 25 not be considered to have been furnished with notice of the
 26 amount of covered loss for purposes of paragraph (4)(b) until
 27 it receives a statement complying with paragraph ~~(e)~~^(d),
 28 or copy thereof, which specifically identifies the place of
 29 service to be a hospital emergency department or an ambulance
 30 in accordance with billing standards recognized by the Health
 31 Care Finance Administration. Each notice of insured's rights

1 under s. 627.7401 must include the following statement in type
2 no smaller than 12 points:

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

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

1 1. When the amount of personal injury protection
2 benefits determined by arbitration exceeds 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 claimant is the prevailing party.

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

13 3. When neither subparagraph 1. nor subparagraph 2.
14 applies, there is no prevailing party. For purposes of this
15 paragraph, the amount of the offer or claim at arbitration is
16 the amount of the last written offer or claim made at least 30
17 days prior to the arbitration.

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

28 (e)~~(d)~~ All statements and bills for medical services
29 rendered by any physician, hospital, clinic, or other person
30 or institution shall be submitted to the insurer on a Health
31 Care Finance Administration 1500 form, UB 92 forms, or any

1 other standard form approved by the department for purposes of
2 this paragraph. All billings for such services shall, to the
3 extent applicable, follow the Physicians' Current Procedural
4 Terminology (CPT) in the year in which services are rendered.
5 No statement of medical services may include charges for
6 medical services of a person or entity that performed such
7 services without possessing the valid licenses required to
8 perform such services. For purposes of paragraph (4)(b), an
9 insurer shall not be considered to have been furnished with
10 notice of the amount of covered loss or medical bills due
11 unless the statements or bills comply with this paragraph.

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

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

1 inspection and copying of, his or her or its records regarding
2 such history, condition, treatment, dates, and costs of
3 treatment; provided that this shall not limit the introduction
4 of evidence at trial. Such sworn statement shall read as
5 follows: "Under penalty of perjury, I declare that I have read
6 the foregoing, and the facts alleged are true, to the best of
7 my knowledge and belief." No cause of action for violation of
8 the physician-patient privilege or invasion of the right of
9 privacy shall be permitted against any physician, hospital,
10 clinic, or other medical institution complying with the
11 provisions of this section. The person requesting such records
12 and such sworn statement shall pay all reasonable costs
13 connected therewith. If an insurer makes a written request for
14 documentation or information under this paragraph within 30 ~~20~~
15 days after having received notice of the amount of a covered
16 loss under paragraph (4)(a), the amount or the partial amount
17 which is the subject of the insurer's inquiry shall become
18 overdue if the insurer does not pay ~~the insurer shall pay the~~
19 ~~amount or partial amount of covered loss to which such~~
20 ~~documentation relates~~ in accordance with paragraph (4)(b) or
21 within 10 days after the insurer's receipt of the requested
22 documentation or information, whichever occurs later. For
23 purposes of this paragraph, the term "receipt" includes, but
24 is not limited to, inspection and copying pursuant to this
25 paragraph. Any insurer that requests documentation or
26 information pertaining to reasonableness of charges or medical
27 necessity under this paragraph without a reasonable basis for
28 such requests as a general business practice is engaging in an
29 unfair trade practice under the insurance code.

30 (7) MENTAL AND PHYSICAL EXAMINATION OF INJURED PERSON;
31 REPORTS.--

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

1 signed by the physician examining the injured person or
2 reviewing the treatment records of the injured person and is
3 factually supported by the examination and treatment records
4 if reviewed and that has not been modified by anyone other
5 than the physician. The physician preparing the report must be
6 in active practice, unless the physician is physically
7 disabled. Active practice means that during the 3 years
8 immediately preceding the date of the physical examination or
9 review of the treatment records the physician must have
10 devoted professional time to the active clinical practice of
11 evaluation, diagnosis, or treatment of medical conditions or
12 to the instruction of students in an accredited health
13 professional school or accredited residency program or a
14 clinical research program that is affiliated with an
15 accredited health professional school or teaching hospital or
16 accredited residency program.

17 (b) If requested by the person examined, a party
18 causing an examination to be made shall deliver to him or her
19 a copy of every written report concerning the examination
20 rendered by an examining physician, at least one of which
21 reports must set out the examining physician's findings and
22 conclusions in detail. After such request and delivery, the
23 party causing the examination to be made is entitled, upon
24 request, to receive from the person examined every written
25 report available to him or her or his or her representative
26 concerning any examination, previously or thereafter made, of
27 the same mental or physical condition. By requesting and
28 obtaining a report of the examination so ordered, or by taking
29 the deposition of the examiner, the person examined waives any
30 privilege he or she may have, in relation to the claim for
31 benefits, regarding the testimony of every other person who

1 has examined, or may thereafter examine, him or her in respect
2 to the same mental or physical condition. If a person
3 unreasonably refuses to submit to an examination, the personal
4 injury protection carrier is no longer liable for subsequent
5 personal injury protection benefits.

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

12 (11) DEMAND LETTER.--

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

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

29 1. The name of the insured upon which such benefits
30 are being sought.

31

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

3 3. To the extent applicable, the name of any medical
4 provider who rendered to an insured the treatment, services,
5 accommodations, or supplies that form the basis of such claim;
6 and an itemized statement specifying each exact amount, the
7 date of treatment, service, or accommodation, and the type of
8 benefit claimed to be due. A completed Health Care Finance
9 Administration 1500 form, UB 92, or successor forms approved
10 by the Secretary of the U.S. Department of Health and Human
11 Services may be used as the itemized statement.

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

30 (d) If, within 7 business days after receipt of notice
31 by the insurer, the overdue claim specified in the notice is

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

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

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

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

1 and attorney's fees and costs incurred in litigating a cause
2 of action against any person convicted of, or who, regardless
3 of adjudication of guilt, pleads guilty or nolo contendere to
4 insurance fraud under s. 817.234, patient brokering under s.
5 817.505, or kickbacks under s. 456.054, associated with a
6 claim for personal injury protection benefits in accordance
7 with s. 627.736.

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

11 817.234 False and fraudulent insurance claims.--

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

1 degree, punishable as provided in s. 775.082, s. 775.083, or
2 s. 775.084.

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

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

27 921.0022 Criminal Punishment Code; offense severity
28 ranking chart.--

29 (3) OFFENSE SEVERITY RANKING CHART
30
31

1	Florida	Felony	
2	Statute	Degree	Description
3			
4			
5			(c) LEVEL 3
6	316.1935(2)	3rd	Fleeing or attempting to elude
7			law enforcement officer in marked
8			patrol vehicle with siren and
9			lights activated.
10	319.30(4)	3rd	Possession by junkyard of motor
11			vehicle with identification
12			number plate removed.
13	319.33(1)(a)	3rd	Alter or forge any certificate of
14			title to a motor vehicle or
15			mobile home.
16	319.33(1)(c)	3rd	Procure or pass title on stolen
17			vehicle.
18	319.33(4)	3rd	With intent to defraud, possess,
19			sell, etc., a blank, forged, or
20			unlawfully obtained title or
21			registration.
22	328.05(2)	3rd	Possess, sell, or counterfeit
23			fictitious, stolen, or fraudulent
24			titles or bills of sale of
25			vessels.
26	328.07(4)	3rd	Manufacture, exchange, or possess
27			vessel with counterfeit or wrong
28			ID number.
29	376.302(5)	3rd	Fraud related to reimbursement
30			for cleanup expenses under the
31			Inland Protection Trust Fund.

1	501.001(2)(b)	2nd	Tampers with a consumer product
2			or the container using materially
3			false/misleading information.
4	697.08	3rd	Equity skimming.
5	790.15(3)	3rd	Person directs another to
6			discharge firearm from a vehicle.
7	796.05(1)	3rd	Live on earnings of a prostitute.
8	806.10(1)	3rd	Maliciously injure, destroy, or
9			interfere with vehicles or
10			equipment used in firefighting.
11	806.10(2)	3rd	Interferes with or assaults
12			firefighter in performance of
13			duty.
14	810.09(2)(c)	3rd	Trespass on property other than
15			structure or conveyance armed
16			with firearm or dangerous weapon.
17	812.014(2)(c)2.	3rd	Grand theft; \$5,000 or more but
18			less than \$10,000.
19	815.04(4)(b)	2nd	Computer offense devised to
20			defraud or obtain property.
21	817.034(4)(a)3.	3rd	Engages in scheme to defraud
22			(Florida Communications Fraud
23			Act), property valued at less
24			than \$20,000.
25	817.233	3rd	Burning to defraud insurer.
26	<u>817.234(8) & (9)</u>	<u>3rd</u>	<u>Unlawful solicitation of persons</u>
27			<u>involved in motor vehicle</u>
28			<u>accidents.</u>
29	<u>817.234(11)(a)</u>	<u>3rd</u>	<u>Insurance fraud; property value</u>
30			<u>less than \$20,000.</u>
31	<u>817.505(4)</u>	<u>3rd</u>	<u>Patient brokering.</u>

1	828.12(2)	3rd	Tortures any animal with intent
2			to inflict intense pain, serious
3			physical injury, or death.
4	831.29	2nd	Possession of instruments for
5			counterfeiting drivers' licenses
6			or identification cards.
7	838.021(3)(b)	3rd	Threatens unlawful harm to public
8			servant.
9	843.19	3rd	Injure, disable, or kill police
10			dog or horse.
11	870.01(2)	3rd	Riot; inciting or encouraging.
12	893.13(1)(a)2.	3rd	Sell, manufacture, or deliver
13			cannabis (or other s.
14			893.03(1)(c), (2)(c)1., (2)(c)2.,
15			(2)(c)3., (2)(c)5., (2)(c)6.,
16			(2)(c)7., (2)(c)8., (2)(c)9.,
17			(3), or (4) drugs).
18	893.13(1)(d)2.	2nd	Sell, manufacture, or deliver s.
19			893.03(1)(c), (2)(c)1., (2)(c)2.,
20			(2)(c)3., (2)(c)5., (2)(c)6.,
21			(2)(c)7., (2)(c)8., (2)(c)9.,
22			(3), or (4) drugs within 200 feet
23			of university or public park.
24	893.13(1)(f)2.	2nd	Sell, manufacture, or deliver s.
25			893.03(1)(c), (2)(c)1., (2)(c)2.,
26			(2)(c)3., (2)(c)5., (2)(c)6.,
27			(2)(c)7., (2)(c)8., (2)(c)9.,
28			(3), or (4) drugs within 200 feet
29			of public housing facility.
30			
31			

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

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>

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			
28			
29			
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31			

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

1	402.319(2)	2nd	Misrepresentation and negligence
2			or intentional act resulting in
3			great bodily harm, permanent
4			disfiguration, permanent
5			disability, or death.
6	409.920(2)	3rd	Medicaid provider fraud.
7	456.065(2)	3rd	Practicing a health care
8			profession without a license.
9	456.065(2)	2nd	Practicing a health care
10			profession without a license
11			which results in serious bodily
12			injury.
13	458.327(1)	3rd	Practicing medicine without a
14			license.
15	459.013(1)	3rd	Practicing osteopathic medicine
16			without a license.
17	460.411(1)	3rd	Practicing chiropractic medicine
18			without a license.
19	461.012(1)	3rd	Practicing podiatric medicine
20			without a license.
21	462.17	3rd	Practicing naturopathy without a
22			license.
23	463.015(1)	3rd	Practicing optometry without a
24			license.
25	464.016(1)	3rd	Practicing nursing without a
26			license.
27	465.015(2)	3rd	Practicing pharmacy without a
28			license.
29	466.026(1)	3rd	Practicing dentistry or dental
30			hygiene without a license.
31			

1	467.201	3rd	Practicing midwifery without a
2			license.
3	468.366	3rd	Delivering respiratory care
4			services without a license.
5	483.828(1)	3rd	Practicing as clinical laboratory
6			personnel without a license.
7	483.901(9)	3rd	Practicing medical physics
8			without a license.
9	484.053	3rd	Dispensing hearing aids without a
10			license.
11	494.0018(2)	1st	Conviction of any violation of
12			ss. 494.001-494.0077 in which the
13			total money and property
14			unlawfully obtained exceeded
15			\$50,000 and there were five or
16			more victims.
17	560.123(8)(b)1.	3rd	Failure to report currency or
18			payment instruments exceeding
19			\$300 but less than \$20,000 by
20			money transmitter.
21	560.125(5)(a)	3rd	Money transmitter business by
22			unauthorized person, currency or
23			payment instruments exceeding
24			\$300 but less than \$20,000.
25	655.50(10)(b)1.	3rd	Failure to report financial
26			transactions exceeding \$300 but
27			less than \$20,000 by financial
28			institution.
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1	782.051(3)	2nd	Attempted felony murder of a
2			person by a person other than the
3			perpetrator or the perpetrator of
4			an attempted felony.
5	782.07(1)	2nd	Killing of a human being by the
6			act, procurement, or culpable
7			negligence of another
8			(manslaughter).
9	782.071	2nd	Killing of human being or viable
10			fetus by the operation of a motor
11			vehicle in a reckless manner
12			(vehicular homicide).
13	782.072	2nd	Killing of a human being by the
14			operation of a vessel in a
15			reckless manner (vessel
16			homicide).
17	784.045(1)(a)1.	2nd	Aggravated battery; intentionally
18			causing great bodily harm or
19			disfigurement.
20	784.045(1)(a)2.	2nd	Aggravated battery; using deadly
21			weapon.
22	784.045(1)(b)	2nd	Aggravated battery; perpetrator
23			aware victim pregnant.
24	784.048(4)	3rd	Aggravated stalking; violation of
25			injunction or court order.
26	784.07(2)(d)	1st	Aggravated battery on law
27			enforcement officer.
28	784.08(2)(a)	1st	Aggravated battery on a person 65
29			years of age or older.
30	784.081(1)	1st	Aggravated battery on specified
31			official or employee.

1	784.082(1)	1st	Aggravated battery by detained
2			person on visitor or other
3			detainee.
4	784.083(1)	1st	Aggravated battery on code
5			inspector.
6	790.07(4)	1st	Specified weapons violation
7			subsequent to previous conviction
8			of s. 790.07(1) or (2).
9	790.16(1)	1st	Discharge of a machine gun under
10			specified circumstances.
11	790.166(3)	2nd	Possessing, selling, using, or
12			attempting to use a hoax weapon
13			of mass destruction.
14	796.03	2nd	Procuring any person under 16
15			years for prostitution.
16	800.04(5)(c)1.	2nd	Lewd or lascivious molestation;
17			victim less than 12 years of age;
18			offender less than 18 years.
19	800.04(5)(c)2.	2nd	Lewd or lascivious molestation;
20			victim 12 years of age or older
21			but less than 16 years; offender
22			18 years or older.
23	806.01(2)	2nd	Maliciously damage structure by
24			fire or explosive.
25	810.02(3)(a)	2nd	Burglary of occupied dwelling;
26			unarmed; no assault or battery.
27	810.02(3)(b)	2nd	Burglary of unoccupied dwelling;
28			unarmed; no assault or battery.
29	810.02(3)(d)	2nd	Burglary of occupied conveyance;
30			unarmed; no assault or battery.
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1	812.014(2)(a)	1st	Property stolen, valued at
2			\$100,000 or more; property stolen
3			while causing other property
4			damage; 1st degree grand theft.
5	812.019(2)	1st	Stolen property; initiates,
6			organizes, plans, etc., the theft
7			of property and traffics in
8			stolen property.
9	812.131(2)(a)	2nd	Robbery by sudden snatching.
10	812.133(2)(b)	1st	Carjacking; no firearm, deadly
11			weapon, or other weapon.
12	<u>817.234(11)(c)</u>	<u>1st</u>	<u>Insurance fraud; property value</u>
13			<u>\$100,000 or more.</u>
14	825.102(3)(b)	2nd	Neglecting an elderly person or
15			disabled adult causing great
16			bodily harm, disability, or
17			disfigurement.
18	825.1025(2)	2nd	Lewd or lascivious battery upon
19			an elderly person or disabled
20			adult.
21	825.103(2)(b)	2nd	Exploiting an elderly person or
22			disabled adult and property is
23			valued at \$20,000 or more, but
24			less than \$100,000.
25	827.03(3)(b)	2nd	Neglect of a child causing great
26			bodily harm, disability, or
27			disfigurement.
28	827.04(3)	3rd	Impregnation of a child under 16
29			years of age by person 21 years
30			of age or older.
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1	837.05(2)	3rd	Giving false information about
2			alleged capital felony to a law
3			enforcement officer.
4	872.06	2nd	Abuse of a dead human body.
5	893.13(1)(c)1.	1st	Sell, manufacture, or deliver
6			cocaine (or other drug prohibited
7			under s. 893.03(1)(a), (1)(b),
8			(1)(d), (2)(a), (2)(b), or
9			(2)(c)4.) within 1,000 feet of a
10			child care facility or school.
11	893.13(1)(e)1.	1st	Sell, manufacture, or deliver
12			cocaine or other drug prohibited
13			under s. 893.03(1)(a), (1)(b),
14			(1)(d), (2)(a), (2)(b), or
15			(2)(c)4., within 1,000 feet of
16			property used for religious
17			services or a specified business
18			site.
19	893.13(4)(a)	1st	Deliver to minor cocaine (or
20			other s. 893.03(1)(a), (1)(b),
21			(1)(d), (2)(a), (2)(b), or
22			(2)(c)4. drugs).
23	893.135(1)(a)1.	1st	Trafficking in cannabis, more
24			than 50 lbs., less than 2,000
25			lbs.
26	893.135		
27	(1)(b)1.a.	1st	Trafficking in cocaine, more than
28			28 grams, less than 200 grams.
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1	893.135		
2	(1)(c)1.a.	1st	Trafficking in illegal drugs,
3			more than 4 grams, less than 14
4			grams.
5	893.135		
6	(1)(d)1.	1st	Trafficking in phencyclidine,
7			more than 28 grams, less than 200
8			grams.
9	893.135(1)(e)1.	1st	Trafficking in methaqualone, more
10			than 200 grams, less than 5
11			kilograms.
12	893.135(1)(f)1.	1st	Trafficking in amphetamine, more
13			than 14 grams, less than 28
14			grams.
15	893.135		
16	(1)(g)1.a.	1st	Trafficking in flunitrazepam, 4
17			grams or more, less than 14
18			grams.
19	893.135		
20	(1)(h)1.a.	1st	Trafficking in
21			gamma-hydroxybutyric acid (GHB),
22			1 kilogram or more, less than 5
23			kilograms.
24	893.135		
25	(1)(i)1.a.	1st	Trafficking in 1,4-Butanediol, 1
26			kilogram or more, less than 5
27			kilograms.
28	893.135		
29	(1)(j)2.a.	1st	Trafficking in Phenethylamines,
30			10 grams or more, less than 200
31			grams.

1 896.101(5)(a) 3rd Money laundering, financial
2 transactions exceeding \$300 but
3 less than \$20,000.

4 896.104(4)(a)1. 3rd Structuring transactions to evade
5 reporting or registration
6 requirements, financial
7 transactions exceeding \$300 but
8 less than \$20,000.

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

11 324.021 Definitions; minimum insurance required.--The
12 following words and phrases when used in this chapter shall,
13 for the purpose of this chapter, have the meanings
14 respectively ascribed to them in this section, except in those
15 instances where the context clearly indicates a different
16 meaning:

17 (1) MOTOR VEHICLE.--Every self-propelled vehicle which
18 is designed and required to be licensed for use upon a
19 highway, including trailers and semitrailers designed for use
20 with such vehicles, except traction engines, road rollers,
21 farm tractors, power shovels, and well drillers, and every
22 vehicle which is propelled by electric power obtained from
23 overhead wires but not operated upon rails, but not including
24 any bicycle or moped. However, the term "motor vehicle" shall
25 not include any motor vehicle as defined in s. 627.732(3)~~s.~~
26 ~~627.732(1)~~when the owner of such vehicle has complied with
27 the requirements of ss. 627.730-627.7405, inclusive, unless
28 the provisions of s. 324.051 apply; and, in such case, the
29 applicable proof of insurance provisions of s. 320.02 apply.

30 Section 10. The sum of \$100,000 is appropriated from
31 the registration fees collected from clinics pursuant to

1 section 456.0375, Florida Statutes, to the Department of
2 Health and one-half of one full-time-equivalent position is
3 authorized for the purposes of regulating medical clinics
4 pursuant to section 456.0375, Florida Statutes. These funds
5 shall be deposited into the Medical Quality Assurance Trust
6 Fund.

7 Section 11. (1) Except as otherwise expressly
8 provided in this act, this act shall take effect upon becoming
9 a law.

10 (2) Paragraph (1)(a), (4)(c), (7)(a), and subparagraph
11 (4)(b)1. of s. 627.736, Florida Statutes, as amended by
12 section 5 of this act, and the deletion of paragraph (4)(f)
13 and redesignation of paragraph (4)(g) as (4)(f) by section 5
14 of this act shall apply to policies issued new or renewed on
15 or after October 1, 2001.

16 (3) Paragraphs (5)(b) and (c) and subsection (6) of
17 section 627.736, Florida Statutes, as amended by this act and
18 subsection (11) of section 627.736, Florida Statutes, shall
19 apply to treatment and services occurring on or after October
20 1, 2001, except that subsection (11) of section 627.736,
21 Florida Statutes, shall apply to actions filed on or after the
22 effective date of this act with regard to a claim or amended
23 claim or judgment for interest only which was not paid or was
24 incorrectly calculated.

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