1 CHAMBER ACTION
2
3
4
5

---

6 The Committee on State Administration recommends the following:
7
8 **Committee Substitute**
9 Remove the entire bill and insert:
10 A bill to be entitled
11 An act relating to motor vehicle insurance affordability
12 reform; creating the Motor Vehicle Insurance Affordability
13 Reform Act of 2003; providing legislative findings and
14 declarations; providing purposes; amending s. 119.105,
15 F.S.; requiring certain persons to maintain confidential
16 and exempt status of certain information under certain
17 circumstances; providing construction; prohibiting use of
18 certain confidential or exempt information relating to
19 motor vehicle accident victims for certain commercial
20 solicitation activities; deleting provisions relating to
21 police reports as public records; amending s. 316.066,
22 F.S.; specifying conditions precedent to providing access
23 to crash reports to persons entitled to such access;
24 providing construction; providing for enforcement;
25 providing a criminal penalty for using certain
26 confidential information; creating s. 408.7058, F.S.;
27 providing definitions; creating a dispute resolution
28 organization for disputes between health care

29 practitioners and insurers; providing duties of the Agency
30 for Health Care Administration; providing duties of the
31 dispute resolution organization; providing procedures,
32 requirements, limitations, and restrictions for resolving
33 disputes; providing agency rulemaking authority; amending
34 s. 456.0375, F.S.; revising definitions; providing
35 additional requirements relating to the registration of
36 certain clinics; limiting participation by disqualified
37 persons; providing for voluntary registration of exempt
38 status; providing rulemaking authority; specifying
39 unlawful charges; prohibiting the filing of certain false
40 or misleading forms or information; providing criminal
41 penalties; providing for inspections of and access to
42 clinics under certain circumstances; providing for
43 emergency suspension of registration; amending s. 456.072,
44 F.S.; providing additional grounds for discipline of
45 health professionals; amending s. 627.732, F.S.; providing
46 a definition; amending s. 627.736, F.S.; revising
47 provisions relating to required personal injury protection
48 benefits and payment thereof; specifying conditions of
49 insurance fraud and recovery of certain charges; providing
50 for recovery of costs and attorney's fees in certain
51 insurer actions; specifying certain charges that are
52 uncollectible and unenforceable; limiting charges for
53 certain services; providing procedures and requirements
54 for correcting certain information relating to processing
55 claims; prohibiting an insurer from taking certain actions
56 with respect to a claim submitted by a health care

CODING: Words stricken are deletions; words underlined are additions.

57 provider; prohibiting an insurer from taking certain
58 actions with respect to an independent medical
59 examination; requiring certain recordkeeping; deleting
60 provisions relating to arbitration of certain disputes
61 between insurers and medical providers; providing certain
62 statements and forms requirements, limitations, and
63 restrictions; specifying factors for court consideration
64 in applying attorney contingency fee multipliers;
65 extending the time within which an insurer may respond to
66 a demand letter; expanding civil actions for insurance
67 fraud; amending s. 627.745, F.S.; expanding the
68 availability of mediation of certain claims; creating s.
69 627.747, F.S.; providing for legislative oversight of
70 motor vehicle insurance; requiring the Office of Insurance
71 Regulation of the Financial Services Commission and the
72 Division of Insurance Fraud of the Department of Financial
73 Services to regularly report certain data and analysis of
74 certain information to specified officers of the
75 Legislature; amending s. 817.234, F.S.; increasing
76 criminal penalties for certain acts of solicitation of
77 accident victims; providing mandatory minimum penalties;
78 prohibiting certain solicitation of accident victims;
79 providing criminal penalties; prohibiting a person from
80 organizing, planning, or participating in a staged motor
81 vehicle accident; providing criminal penalties, including
82 mandatory minimum penalties; amending s. 817.236, F.S.;
83 increasing a criminal penalty for false and fraudulent
84 motor vehicle insurance application; creating s. 817.2361,

85 F.S.; prohibiting marketing or presenting false or
86 fraudulent motor vehicle insurance cards; providing
87 criminal penalties; creating s. 817.413, F.S.; prohibiting
88 certain sale of used motor vehicle goods as new; providing
89 criminal penalties; amending s. 860.15, F.S.; providing a
90 criminal penalty for charging for certain motor vehicle
91 repairs and parts to be paid from a motor vehicle
92 insurance policy; amending s. 921.0022, F.S.; revising the
93 offense severity ranking chart to reflect changes in
94 criminal penalties and the creation of additional offenses
95 under the act; providing that the amendment to s.
96 456.0375(1)(b)1., F.S., is intended to clarify existing
97 intent; providing retroactive operation; requiring the
98 Office of Insurance Regulation to report to the
99 Legislature on the economic condition of private passenger
100 automobile insurance in this state; providing for October
101 1, 2005, repeal of ss. 627.730, 627.731, 627.732, 627.733,
102 627.734, 627.736, 627.737, 627.739, 627.7401, 627.7403,
103 and 627.7405, F.S., relating to the Florida Motor Vehicle
104 No-Fault Law, unless reenacted during the 2004 Regular
105 Session, and specifying certain effect; authorizing
106 insurers to include in policies a notice of termination
107 relating to such repeal; providing effective dates.
108
109 Be It Enacted by the Legislature of the State of Florida:
110
111 Section 1. <u>Florida Motor Vehicle Insurance Affordability</u>
112 <u>Reform Act of 2003; findings; purpose.--</u>

CODING: Words ~~stricken~~ are deletions; words <u>underlined</u> are additions.

113 (1) This act may be referred to as the Florida Motor
114 Vehicle Insurance Affordability Reform Act of 2003.
115 (2) The Legislature finds and declares as follows:
116 (a) Maintaining a healthy market for motor vehicle
117 insurance, in which consumers may obtain affordable coverage,
118 insurers may operate profitably and competitively, and providers
119 of services may be compensated fairly, is a matter of great
120 public importance.
121 (b) After many years of relative stability, the market has
122 in recent years failed to achieve these goals, resulting in
123 substantial premium increases to consumers and a decrease in the
124 availability of coverage.
125 (c) The failure of the market is in part the result of
126 fraudulent acts and other abuses of the system, including, among
127 other things, staged accidents, vehicle repair fraud, fraudulent
128 insurance applications and claims, solicitation of accident
129 victims, and the growing role of medical clinics that exist
130 primarily to provide services to persons involved in crashes.
131 While many of these issues were brought to light by the
132 Fifteenth Statewide Grand Jury and were addressed by the
133 Legislature in 2001 in chapter 2001-271, Laws of Florida,
134 further action is now appropriate.
135 (3) The purpose of this act is to restore the health of
136 the market and the affordability of motor vehicle insurance by
137 comprehensively addressing issues of fraud, clinic regulation,
138 and related matters.
139 Section 2. Section 119.105, Florida Statutes, is amended
140 to read:

141 119.105 Protection of victims of ~~crimes or~~ accidents.--Any
142 person who is authorized by law to have access to confidential
143 or exempt information contained in police reports that identify
144 motor vehicle accident victims must maintain the confidential or
145 exempt status of such information received, except as otherwise
146 expressly provided in the law creating the exemption. Nothing in
147 this section shall be construed to prohibit the publication of
148 such information to the general public by any news media legally
149 entitled to possess that information. Under no circumstances may
150 any person, including the news media, use confidential or exempt
151 information contained in police reports for any commercial
152 solicitation of the victims or relatives of the victims of the
153 reported crimes or accidents. ~~Police reports are public records~~
154 ~~except as otherwise made exempt or confidential by general or~~
155 ~~special law. Every person is allowed to examine nonexempt or~~
156 ~~nonconfidential police reports. No person who inspects or copies~~
157 ~~police reports for the purpose of obtaining the names and~~
158 ~~addresses of the victims of crimes or accidents shall use any~~
159 ~~information contained therein for any commercial solicitation of~~
160 ~~the victims or relatives of the victims of the reported crimes~~
161 ~~or accidents. Nothing herein shall prohibit the publication of~~
162 ~~such information by any news media or the use of such~~
163 ~~information for any other data collection or analysis purposes.~~
164 Section 3. Subsection (3) of section 316.066, Florida
165 Statutes, is amended to read:
166 316.066 Written reports of crashes.--
167 (3)(a) Every law enforcement officer who in the regular
168 course of duty investigates a motor vehicle crash:

169 1. Which crash resulted in death or personal injury shall,
170 within 10 days after completing the investigation, forward a
171 written report of the crash to the department or traffic records
172 center.
173 2. Which crash involved a violation of s. 316.061(1) or s.
174 316.193 shall, within 10 days after completing the
175 investigation, forward a written report of the crash to the
176 department or traffic records center.
177 3. In which crash a vehicle was rendered inoperative to a
178 degree which required a wrecker to remove it from traffic may,
179 within 10 days after completing the investigation, forward a
180 written report of the crash to the department or traffic records
181 center if such action is appropriate, in the officer's
182 discretion.
183
184 However, in every case in which a crash report is required by
185 this section and a written report to a law enforcement officer
186 is not prepared, the law enforcement officer shall provide each
187 party involved in the crash a short-form report, prescribed by
188 the state, to be completed by the party. The short-form report
189 must include, but is not limited to: the date, time, and
190 location of the crash; a description of the vehicles involved;
191 the names and addresses of the parties involved; the names and
192 addresses of witnesses; the name, badge number, and law
193 enforcement agency of the officer investigating the crash; and
194 the names of the insurance companies for the respective parties
195 involved in the crash. Each party to the crash shall provide the
196 law enforcement officer with proof of insurance to be included

CODING: Words stricken are deletions; words underlined are additions.

197 in the crash report. If a law enforcement officer submits a
198 report on the accident, proof of insurance must be provided to
199 the officer by each party involved in the crash. Any party who
200 fails to provide the required information is guilty of an
201 infraction for a nonmoving violation, punishable as provided in
202 chapter 318 unless the officer determines that due to injuries
203 or other special circumstances such insurance information cannot
204 be provided immediately. If the person provides the law
205 enforcement agency, within 24 hours after the crash, proof of
206 insurance that was valid at the time of the crash, the law
207 enforcement agency may void the citation.
208 (b) One or more counties may enter into an agreement with
209 the appropriate state agency to be certified by the agency to
210 have a traffic records center for the purpose of tabulating and
211 analyzing countywide traffic crash reports. The agreement must
212 include: certification by the agency that the center has
213 adequate auditing and monitoring mechanisms in place to ensure
214 the quality and accuracy of the data; the time period in which
215 the traffic records center must report crash data to the agency;
216 and the medium in which the traffic records must be submitted to
217 the agency. In the case of a county or multicounty area that has
218 a certified central traffic records center, a law enforcement
219 agency or driver must submit to the center within the time limit
220 prescribed in this section a written report of the crash. A
221 driver who is required to file a crash report must be notified
222 of the proper place to submit the completed report. Fees for
223 copies of public records provided by a certified traffic records
224 center shall be charged and collected as follows:

CODING: Words ~~stricken~~ are deletions; words underlined are additions.

225

226 For a crash report..........................$2 per copy.
227 For a homicide report......................$25 per copy.
228 For a uniform traffic citation............$0.50 per copy.

229

230 the fees collected for copies of the public records provided by
231 a certified traffic records center shall be used to fund the
232 center or otherwise as designated by the county or counties
233 participating in the center.
234 (c) Crash reports required by this section which reveal
235 the identity, home or employment telephone number or home or
236 employment address of, or other personal information concerning
237 the parties involved in the crash and which are received or
238 prepared by any agency that regularly receives or prepares
239 information from or concerning the parties to motor vehicle
240 crashes are confidential and exempt from s. 119.07(1) and s.
241 24(a), Art. I of the State Constitution for a period of 60 days
242 after the date the report is filed. However, such reports may be
243 made immediately available to the parties involved in the crash,
244 their legal representatives, their licensed insurance agents,
245 their insurers or insurers to which they have applied for
246 coverage, persons under contract with such insurers to provide
247 claims or underwriting information, prosecutorial authorities,
248 radio and television stations licensed by the Federal
249 Communications Commission, newspapers qualified to publish legal
250 notices under ss. 50.011 and 50.031, and free newspapers of
251 general circulation, published once a week or more often,
252 available and of interest to the public generally for the

253 dissemination of news. As conditions precedent to accessing
254 crash reports within 60 days after the date the report is filed,
255 a person must present a driver's license or other photographic
256 identification and proof of status that demonstrates his or her
257 qualifications to access that information and must also file a
258 written sworn statement with the state or local agency in
259 possession of the information stating that no information from
260 any crash report made confidential by this section will be used
261 for any prohibited commercial solicitations of accident victims
262 or knowingly disclosed to any third party for the purpose of
263 such solicitation during the period of time that the information
264 remains confidential. Nothing in this paragraph shall be
265 construed to prevent the dissemination or publication of news to
266 the general public by any media organization entitled to access
267 confidential information pursuant to this section. Any law
268 enforcement officer as defined in s. 943.10(1) shall have the
269 authority to enforce this subsection. For the purposes of this
270 section, the following products or publications are not
271 newspapers as referred to in this section: those intended
272 primarily for members of a particular profession or occupational
273 group; those with the primary purpose of distributing
274 advertising; and those with the primary purpose of publishing
275 names and other personally identifying information concerning
276 parties to motor vehicle crashes. Any local, state, or federal
277 agency, agent, or employee that is authorized to have access to
278 such reports by any provision of law shall be granted such
279 access in the furtherance of the agency's statutory duties
280 notwithstanding the provisions of this paragraph. Any local,

281 state, or federal agency, agent, or employee receiving such
282 crash reports shall maintain the confidential and exempt status
283 of those reports and shall not disclose such crash reports to
284 any person or entity. Any person attempting to access crash
285 reports within 60 days after the date the report is filed must
286 present legitimate credentials or identification that
287 demonstrates his or her qualifications to access that
288 information. This exemption is subject to the Open Government
289 Sunset Review Act of 1995 in accordance with s. 119.15, and
290 shall stand repealed on October 2, 2006, unless reviewed and
291 saved from repeal through reenactment by the Legislature.
292 (d) Any employee of a state or local agency in possession
293 of information made confidential by this section who knowingly
294 discloses such confidential information to a person not entitled
295 to access such information under this section commits ~~is guilty~~
296 ~~of~~ a felony of the third degree, punishable as provided in s.
297 775.082, s. 775.083, or s. 775.084.
298 (e) Any person, knowing that he or she is not entitled to
299 obtain information made confidential by this section, who
300 obtains or attempts to obtain such information commits ~~is guilty~~
301 ~~of~~ a felony of the third degree, punishable as provided in s.
302 775.082, s. 775.083, or s. 775.084.
303 (f) Any person who knowingly uses information made
304 confidential by this section in violation of a filed, written,
305 and sworn statement required by this section commits a felony of
306 the third degree, punishable as provided in s. 775.082, s.
307 775.083, or s. 775.084.

308 Section 4. Section 408.7058, Florida Statutes, is created
309 to read:
310 408.7058 Statewide health care practitioner and personal
311 injury protection insurer claim dispute resolution program.--
312 (1) As used in this section:
313 (a) "Agency" means the Agency for Health Care
314 Administration.
315 (b) "Resolution organization" means a qualified
316 independent third-party claim dispute resolution entity selected
317 by and contracted with the Agency for Health Care
318 Administration.
319 (c) "Health care practitioner" means a health care
320 practitioner defined in s. 456.001(4).
321 (d) "Claim" means a claim for payment for services
322 submitted under s. 627.736(5).
323 (e) "Claim dispute" means a dispute between a health care
324 practitioner and an insurer as to the proper coding of a charge
325 submitted on a claim under s. 627.736(5) by a health care
326 practitioner, or the reasonableness of the amount charged by the
327 health care practitioner.
328 (f) "Insurer" means an insurer providing benefits under s.
329 627.736.
330 (2)(a) The agency shall establish a program by January 1,
331 2004, to provide assistance to health care practitioners and
332 insurers for resolution of claim disputes that are not resolved
333 by the health care practitioner and the insurer. The agency
334 shall contract with a resolution organization to timely review
335 and consider claim disputes submitted by health care

CODING: Words ~~stricken~~ are deletions; words underlined are additions.

336 practitioners and insurers and recommend to the agency an
337 appropriate resolution of those disputes.
338 (b) The resolution organization shall review claim
339 disputes filed by health care practitioners and insurers
340 pursuant to this section when a notice of participation is
341 submitted pursuant to subsection (3), unless a demand letter has
342 been submitted to the insurer under s. 627.736(11) or a suit has
343 been filed on the claim against the insurer relating to the
344 disputed claim.
345 (3) Resolutions by the resolution organization shall be
346 initiated as follows:
347 (a) A health care practitioner may initiate a dispute
348 resolution by submitting a notice of dispute within 10 days
349 after receipt of a payment under s. 627.736(5)(b), which payment
350 is less than the amount of the charge submitted on the claim.
351 The notice of dispute shall be submitted to both the agency and
352 the insurer by United States certified mail or registered mail,
353 return receipt requested. The health care practitioner shall
354 include with the notice of dispute any documentation that the
355 health care practitioner wishes the resolution organization to
356 consider, demonstrating that the charge or charges submitted on
357 the claim are reasonable. The insurer shall have 10 days after
358 the date of receipt of the notice of dispute within which to
359 submit both to the resolution organization and the health care
360 practitioner by United States certified mail or registered mail,
361 return receipt requested, a notice of participation in the
362 dispute resolution and any documentation that the insurer wishes

363 the resolution organization to consider demonstrating that the
364 charge or charges submitted on the claim are not reasonable.
365 (b) An insurer may initiate a dispute resolution prior to
366 the claim being overdue, including any additional time the
367 insurer has to pay the claim pursuant to paragraph (4)(b), by
368 submitting a notice of dispute together with a payment to the
369 health care practitioner under s. 627.736(5)(b) of the amount
370 the insurer contends is the highest proper reasonable charge for
371 the claim. The notice of dispute shall be submitted to both the
372 agency and the health care practitioner by United States
373 certified mail or registered mail, return receipt requested. The
374 insurer shall include with the notice of dispute any
375 documentation which the insurer wishes the resolution
376 organization to consider demonstrating that the charge or
377 charges submitted on the claim are not reasonable. The health
378 care practitioner shall have 10 days after the date of receipt
379 of the notice of dispute within which to submit both to the
380 resolution organization and the insurer by United States
381 certified mail or registered mail, return receipt requested, a
382 notice of participation in the dispute resolution and any
383 documentation which the health care practitioner wishes the
384 resolution organization to consider, demonstrating that the
385 charge or charges submitted on the claim are reasonable.
386 (c) An insurer or health care practitioner may refuse to
387 participate in a dispute resolution by not submitting a notice
388 of participation in the dispute resolution pursuant to paragraph
389 (a) or (b). An insurer or health care practitioner shall not be
390 liable for the review costs, as established pursuant to

391 subsection (8), of the dispute resolution conducted pursuant to
392 this section unless it has participated in the dispute
393 resolution pursuant to this subsection and is liable for such
394 costs pursuant to subsection (6).
395 (d) Upon initiation of a dispute resolution pursuant to
396 this section, no demand letter under s. 627.736(11) may be sent
397 in regard to the subject matter of the dispute resolution
398 unless:
399 1. A notice of participation has not been timely submitted
400 pursuant to paragraphs (a) or (b);
401 2. The dispute resolution organization or the agency has
402 not been able to issue a notice of resolution or final order
403 within the time provided pursuant to subsection (6); or
404 3. The insurer has failed to pay the reasonable amount
405 pursuant to the final order adopting the notice of resolution
406 together with the interest and penalties of subsection (6), if
407 applicable.
408 (e) The applicable statute of limitations shall be tolled
409 while a dispute resolution is pending and for a period of 15
410 business days following:
411 1. Expiration of time for the submission of a notice of
412 participation pursuant to paragraphs (a) or (b);
413 2. Expiration of time for the filing of the final order
414 adopting the notice of resolution pursuant to subsection (6); or
415 3. The filing, with the agency clerk, of the final order
416 adopting the notice of resolution.
417 (4)(a) The resolution organization shall issue a notice of
418 resolution within 10 business days after the date the

419 organization receives all documentation from the health care
420 practitioner or the insurer pursuant to subsection (3).
421 (b) The resolution organization shall dismiss a notice of
422 dispute if:
423 1. The resolution organization has not received a notice
424 of participation pursuant to subsection (3) within 15 days after
425 receiving a notice of dispute; or
426 2. The dispute resolution organization is unable to issue
427 a notice of resolution within the time provided by subsection
428 (5), provided, the parties may with mutual agreement extend the
429 time for the issuance of the notice of resolution by sending the
430 dispute resolution organization a written notice of extension
431 signed by both parties and specifying the date by which a notice
432 of resolution must be issued or the notice of dispute will be
433 deemed dismissed.
434 (c) The resolution organization may, in its discretion,
435 schedule and conduct a telephone conference with the health care
436 practitioner and the insurer to facilitate the dispute
437 resolution in a cost-effective, efficient manner.
438 (d) In determining the reasonableness of a charge or
439 charges, the resolution organization may consider whether a
440 billing code or codes submitted on the claim are the codes that
441 accurately reflect the diagnostic or treatment service on the
442 claim or whether the billing code or codes should be bundled or
443 unbundled.
444 (e) In determining the reasonableness of a charge or
445 charges, the resolution organization shall determine whether the
446 charge or charges are less than or equal to the highest

CODING: Words stricken are deletions; words underlined are additions.

447 reasonable charge or charges that represent the usual and
448 customary rates charged by similar health care practitioners
449 licensed under the same chapter for the geographic area of the
450 health care practitioner involved in the dispute, and, if the
451 charges in dispute are less than or equal to such charges, the
452 resolution organization shall find them reasonable. In
453 determining the usual and customary rates in accordance with
454 this paragraph, the dispute resolution organization may not take
455 into consideration any information relating to, or based wholly
456 or partially on, any governmentally set fee schedule, or any
457 contracted-for or discounted rates charged by health care
458 practitioners who contract with health insurers, health
459 maintenance organizations, or managed care organizations.
460 (f) A health care practitioner, who must be licensed under
461 the same chapter as the health care practitioner involved in the
462 dispute, may be used to advise the resolution organization if
463 such advice will assist the resolution organization to resolve
464 the dispute in a more cost-effective, efficient manner.
465 (5)(a) The resolution organization shall issue a notice of
466 resolution within 10 business days after receipt of the notice
467 of participation pursuant to subsection (3). The notice of
468 resolution shall be based upon findings of fact and shall be
469 considered a recommended order. The notice of resolution shall
470 be submitted to the health care practitioner and the insurer by
471 United States certified mail or registered mail, return receipt
472 requested, and to the agency.
473 (b) The notice of resolution shall state:

474 1. Whether the charge or charges submitted on the claim
475 are reasonable; or
476 2. If the resolution organization finds that any charge or
477 charges submitted on the claim are not reasonable, the highest
478 amount for such charge or charges that the resolution
479 organization finds to be reasonable.
480 (6)(a) In the event that the notice of resolution finds
481 that any charge or charges submitted on the claim are not
482 reasonable but that the highest reasonable charge or charges are
483 more than the amount or amounts paid by the insurer, the insurer
484 shall pay the additional amount found to be reasonable within 10
485 business days after receipt of the final order adopting the
486 notice of resolution, together with applicable interest under s.
487 627.736(4)(c), a penalty of 10 percent of the additional amount
488 found to be reasonable, subject to a maximum penalty of $250.
489 (b) In the event that the notice of resolution finds that
490 the charge or charges submitted on the claim are reasonable, the
491 insurer shall pay the additional amount or amounts found to be
492 reasonable within 10 business days after receipt of the final
493 order adopting the notice of resolution, together with
494 applicable interest under s. 627.736(4)(c), a penalty of 20
495 percent of the additional amount found to be reasonable, subject
496 to a maximum penalty of $500.
497 (c) In the event that the final order adopting the notice
498 of resolution finds that the amount or amounts paid by the
499 insurer are equal to or greater than the highest reasonable
500 charge, the insurer shall not be liable for any interest or
501 penalties.

502 (d) The agency shall issue a final order adopting the
503 notice of resolution within 10 days after receipt of the notice
504 of resolution. The final order shall be submitted to the health
505 care practitioner and the insurer by United States certified
506 mail or registered mail, return receipt requested.
507 (7)(a) If the insurer has paid the highest reasonable
508 amount or amounts as determined by the final order adopting the
509 notice of resolution, together with the interest and penalties
510 provided in subsection (6), if applicable, then no civil action
511 by the health care practitioner shall lie against the insurer on
512 the basis of the reasonableness of the charge or charges, and no
513 attorney's fees may be awarded for legal assistance related to
514 the charge or charges. The injured party is not liable for, and
515 the health care practitioner shall not bill the injured party
516 for, any amounts other than the copayment and any applicable
517 deductible based on the highest reasonable amount as determined
518 by the final order adopting the notice of resolution.
519 (b) The notice of dispute and all documents submitted by
520 the health care practitioner and the insurer, together with the
521 notice of resolution and the final order adopting the notice of
522 resolution, may be introduced into evidence in any civil action
523 if such documents are admissible pursuant to the Florida
524 Evidence Code.
525 (8) The insurer shall be responsible for payment of the
526 entirety of the review costs established pursuant to subsection
527 (9).
528 (9) The agency shall adopt rules to establish a process to
529 be used by the resolution organization in considering claim

CODING: Words stricken are deletions; words underlined are additions.

530 disputes submitted by a health care practitioner or insurer and
531 the fees which may be charged by the agency for processing
532 disputes under this section. Such fees shall not exceed $75.00
533 for each review.
534 Section 5. Section 456.0375, Florida Statutes, is amended
535 to read:
536 456.0375 Registration of certain clinics; requirements;
537 discipline; exemptions.--
538 (1)(a) As used in this section, the term:
539 1. "Clinic" means a business operating in a single
540 structure or facility, or in a group of adjacent structures or
541 facilities operating under the same business name or management,
542 at which health care services are provided to individuals and
543 which tender charges for reimbursement for such services. The
544 term also includes an entity that performs such functions from a
545 vehicle or otherwise having no fixed location.
546 2. "Disqualified person" means any individual who, within
547 the last 10 years, has been convicted of or who, regardless of
548 adjudication, has pleaded guilty or nolo contendere to any
549 felony under federal law or under the law of any state.
550 3. "Participate in the business of" a clinic means to be a
551 medical director in a clinic, to be an independent contractor of
552 a clinic, or to control any interest in a clinic.
553 4. "Independent diagnostic testing facility" means an
554 individual, partnership, firm, or other business entity that
555 provides diagnostic imaging services but does not include an
556 individual or entity that has a disqualified person under
557 subparagraph 2. as an investor.

558 (b) For purposes of this section, the term "clinic" does
559 not include and the registration requirements herein do not
560 apply to:
561 1.a. Entities licensed or registered by the state pursuant
562 to chapter 390, chapter 394, chapter 395, chapter 397, chapter
563 400, chapter 463, chapter 465, chapter 466, chapter 478, chapter
564 480, or chapter 484.
565 b. Entities that own, directly or indirectly, entities
566 licensed pursuant to chapter 390, chapter 394, chapter 395,
567 chapter 397, chapter 400, chapter 463, chapter 465, chapter 466,
568 chapter 478, chapter 480, or chapter 484.
569 c. Entities that are owned, directly or indirectly, by an
570 entity licensed pursuant to chapter 390, chapter 394, chapter
571 395, chapter 397, chapter 400, chapter 463, chapter 465, chapter
572 466, chapter 478, chapter 480, or chapter 484.
573 d. Entities which are under common ownership, directly or
574 indirectly, with an entity licensed pursuant to chapter 390,
575 chapter 394, chapter 395, chapter 397, chapter 400, chapter 463,
576 chapter 465, chapter 466, chapter 478, chapter 480, or chapter
577 484.
578 2. Entities exempt from federal taxation under 26 U.S.C.
579 s. 501(c)(3).
580 3. Sole proprietorships, group practices, partnerships, or
581 corporations that provide health care services by licensed
582 health care practitioners pursuant to chapters 457, 458, 459,
583 460, 461, 462, 463, 466, 467, 484, 486, 490, 491, or part I,
584 part III, part X, part XIII, or part XIV of chapter 468, or s.
585 464.012, which are wholly owned by licensed health care

CODING: Words stricken are deletions; words underlined are additions.

586 practitioners or the licensed health care practitioner and the
587 spouse, parent, or child of a licensed health care practitioner,
588 so long as one of the owners who is a licensed health care
589 practitioner is supervising the services performed therein and
590 is legally responsible for the entity's compliance with all
591 federal and state laws. However, no health care practitioner may
592 supervise services beyond the scope of the practitioner's
593 license.
594 (2)(a) Every clinic, as defined in paragraph (1)(a), must
595 register, and must at all times maintain a valid registration,
596 with the Department of Health. Each clinic location shall be
597 registered separately even though operated under the same
598 business name or management, and each clinic shall appoint a
599 medical director or clinical director.
600 (b)1. The department shall adopt rules necessary to
601 implement the registration program, including rules establishing
602 the specific registration procedures, forms, and fees.
603 Registration fees must be reasonably calculated to cover the
604 cost of registration and must be of such amount that the total
605 fees collected do not exceed the cost of administering and
606 enforcing compliance with this section. Registration may be
607 conducted electronically. The registration program must require:
608 a.~~1.~~ The clinic to file the registration form with the
609 department within 60 days after the effective date of this
610 section or prior to the inception of operation. The registration
611 expires automatically 2 years after its date of issuance and
612 must be renewed biennially.

CODING: Words ~~stricken~~ are deletions; words underlined are additions.

613 b.~~2.~~ The registration form to contain the name, residence
614 and business address, phone number, and license number of the
615 medical director or clinical director for the clinic, and of
616 each person who owns a controlling interest in the clinic.
617 c.~~3.~~ The clinic to display the registration certificate in
618 a conspicuous location within the clinic readily visible to all
619 patients.
620 2. Any business that becomes a clinic after commencing
621 other operations shall, within 30 days after becoming a clinic,
622 file a registration statement under this subsection and shall be
623 subject to all provisions of this section applicable to a
624 clinic.
625 (c) A disqualified person may not participate in the
626 business of the clinic. This paragraph does not apply to any
627 participation in the business of the clinic that existed as of
628 the effective date of this paragraph. A disqualified person may
629 participate in the business of the clinic if such person has the
630 written consent of the department, which consent specifically
631 refers to this subsection. Effective October 1, 2003, the
632 registration statement required by this section must include, or
633 be amended to include, information about each disqualified
634 person participating in the business of the clinic, including
635 any person participating with the written consent of the
636 department. A clinic must make a diligent effort to determine
637 whether any disqualified person is participating in the business
638 of the clinic, to include conducting background investigations
639 on medical directors and control persons. Certification of
640 accreditation and reaccredidation by the appropriate accrediting

CODING: Words ~~stricken~~ are deletions; words underlined are additions.

641 entity or entities shall be conclusive proof of compliance with
642 this paragraph, unless it is shown that such accreditation has
643 been suspended, withdrawn, or revoked. Such certification and
644 each subsequent certificate of reaccreditation shall be provided
645 by the clinic to the insurer one time, prior to the filing of
646 the first claim for payment after accreditation or
647 reaccreditation. Each claim seeking reimbursement based on such
648 accreditation shall bear the statement: "This clinic is
649 currently accredited by American College of Radiology and was so
650 at the time services were rendered," or "This clinic is
651 currently accredited by American College of Radiology and the
652 Joint Commission on Accreditation of Health Care Organizations
653 and was so at the time services were rendered."
654 (d) Every clinic engaged in the provision of magnetic
655 resonance imaging services must be accredited by the American
656 College of Radiology or the Joint Commission on Accreditation of
657 Health Care Organizations by January 1, 2005. Subsequent
658 providers engaged in the provision of magnetic resonance imaging
659 services must be accredited by the American College of Radiology
660 or the Joint Commission on Accreditation of Health Care
661 Organizations within 18 months after the effective date of
662 registration.
663 (3)(a) Each clinic must employ or contract with a
664 physician maintaining a full and unencumbered physician license
665 in accordance with chapter 458, chapter 459, chapter 460, or
666 chapter 461 to serve as the medical director. However, if the
667 clinic is limited to providing health care services pursuant to
668 chapter 457, chapter 484, chapter 486, chapter 490, or chapter

669 491 or part I, part III, part X, part XIII, or part XIV of
670 chapter 468, the clinic may appoint a health care practitioner
671 licensed under that chapter to serve as a clinical director who
672 is responsible for the clinic's activities. A health care
673 practitioner may not serve as the clinical director if the
674 services provided at the clinic are beyond the scope of that
675 practitioner's license.
676 (b) The medical director or clinical director shall agree
677 in writing to accept legal responsibility for the following
678 activities on behalf of the clinic. The medical director or the
679 clinical director shall:
680 1. Have signs identifying the medical director or clinical
681 director posted in a conspicuous location within the clinic
682 readily visible to all patients.
683 2. Ensure that all practitioners providing health care
684 services or supplies to patients maintain a current active and
685 unencumbered Florida license.
686 3. Review any patient referral contracts or agreements
687 executed by the clinic.
688 4. Ensure that all health care practitioners at the clinic
689 have active appropriate certification or licensure for the level
690 of care being provided.
691 5. Serve as the clinic records holder as defined in s.
692 456.057.
693 6. Ensure compliance with the recordkeeping, office
694 surgery, and adverse incident reporting requirements of this
695 chapter, the respective practice acts, and rules adopted
696 thereunder.

697 7. Conduct systematic reviews of clinic billings to ensure
698 that the billings are not fraudulent or unlawful. Upon discovery
699 of an unlawful charge, the medical director shall take immediate
700 corrective action.
701 (c) Any contract to serve as a medical director or a
702 clinical director entered into or renewed by a physician or a
703 licensed health care practitioner in violation of this section
704 is void as contrary to public policy. This section shall apply
705 to contracts entered into or renewed on or after October 1,
706 2001.
707 (d) The department, in consultation with the boards, shall
708 adopt rules specifying limitations on the number of registered
709 clinics and licensees for which a medical director or a clinical
710 director may assume responsibility for purposes of this section.
711 In determining the quality of supervision a medical director or
712 a clinical director can provide, the department shall consider
713 the number of clinic employees, clinic location, and services
714 provided by the clinic.
715 (4)(a) Any person or entity providing medical services or
716 treatment that is not a clinic may voluntarily register its
717 exempt status with the department on a form that sets forth its
718 name or names and addresses, a statement of the reasons why it
719 is not a clinic, and such other information deemed necessary by
720 the department.
721 (b) The department shall adopt rules necessary to
722 implement the registration program, including rules establishing
723 the specific registration procedures, forms, and fees.
724 Registration fees must be reasonably calculated to cover the

CODING: Words stricken are deletions; words underlined are additions.

725 cost of registration and must be of such amount that the total
726 fees collected do not exceed the cost of administering and
727 enforcing compliance with this section. Registration may be
728 conducted electronically.
729 (5)~~(4)~~(a) All charges or reimbursement claims made by or
730 on behalf of a clinic that is required to be registered under
731 this section, but that is not so registered, or that is
732 otherwise operating in violation of this section, are unlawful
733 charges and therefore are noncompensable and unenforceable.
734 (b) Any person establishing, operating, or managing an
735 unregistered clinic otherwise required to be registered under
736 this section, or any person who knowingly files a false or
737 misleading registration or false or misleading information
738 required by subsection (2), subsection (4), or department rule,
739 commits a felony of the third degree, punishable as provided in
740 s. 775.082, s. 775.083, or s. 775.084.
741 (c) Any licensed health care practitioner who violates
742 this section is subject to discipline in accordance with this
743 chapter and the respective practice act.
744 (d) The department shall revoke the registration of any
745 clinic registered under this section for operating in violation
746 of the requirements of this section or the rules adopted by the
747 department.
748 (e) The department shall investigate allegations of
749 noncompliance with this section and the rules adopted pursuant
750 to this section. The Division of Insurance Fraud of the
751 Department of Financial Services, at the request of the
752 department, may provide assistance in investigating allegations

753 of noncompliance with this section and the rules adopted
754 pursuant to this section.
755 (f) The department may make unannounced inspections of
756 clinics registered pursuant to this section to determine
757 compliance with this section.
758 (g) A clinic registered under this section shall allow
759 full and complete access to the premises and to billing records
760 or information to any representative of the department who makes
761 a request to inspect the clinic to determine compliance with
762 this section.
763 (h) Failure by a clinic registered under this section to
764 allow full and complete access to the premises and to billing
765 records or information to any representative of the department
766 who makes a request to inspect the clinic to determine
767 compliance with this section or which fails to employ a
768 qualified medical director or clinical director shall constitute
769 a ground for emergency suspension of the registration by the
770 department pursuant to s. 120.60(6).
771 Section 6. Paragraphs (dd) and (ee) are added to
772 subsection (1) of section 456.072, Florida Statutes, to read:
773 456.072 Grounds for discipline; penalties; enforcement.--
774 (1) The following acts shall constitute grounds for which
775 the disciplinary actions specified in subsection (2) may be
776 taken:
777 (dd) With respect to making a claim for personal injury
778 protection as required by s. 627.736:
779 1. Intentionally submitting a claim, statement, or bill
780 using a billing code that would result in payment greater in

781 amount than would be paid using a billing code that accurately
782 describes the actual services performed, which practice is
783 commonly referred to as "upcoding." Global diagnostic imaging
784 billing by the technical component provider is not considered
785 upcoding.
786 2. Intentionally filing a claim for payment of services
787 that were not performed.
788 3. Intentionally using information obtained in violation
789 of s. 119.105 or s. 316.066 to solicit or obtain patients
790 personally or through an agent, regardless of whether the
791 information is derived directly from an accident report, derived
792 from a summary of an accident report, from another person, or
793 otherwise.
794 4. Intentionally submitting a claim for a diagnostic
795 treatment or submitting a claim for a diagnostic treatment or
796 procedure that is properly billed under one billing code but
797 which has been separated into two or more billing codes, which
798 practice is commonly referred to as "unbundling."
799 (ee) Treating a person for injuries resulting from a
800 staged motor vehicle accident with knowledge that the person was
801 a participant in the staged motor vehicle accident.
802 Section 7. Subsection (8) is added to section 627.732,
803 Florida Statutes, to read:
804 627.732 Definitions.--As used in ss. 627.730-627.7405, the
805 term:
806 (8) "Global diagnostic imaging billing" means the
807 submission of a statement or bill related to the completion of a
808 diagnostic imaging test that includes a charge which encompasses

CODING: Words stricken are deletions; words underlined are additions.

809 both the production of the diagnostic image, the "technical
810 component," and the interpretation of the diagnostic image, the
811 "professional component," whether or not the individual or
812 entity providing the professional component was performing these
813 services as an independent contractor or employee of the entity
814 providing the technical component.
815 Section 8. Paragraph (g) is added to subsection (4) of
816 section 627.736, Florida Statutes, and subsection (5), paragraph
817 (a) of subsection (7), subsection (8), paragraph (d) of
818 subsection (11), and subsection (12) of said section are
819 amended, to read:
820 627.736 Required personal injury protection benefits;
821 exclusions; priority; claims.--
822 (4) BENEFITS; WHEN DUE.--Benefits due from an insurer
823 under ss. 627.730-627.7405 shall be primary, except that
824 benefits received under any workers' compensation law shall be
825 credited against the benefits provided by subsection (1) and
826 shall be due and payable as loss accrues, upon receipt of
827 reasonable proof of such loss and the amount of expenses and
828 loss incurred which are covered by the policy issued under ss.
829 627.730-627.7405. When the Agency for Health Care Administration
830 provides, pays, or becomes liable for medical assistance under
831 the Medicaid program related to injury, sickness, disease, or
832 death arising out of the ownership, maintenance, or use of a
833 motor vehicle, benefits under ss. 627.730-627.7405 shall be
834 subject to the provisions of the Medicaid program.
835 (g) Benefits shall not be due or payable to an insured
836 person if that person has committed, by a material act or

CODING: Words stricken are deletions; words underlined are additions.

837 omission, any insurance fraud relating to personal injury
838 protection coverage under his or her policy if the fraud is
839 admitted to in a sworn statement by the insured or claimant or
840 is established in a court of competent jurisdiction. Any
841 benefits paid prior to the discovery of the insured's or
842 claimant's insurance fraud shall be recoverable in their
843 entirety by the insurer from the insured or claimant who
844 perpetrated the fraud upon demand for such benefits. The
845 prevailing party shall be entitled to its costs and attorney's
846 fees in any action under this paragraph. However, payments to a
847 health care practitioner, who is without knowledge of such
848 fraud, for services rendered in good faith pursuant to this
849 section shall not be subject to recovery.
850 (5) CHARGES FOR TREATMENT OF INJURED PERSONS.--
851 (a) Any physician, hospital, clinic, or other person or
852 institution lawfully rendering treatment to an injured person
853 for a bodily injury covered by personal injury protection
854 insurance may charge only a reasonable amount for the services
855 and supplies rendered, and the insurer providing such coverage
856 may pay for such charges directly to such person or institution
857 lawfully rendering such treatment, if the insured receiving such
858 treatment or his or her guardian has countersigned the invoice,
859 bill, or claim form approved by the Department of Insurance upon
860 which such charges are to be paid for as having actually been
861 rendered, to the best knowledge of the insured or his or her
862 guardian. In no event, however, may such a charge be in excess
863 of the amount the person or institution customarily charges for
864 like services or supplies in cases involving no insurance.

865 (b)1. An insurer or insured is not required to pay a claim
866 or charges:
867 a. Made by a broker or by a person making a claim on
868 behalf of a broker.
869 b. For services or treatment by a clinic as defined in s.
870 456.0375, if, at the time the service or treatment was rendered,
871 the clinic was not in compliance with any applicable provision
872 of that section or rules adopted under such section.
873 c. For services or treatment by a clinic, as defined in s.
874 456.0375, if, at the time the services or treatment were
875 rendered, a person controlled the clinic or its medical
876 director, had been convicted of, or who, regardless of
877 adjudication of guilt, had pleaded guilty or nolo contendere to
878 a felony under federal law or the law of any state.
879 d. For any service or treatment that was not lawful at the
880 time it was rendered.
881 e. To any person or entity who knowingly submits false or
882 misleading statements and bills for medical services, or for any
883 statement or bill.
884 f. For medical services or treatment unless such services
885 are rendered by the physician or are incident to professional
886 services and are included on the physician's bills. This sub-
887 subparagraph does not apply to services furnished in a licensed
888 health care facility or in an independent diagnostic testing
889 facility as defined in s. 456.0375.
890 2. Charges for medically necessary cephalic thermograms,
891 peripheral thermograms, spinal ultrasounds, extremity
892 ultrasounds, video fluoroscopy, and surface electromyography

CODING: Words ~~stricken~~ are deletions; words underlined are additions.

893 shall not exceed the maximum reimbursement allowance for such
894 procedures as set forth in the applicable fee schedule or other
895 payment methodology established pursuant to s. 440.13.
896 3. Allowable amounts that may be charged to a personal
897 injury protection insurance insurer and insured for medically
898 necessary nerve conduction testing when done in conjunction with
899 a needle electromyography procedure and both are performed and
900 billed solely by a physician licensed under chapter 458, chapter
901 459, chapter 460, or chapter 461 who is also certified by the
902 American Board of Electrodiagnostic Medicine or by a board
903 recognized by the American Board of Medical Specialties or the
904 American Osteopathic Association or who holds diplomate status
905 with the American Chiropractic Neurology Board or its
906 predecessors or the American Chiropractic Academy of Neurology
907 or its predecessors shall not exceed 200 percent of the
908 allowable amount under Medicare Part B for year 2001, for the
909 area in which the treatment was rendered, adjusted annually by
910 an additional amount equal to the medical Consumer Price Index
911 for Florida.
912 4. Allowable amounts that may be charged to a personal
913 injury protection insurance insurer and insured for medically
914 necessary nerve conduction testing that does not meet the
915 requirements of subparagraph 3. shall not exceed the applicable
916 fee schedule or other payment methodology established pursuant
917 to s. 440.13.
918 5. Effective upon this act becoming a law and before
919 November 1, 2001, allowable amounts that may be charged to a
920 personal injury protection insurance insurer and insured for

CODING: Words stricken are deletions; words underlined are additions.

921 magnetic resonance imaging services shall not exceed 200 percent
922 of the allowable amount under Medicare Part B for year 2001, for
923 the area in which the treatment was rendered. Beginning November
924 1, 2001, allowable amounts that may be charged to a personal
925 injury protection insurance insurer and insured for magnetic
926 resonance imaging services shall not exceed 175 percent of the
927 allowable amount under Medicare Part B for year 2001, for the
928 area in which the treatment was rendered, adjusted annually by
929 an additional amount equal to the medical Consumer Price Index
930 for Florida based on the month of January for each year, except
931 that allowable amounts that may be charged to a personal injury
932 protection insurance insurer and insured for magnetic resonance
933 imaging services provided in facilities accredited by the
934 American College of Radiology or the Joint Commission on
935 Accreditation of Healthcare Organizations shall not exceed 200
936 percent of the allowable amount under Medicare Part B for year
937 2001, for the area in which the treatment was rendered, adjusted
938 annually by an additional amount equal to the medical Consumer
939 Price Index for Florida based on the month of January for each
940 year. Allowable amounts that may be charged to a personal injury
941 protection insurance insurer and insured for magnetic resonance
942 imaging services provided in facilities accredited by both the
943 American College of Radiology and the Joint Commission on
944 Accreditation of Health Care Organizations shall be 225 percent
945 of the allowable amount for Medicare Part B for 2001 for the
946 area in which the treatment was rendered, adjusted annually by
947 an amount equal to the Consumer Price Index for Florida. This
948 paragraph does not apply to charges for magnetic resonance

CODING: Words stricken are deletions; words underlined are additions.

949 imaging services and nerve conduction testing for inpatients and
950 emergency services and care as defined in chapter 395 rendered
951 by facilities licensed under chapter 395.
952 (c)1. With respect to any treatment or service, other than
953 medical services billed by a hospital or other provider for
954 emergency services as defined in s. 395.002 or inpatient
955 services rendered at a hospital-owned facility, the statement of
956 charges must be furnished to the insurer by the provider and may
957 not include, and the insurer is not required to pay, charges for
958 treatment or services rendered more than 35 days before the
959 postmark date of the statement, except for past due amounts
960 previously billed on a timely basis under this paragraph, and
961 except that, if the provider submits to the insurer a notice of
962 initiation of treatment within 21 days after its first
963 examination or treatment of the claimant, the statement may
964 include charges for treatment or services rendered up to, but
965 not more than, 75 days before the postmark date of the
966 statement. The injured party is not liable for, and the provider
967 shall not bill the injured party for, charges that are unpaid
968 because of the provider's failure to comply with this paragraph.
969 Any agreement requiring the injured person or insured to pay for
970 such charges is unenforceable.
971 2. If, however, the insured fails to furnish the provider
972 with the correct name and address of the insured's personal
973 injury protection insurer, the provider has 35 days from the
974 date the provider obtains the correct information to furnish the
975 insurer with a statement of the charges. The insurer is not
976 required to pay for such charges unless the provider includes

CODING: Words stricken are deletions; words underlined are additions.

977 with the statement documentary evidence that was provided by the
978 insured during the 35-day period demonstrating that the provider
979 reasonably relied on erroneous information from the insured and
980 either:
981 a.~~1.~~ A denial letter from the incorrect insurer; or
982 b.~~2.~~ Proof of mailing, which may include an affidavit
983 under penalty of perjury, reflecting timely mailing to the
984 incorrect address or insurer.
985 3. For emergency services and care as defined in s.
986 395.002 rendered in a hospital emergency department or for
987 transport and treatment rendered by an ambulance provider
988 licensed pursuant to part III of chapter 401, the provider is
989 not required to furnish the statement of charges within the time
990 periods established by this paragraph; and the insurer shall not
991 be considered to have been furnished with notice of the amount
992 of covered loss for purposes of paragraph (4)(b) until it
993 receives a statement complying with paragraph (d)~~(e)~~, or copy
994 thereof, which specifically identifies the place of service to
995 be a hospital emergency department or an ambulance in accordance
996 with billing standards recognized by the Health Care Finance
997 Administration.
998 4. Each notice of insured's rights under s. 627.7401 must
999 include the following statement in type no smaller than 12
1000 points:
1001 BILLING REQUIREMENTS.--Florida Statutes provide that with
1002 respect to any treatment or services, other than certain
1003 hospital and emergency services, the statement of charges
1004 furnished to the insurer by the provider may not include, and

CODING: Words ~~stricken~~ are deletions; words underlined are additions.

1005 the insurer and the injured party are not required to pay,
1006 charges for treatment or services rendered more than 35 days
1007 before the postmark date of the statement, except for past due
1008 amounts previously billed on a timely basis~~, and except that, if~~
1009 ~~the provider submits to the insurer a notice of initiation of~~
1010 ~~treatment within 21 days after its first examination or~~
1011 ~~treatment of the claimant, the statement may include charges for~~
1012 ~~treatment or services rendered up to, but not more than, 75 days~~
1013 ~~before the postmark date of the statement~~.
1014 ~~(d) Every insurer shall include a provision in its policy~~
1015 ~~for personal injury protection benefits for binding arbitration~~
1016 ~~of any claims dispute involving medical benefits arising between~~
1017 ~~the insurer and any person providing medical services or~~
1018 ~~supplies if that person has agreed to accept assignment of~~
1019 ~~personal injury protection benefits. The provision shall specify~~
1020 ~~that the provisions of chapter 682 relating to arbitration shall~~
1021 ~~apply. The prevailing party shall be entitled to attorney's fees~~
1022 ~~and costs. For purposes of the award of attorney's fees and~~
1023 ~~costs, the prevailing party shall be determined as follows:~~
1024 ~~1. When the amount of personal injury protection benefits~~
1025 ~~determined by arbitration exceeds the sum of the amount offered~~
1026 ~~by the insurer at arbitration plus 50 percent of the difference~~
1027 ~~between the amount of the claim asserted by the claimant at~~
1028 ~~arbitration and the amount offered by the insurer at~~
1029 ~~arbitration, the claimant is the prevailing party.~~
1030 ~~2. When the amount of personal injury protection benefits~~
1031 ~~determined by arbitration is less than the sum of the amount~~
1032 ~~offered by the insurer at arbitration plus 50 percent of the~~

CODING: Words ~~stricken~~ are deletions; words underlined are additions.

1033 ~~difference between the amount of the claim asserted by the~~
1034 ~~claimant at arbitration and the amount offered by the insurer at~~
1035 ~~arbitration, the insurer is the prevailing party.~~
1036 ~~3. When neither subparagraph 1. nor subparagraph 2.~~
1037 ~~applies, there is no prevailing party. For purposes of this~~
1038 ~~paragraph, the amount of the offer or claim at arbitration is~~
1039 ~~the amount of the last written offer or claim made at least 30~~
1040 ~~days prior to the arbitration.~~
1041 ~~4. In the demand for arbitration, the party requesting~~
1042 ~~arbitration must include a statement specifically identifying~~
1043 ~~the issues for arbitration for each examination or treatment in~~
1044 ~~dispute. The other party must subsequently issue a statement~~
1045 ~~specifying any other examinations or treatment and any other~~
1046 ~~issues that it intends to raise in the arbitration. The parties~~
1047 ~~may amend their statements up to 30 days prior to arbitration,~~
1048 ~~provided that arbitration shall be limited to those identified~~
1049 ~~issues and neither party may add additional issues during~~
1050 ~~arbitration.~~
1051 (d)~~(e)~~ All statements and bills for medical services
1052 rendered by any physician, hospital, clinic, or other person or
1053 institution shall be submitted to the insurer on a properly
1054 completed Centers for Medicare and Medicaid Services (CMS)
1055 ~~Health Care Finance Administration~~ 1500 form, UB 92 forms, or
1056 any other standard form approved by the department for purposes
1057 of this paragraph. All billings for such services by
1058 noninstitutional providers shall, to the extent applicable,
1059 follow the Physicians' Current Procedural Terminology(CPT) or
1060 Healthcare Correct Procedural Coding System (HCPCS) in effect

CODING: Words ~~stricken~~ are deletions; words underlined are additions.

1061 for the year in which services are rendered, and comply with the
1062 Centers for Medicare and Medicaid Services (CMS) 1500 form
1063 instructions and the American Medical Association Current
1064 Procedural Terminology (CPT) Editorial Panel and Healthcare
1065 Correct Procedural Coding System (HCPCS). In determining
1066 compliance with applicable CPT and HCPCS coding, guidance shall
1067 be provided by the Physicians' Current Procedural Terminology
1068 (CPT) or Healthcare Correct Procedural Coding System (HCPCS) in
1069 effect for the year in which services were rendered, the Officer
1070 of the Inspector General (OIG), Physicians Compliance
1071 Guidelines, and other authoritative treatises as may be defined
1072 by rule of the Department of Health. No statement of medical
1073 services may include charges for medical services of a person or
1074 entity that performed such services without possessing the valid
1075 licenses required to perform such services. For purposes of
1076 paragraph (4)(b), an insurer shall not be considered to have
1077 been furnished with notice of the amount of covered loss or
1078 medical bills due unless the statements or bills comply with
1079 this paragraph, and unless the statements or bills are properly
1080 completed in their entirety with all information being provided
1081 in such statements or bills, which means that the statement or
1082 bill contains all of the information required by the Centers for
1083 Medicare and Medicaid Services (CMS) 1500 form instructions and
1084 the American Medical Association Current Procedural Terminology
1085 Editorial Panel and Healthcare Correct Procedural Coding System.
1086 An insurer shall not deny or reduce claims based upon compliance
1087 with s. 456.0375(2)(d) unless the insurer can show the required
1088 certification was not provided to the insurer.

1089 <u>(e) Each physician, clinic, or other medical institution,</u>
1090 <u>except for a hospital, providing medical services upon which a</u>
1091 <u>claim for personal injury protectin benefits is based shall</u>
1092 <u>require an insured person to either sign a form acknowledging</u>
1093 <u>that the diagnostic or treatment services listed on the form</u>
1094 <u>were provided to the insured on the date that the insured signs</u>
1095 <u>the form, or in the alternative, the insured may sign the</u>
1096 <u>patient records generated that day reflecting the diagnostic or</u>
1097 <u>treatment procedures received.</u>
1098 <u>(f) An insurer may not bundle codes or change a diagnosis</u>
1099 <u>or diagnosis code on a claim submitted by a health care provider</u>
1100 <u>without the consent of the health care provider. Such action</u>
1101 <u>constitutes a material misrepresentation under s.</u>
1102 <u>626.9541(1)(i)2.</u>
1103 (7) MENTAL AND PHYSICAL EXAMINATION OF INJURED PERSON;
1104 REPORTS.--
1105 (a) Whenever the mental or physical condition of an
1106 injured person covered by personal injury protection is material
1107 to any claim that has been or may be made for past or future
1108 personal injury protection insurance benefits, such person
1109 shall, upon the request of an insurer, submit to mental or
1110 physical examination by a physician or physicians. The costs of
1111 any examinations requested by an insurer shall be borne entirely
1112 by the insurer. Such examination shall be conducted within the
1113 municipality where the insured is receiving treatment, or in a
1114 location reasonably accessible to the insured, which, for
1115 purposes of this paragraph, means any location within the
1116 municipality in which the insured resides, or any location

CODING: Words ~~stricken~~ are deletions; words <u>underlined</u> are additions.

1117 within 10 miles by road of the insured's residence, provided
1118 such location is within the county in which the insured resides.
1119 If the examination is to be conducted in a location reasonably
1120 accessible to the insured, and if there is no qualified
1121 physician to conduct the examination in a location reasonably
1122 accessible to the insured, then such examination shall be
1123 conducted in an area of the closest proximity to the insured's
1124 residence. Personal protection insurers are authorized to
1125 include reasonable provisions in personal injury protection
1126 insurance policies for mental and physical examination of those
1127 claiming personal injury protection insurance benefits. An
1128 insurer may not withdraw payment of a treating physician without
1129 the consent of the injured person covered by the personal injury
1130 protection, unless the insurer first obtains a valid report by a
1131 physician licensed under the same chapter as the treating
1132 physician whose treatment authorization is sought to be
1133 withdrawn, stating that treatment was not reasonable, related,
1134 or necessary. A valid report is one that is prepared and signed
1135 by the physician examining the injured person or reviewing the
1136 treatment records of the injured person and is factually
1137 supported by the examination and treatment records if reviewed
1138 and that has not been modified by anyone other than the
1139 physician. The physician preparing the report must be in active
1140 practice, unless the physician is physically disabled. Active
1141 practice means that for ~~during the~~ 3 consecutive years
1142 immediately preceding the date of the physical examination or
1143 review of the treatment records the physician must have devoted
1144 professional time to the active clinical practice of evaluation,

CODING: Words ~~stricken~~ are deletions; words underlined are additions.

1145 diagnosis, or treatment of medical conditions or to the
1146 instruction of students in an accredited health professional
1147 school or accredited residency program or a clinical research
1148 program that is affiliated with an accredited health
1149 professional school or teaching hospital or accredited residency
1150 program. The physician preparing a report at the request of an
1151 insurer, or on behalf of an insurer through an attorney or
1152 another entity, shall maintain, for at least 3 years, copies of
1153 all examination reports as medical records and shall maintain,
1154 for at least 3 years, records of all payments for the
1155 examinations and reports. Neither an insurer nor any person
1156 acting at the direction of or on behalf of an insurer may change
1157 an opinion in a report prepared under this paragraph or direct
1158 the physician preparing the report to change such opinion. The
1159 denial of a payment as the result of such a changed opinion
1160 constitutes a material misrepresentation under s.
1161 626.9541(1)(i)2.
1162 (8) APPLICABILITY OF PROVISION REGULATING ATTORNEY'S
1163 FEES.--With respect to any dispute under the provisions of ss.
1164 627.730-627.7405 between the insured and the insurer, or between
1165 an assignee of an insured's rights and the insurer, the
1166 provisions of s. 627.428 shall apply, except as provided in
1167 subsection (11), provided a court must receive evidence and
1168 consider the following factors prior to awarding any multiplier:
1169 (a) Whether the relevant market requires a contingency fee
1170 multiplier to obtain competent counsel.
1171 (b) Whether the attorney was able to mitigate the risk of
1172 nonpayment in any way.

CODING: Words stricken are deletions; words underlined are additions.

1173 (c) Whether any of the following factors are applicable:
1174 1. The time and labor required, the novelty and difficulty
1175 of the question involved, and the skill requisite to perform the
1176 legal service properly.
1177 2. The likelihood, if apparent to the client, that the
1178 acceptance of the particular employment will preclude other
1179 employment by the lawyer.
1180 3. The fee customarily charged in the locality for similar
1181 legal services.
1182 4. The amount involved and the results obtained.
1183 5. The time limitations imposed by the client or by the
1184 circumstances.
1185 6. The nature and length of the professional relationship
1186 with the client.
1187 7. The experience, reputation, and ability of the lawyer
1188 or lawyers performing the services.
1189 8. Whether the fee is fixed or contingent.
1190
1191 If the court determines, pursuant to this subsection, that a
1192 multiplier is appropriate, and if the court determines that
1193 success was more likely than not at the outset, the court may
1194 apply a multiplier of 1 to 1.5; if the court determines that the
1195 likelihood of success was approximately even at the outset, the
1196 court may apply a multiplier of 1.5 to 2.0; and if the court
1197 determines that success was unlikely at the outset of the case,
1198 the court may apply a multiplier of 2.0 to 2.5.
1199 (11) DEMAND LETTER.--

1200 (d) If, within 10 ~~7~~ business days after receipt of notice
1201 by the insurer, the overdue claim specified in the notice is
1202 paid by the insurer together with applicable interest and a
1203 penalty of 10 percent of the overdue amount paid by the insurer,
1204 subject to a maximum penalty of $250, no action for nonpayment
1205 or late payment may be brought against the insurer. To the
1206 extent the insurer determines not to pay the overdue amount, the
1207 penalty shall not be payable in any action for nonpayment or
1208 late payment. For purposes of this subsection, payment shall be
1209 treated as being made on the date a draft or other valid
1210 instrument that is equivalent to payment is placed in the United
1211 States mail in a properly addressed, postpaid envelope, or if
1212 not so posted, on the date of delivery. The insurer shall not be
1213 obligated to pay any attorney's fees if the insurer pays the
1214 claim within the time prescribed by this subsection.
1215 (12) CIVIL ACTION FOR INSURANCE FRAUD.--
1216 (a) An insurer and an insured shall have a cause of action
1217 against any person who has committed ~~convicted of, or who,~~
1218 ~~regardless of adjudication of guilt, pleads guilty or nolo~~
1219 ~~contendere to~~ insurance fraud under s. 817.234, patient
1220 brokering under s. 817.505, or kickbacks under s. 456.054,
1221 associated with a claim for personal injury protection benefits
1222 in accordance with this section. Any party ~~An insurer~~ prevailing
1223 in an action brought under this subsection may recover treble
1224 compensatory damages, consequential damages, and punitive
1225 damages subject to the requirements and limitations of part II
1226 of chapter 768, and attorney's fees and costs incurred in
1227 litigating a cause of action under ~~against any person convicted~~

CODING: Words ~~stricken~~ are deletions; words underlined are additions.

1228 ~~of, or who, regardless of adjudication of guilt, pleads guilty~~
1229 ~~or nolo contendere to insurance fraud under s. 817.234, patient~~
1230 ~~brokering under s. 817.505, or kickbacks under s. 456.054,~~
1231 ~~associated with a claim for personal injury protection benefits~~
1232 ~~in accordance with~~ this section.
1233 (b) Notwithstanding its payment, neither an insurer nor an
1234 insured shall be precluded from maintaining a civil cause of
1235 action against any person or business entity to recover payment
1236 for services later determined to have not been lawfully rendered
1237 or otherwise in violation of any provision of this section.
1238 Section 9. Paragraph (a) of subsection (1) of section
1239 627.745, Florida Statutes, is amended to read:
1240 627.745 Mediation of claims.--
1241 (1)(a) In any claim filed with an insurer for personal
1242 injury ~~in an amount of $10,000 or less~~ or any claim for property
1243 damage in any amount, arising out of the ownership, operation,
1244 use, or maintenance of a motor vehicle, either party may demand
1245 mediation of the claim prior to the institution of litigation.
1246 Section 10. Section 627.747, Florida Statutes, is created
1247 to read:
1248 627.747 Legislative oversight; reporting of
1249 information.--In order to ensure continuing legislative
1250 oversight of motor vehicle insurance in general and the personal
1251 injury protection system in particular, the following agencies
1252 shall, on January 1 and July 1 of each year, provide the
1253 information required by this section to the President of the
1254 Senate, the Speaker of the House of Representatives, the
1255 minority party leaders of the Senate and the House of

CODING: Words ~~stricken~~ are deletions; words underlined are additions.

1256 Representatives, and the chairs of the standing committees of
1257 the Senate and the House of Representatives having authority
1258 over insurance matters.
1259 (1) The Office of Insurance Regulation of the Financial
1260 Services Commission shall provide data and analysis on motor
1261 vehicle insurance loss cost trends and premium trends, together
1262 with such other information as the office deems appropriate to
1263 enable the Legislature to evaluate the effectiveness of the
1264 reforms contained in the Florida Motor Vehicle Insurance
1265 Affordability Reform Act of 2003, and such other information as
1266 may be requested from time to time by any of the officers
1267 referred to in this section.
1268 (2) The Division of Insurance Fraud of the Department of
1269 Financial Services shall provide data and analysis on the
1270 incidence and cost of motor vehicle insurance fraud, including
1271 violations, investigations, and prosecutions, together with such
1272 other information as the division deems appropriate to enable
1273 the Legislature to evaluate the effectiveness of the reforms
1274 contained in the Florida Motor Vehicle Insurance Affordability
1275 Reform Act of 2003, and such other information as may be
1276 requested from time to time by any of the officers referred to
1277 in this section.
1278 Section 11. Subsections (8) and (9) of section 817.234,
1279 Florida Statutes, are amended to read:
1280 817.234 False and fraudulent insurance claims.--
1281 (8)(a)1. It is unlawful for any person, intending to
1282 defraud any other person, in his or her individual capacity or
1283 in his or her capacity as a public or private employee, or for

1284 any firm, corporation, partnership, or association, to solicit
1285 or cause to be solicited any business from a person involved in
1286 a motor vehicle accident by any means of communication other
1287 than advertising directed to the public for the purpose of
1288 making motor vehicle tort claims or claims for personal injury
1289 protection benefits required by s. 627.736. Charges for any
1290 services rendered by a health care provider or attorney who
1291 violates this subsection in regard to the person for whom such
1292 services were rendered are noncompensable and unenforceable as a
1293 matter of law. Any person who violates the provisions of this
1294 paragraph ~~subsection~~ commits a felony of the second ~~third~~
1295 degree, punishable as provided in s. 775.082, s. 775.083, or s.
1296 775.084. Such person shall be sentenced to a minimum term of
1297 imprisonment of 2 years.
1298 2. Notwithstanding the provisions of s. 948.01 with
1299 respect to any person who is found to have violated this
1300 paragraph, adjudication of guilt or imposition of sentence shall
1301 not be suspended, deferred, or withheld nor shall such person be
1302 eligible for parole prior to serving the mandatory minimum term
1303 of imprisonment prescribed by this paragraph. A person sentenced
1304 to a mandatory term of imprisonment under this paragraph is not
1305 eligible for any form of discretionary early release, except
1306 pardon or executive clemency or conditional medical release
1307 under s. 947.149, prior to serving the mandatory minimum term of
1308 imprisonment.
1309 3. The state attorney may move the sentencing court to
1310 reduce or suspend the sentence of any person who is convicted of
1311 a violation of this paragraph and who provides substantial

CODING: Words ~~stricken~~ are deletions; words underlined are additions.

1312 assistance in the identification, arrest, or conviction of any
1313 of that person’s accomplices, accessories, coconspirators, or
1314 principals. The arresting agency shall be given an opportunity
1315 to be heard in aggravation or mitigation in reference to any
1316 such motion. Upon good cause shown, the motion may be filed and
1317 heard in camera. The judge hearing the motion may reduce or
1318 suspend the sentence if the judge finds that the defendant
1319 rendered such substantial assistance.
1320 (b)1. It is unlawful for any person to solicit or cause to
1321 be solicited any business from a person involved in a motor
1322 vehicle accident, by any means of communication other than
1323 advertising directed to the public, for the purpose of making,
1324 settling, or adjusting motor vehicle tort claims or claims for
1325 personal injury protection benefits required by s. 627.736,
1326 within 60 days after the occurrence of the motor vehicle
1327 accident. Any person who violates the provisions of this
1328 subparagraph commits a felony of the third degree, punishable as
1329 provided in s. 775.082, s. 775.083, or s. 775.084.
1330 2. It is unlawful for any person, at any time after 60
1331 days have elapsed from the occurrence of a motor vehicle
1332 accident, to solicit or cause to be solicited any business from
1333 a person involved in a motor vehicle accident, by means of any
1334 personal or telephone contact at the person's residence, other
1335 than by mail or by advertising directed to the public, for the
1336 purpose of making motor vehicle tort claims or claims for
1337 personal injury protection benefits required by s. 627.736. Any
1338 person who violates the provisions of this subparagraph commits

1339 a felony of the third degree, punishable as provided in s.
1340 775.082, s. 775.083, or s. 775.084.
1341 (c) Charges for any services rendered by any person who
1342 violates this subsection in regard to the person for whom such
1343 services were rendered are noncompensable and unenforceable as a
1344 matter of law. Any contract, release or other document executed
1345 by a person involved in a motor vehicle accident, or a family
1346 member of such person, related to a violation of this section is
1347 unenforceable by the person who violated this section or that
1348 person's principal or successor in interest.
1349 (d) For purposes of this section, the term "solicit" does
1350 not include an insurance company making contact with its
1351 insured, nor does it include an insurance company making contact
1352 with a person involved in a motor vehicle accident where the
1353 person involved in a motor vehicle accident has directly or
1354 indirectly requested to be contacted by the insurance company.
1355 (9)(a) It is unlawful for any person to organize, plan, or
1356 in any way participate in an intentional motor vehicle crash for
1357 the purpose of making motor vehicle tort claims or claims for
1358 personal injury protection benefits as required by s. 627.736
1359 ~~attorney to solicit any business relating to the representation~~
1360 ~~of a person involved in a motor vehicle accident for the purpose~~
1361 ~~of filing a motor vehicle tort claim or a claim for personal~~
1362 ~~injury protection benefits required by s. 627.736. The~~
1363 ~~solicitation by advertising of any business by an attorney~~
1364 ~~relating to the representation of a person injured in a specific~~
1365 ~~motor vehicle accident is prohibited by this section~~. Any person
1366 ~~attorney~~ who violates the provisions of this paragraph

1367 ~~subsection~~ commits a felony of the second ~~third~~ degree,
1368 punishable as provided in s. 775.082, s. 775.083, or s. 775.084.
1369 A person who is convicted of a violation of this subsection
1370 shall be sentenced to a minimum term of imprisonment of 2 years.
1371 (b) Notwithstanding the provisions of s. 948.01, with
1372 respect to any person who is found to have violated this
1373 subsection, adjudication of guilt or imposition of sentence
1374 shall not be suspended, deferred, or withheld nor shall such
1375 person be eligible for parole prior to serving the mandatory
1376 minimum term of imprisonment prescribed by this subsection. A
1377 person sentenced to a mandatory minimum term of imprisonment
1378 under this subsection is not eligible for any form of
1379 discretionary early release, except pardon, executive clemency,
1380 or conditional medical release under s. 947.149, prior to
1381 serving the mandatory minimum term of imprisonment.
1382 (c) The state attorney may move the sentencing court to
1383 reduce or suspend the sentence of any person who is convicted of
1384 a violation of this subsection and who provides substantial
1385 assistance in the identification, arrest, or conviction of any
1386 of that person's accomplices, accessories, coconspirators, or
1387 principals. The arresting agency shall be given an opportunity
1388 to be heard in aggravation or mitigation in reference to any
1389 such motion. Upon good cause shown, the motion may be filed and
1390 heard in camera. The judge hearing the motion may reduce or
1391 suspend the sentence if the judge finds that the defendant
1392 rendered such substantial assistance. ~~Whenever any circuit or~~
1393 ~~special grievance committee acting under the jurisdiction of the~~
1394 ~~Supreme Court finds probable cause to believe that an attorney~~

1395 ~~is guilty of a violation of this section, such committee shall~~
1396 ~~forward to the appropriate state attorney a copy of the finding~~
1397 ~~of probable cause and the report being filed in the matter. This~~
1398 ~~section shall not be interpreted to prohibit advertising by~~
1399 ~~attorneys which does not entail a solicitation as described in~~
1400 ~~this subsection and which is permitted by the rules regulating~~
1401 ~~The Florida Bar as promulgated by the Florida Supreme Court.~~
1402 Section 12. Section 817.236, Florida Statutes, is amended
1403 to read:
1404 817.236 False and fraudulent motor vehicle insurance
1405 application.--Any person who, with intent to injure, defraud, or
1406 deceive any motor vehicle insurer, including any statutorily
1407 created underwriting association or pool of motor vehicle
1408 insurers, presents or causes to be presented any written
1409 application, or written statement in support thereof, for motor
1410 vehicle insurance knowing that the application or statement
1411 contains any false, incomplete, or misleading information
1412 concerning any fact or matter material to the application
1413 commits a <u>felony</u> ~~misdemeanor~~ of the <u>third</u> ~~first~~ degree,
1414 punishable as provided in s. 775.082<u>,</u> ~~or~~ s. 775.083<u>, or s.</u>
1415 <u>775.084</u>.
1416 Section 13. Section 817.2361, Florida Statutes, is created
1417 to read:
1418 <u>817.2361 False or fraudulent motor vehicle insurance</u>
1419 <u>card.--Any person who, with intent to deceive any other person,</u>
1420 <u>creates, markets, or presents a false or fraudulent motor</u>
1421 <u>vehicle insurance card commits a felony of the third degree,</u>
1422 <u>punishable as provided in s. 775.082, s. 775.083, or s. 775.084.</u>

CODING: Words ~~stricken~~ are deletions; words <u>underlined</u> are additions.

1423 Section 14. Section 817.413, Florida Statutes, is created
1424 to read:
1425 817.413 Sale of used motor vehicle goods as new;
1426 penalty.--
1427 (1) With respect to a transaction for which any charges
1428 will be paid from the proceeds of a motor vehicle insurance
1429 policy and in which the purchase price of motor vehicle goods
1430 exceeds $100, it is unlawful for the seller to misrepresent
1431 orally, in writing, or by failure to speak that the goods are
1432 new or original when they are used or repossessed or have been
1433 used for sales demonstration.
1434 (2) A person who violates the provisions of this section
1435 commits a felony of the third degree, punishable as provided in
1436 s. 775.082, s. 775.083, or s. 775.084.
1437 Section 15. Section 860.15, Florida Statutes, is amended
1438 to read:
1439 860.15 Overcharging for repairs and parts; penalty.--
1440 (1) It is unlawful for a person to knowingly charge for
1441 any services on motor vehicles which are not actually performed,
1442 to knowingly and falsely charge for any parts and accessories
1443 for motor vehicles not actually furnished, or to knowingly and
1444 fraudulently substitute parts when such substitution has no
1445 relation to the repairing or servicing of the motor vehicle.
1446 (2) Any person willfully violating the provisions of this
1447 section shall be guilty of a misdemeanor of the second degree,
1448 punishable as provided in s. 775.082 or s. 775.083.
1449 (3) If the charges referred to in subsection (1) will be
1450 paid from the proceeds of a motor vehicle insurance policy, a

1451 person who willfully violates the provisions of this section
1452 commits a felony of the third degree, punishable as provided in
1453 s. 775.082, s. 775.083, or s. 775.084.
1454 Section 16. Paragraphs (c) and (e) of subsection (3) of
1455 section 921.0022, Florida Statutes, are amended to read:
1456 921.0022 Criminal Punishment Code; offense severity
1457 ranking chart.--
1458 (3) OFFENSE SEVERITY RANKING CHART
1459

Florida Statute	Felony Degree	Description
1460		(c) LEVEL 3
1461 119.10(3)	3rd	Unlawful use of confidential information from police reports.
1462 316.066(3)(d)-(f)	3rd	Unlawfully obtaining or using confidential crash reports.
1463 316.193(2)(b)	3rd	Felony DUI, 3rd conviction.
1464 316.1935(2)	3rd	Fleeing or attempting to elude law enforcement officer in marked patrol vehicle with siren and lights activated.
1465 319.30(4)	3rd	Possession by junkyard of

CODING: Words stricken are deletions; words underlined are additions.

			motor vehicle with identification number plate removed.
1466	319.33(1)(a)	3rd	Alter or forge any certificate of title to a motor vehicle or mobile home.
1467	319.33(1)(c)	3rd	Procure or pass title on stolen vehicle.
1468	319.33(4)	3rd	With intent to defraud, possess, sell, etc., a blank, forged, or unlawfully obtained title or registration.
1469	327.35(2)(b)	3rd	Felony BUI.
1470	328.05(2)	3rd	Possess, sell, or counterfeit fictitious, stolen, or fraudulent titles or bills of sale of vessels.
1471	328.07(4)	3rd	Manufacture, exchange, or possess vessel with counterfeit or wrong ID number.
1472	376.302(5)	3rd	Fraud related to reimbursement for cleanup expenses under the

			Inland Protection Trust Fund.
1473	456.0375(4)(b)	3rd	Operating a clinic without registration or filing false registration or other required information.
1474	501.001(2)(b)	2nd	Tampers with a consumer product or the container using materially false/misleading information.
1475	697.08	3rd	Equity skimming.
1476	790.15(3)	3rd	Person directs another to discharge firearm from a vehicle.
1477	796.05(1)	3rd	Live on earnings of a prostitute.
1478	806.10(1)	3rd	Maliciously injure, destroy, or interfere with vehicles or equipment used in firefighting.
1479	806.10(2)	3rd	Interferes with or assaults firefighter in performance of duty.
1480			

Line	Section	Degree	Description
	810.09(2)(c)	3rd	Trespass on property other than structure or conveyance armed with firearm or dangerous weapon.
1481	812.014(2)(c)2.	3rd	Grand theft; $5,000 or more but less than $10,000.
1482	812.0145(2)(c)	3rd	Theft from person 65 years of age or older; $300 or more but less than $10,000.
1483	815.04(4)(b)	2nd	Computer offense devised to defraud or obtain property.
1484	817.034(4)(a)3.	3rd	Engages in scheme to defraud (Florida Communications Fraud Act), property valued at less than $20,000.
1485	817.233	3rd	Burning to defraud insurer.
1486	817.234(8)(b)~~&(9)~~	3rd	Certain unlawful solicitation of persons involved in motor vehicle accidents.
1487	817.234(11)(a)	3rd	Insurance fraud; property value less than $20,000.
1488	817.236	3rd	False and fraudulent motor

CODING: Words ~~stricken~~ are deletions; words underlined are additions.

			vehicle insurance application.
1489	817.2361	3rd	False and fraudulent motor vehicle insurance card.
1490	817.413	3rd	Sale of used motor vehicle goods as new.
1491	817.505(4)	3rd	Patient brokering.
1492	828.12(2)	3rd	Tortures any animal with intent to inflict intense pain, serious physical injury, or death.
1493	831.28(2)(a)	3rd	Counterfeiting a payment instrument with intent to defraud or possessing a counterfeit payment instrument.
1494	831.29	2nd	Possession of instruments for counterfeiting drivers' licenses or identification cards.
1495	838.021(3)(b)	3rd	Threatens unlawful harm to public servant.
1496	843.19	3rd	Injure, disable, or kill

			police dog or horse.
1497	860.15(3)	3rd	Overcharging for motor vehicle repairs and parts; insurance involved.
1498	870.01(2)	3rd	Riot; inciting or encouraging.
1499	893.13(1)(a)2.	3rd	Sell, manufacture, or deliver cannabis (or other s. 893.03(1)(c), (2)(c)1., (2)(c)2., (2)(c)3., (2)(c)5.,(2)(c)6., (2)(c)7., (2)(c)8., (2)(c)9., (3), or (4) drugs).
1500	893.13(1)(d)2.	2nd	Sell, manufacture, or deliver s. 893.03(1)(c),(2)(c)1., (2)(c)2., (2)(c)3., (2)(c)5., (2)(c)6., (2)(c)7.,(2)(c)8., (2)(c)9., (3), or (4) drugs within 200 feet of university or public park.
1501	893.13(1)(f)2.	2nd	Sell, manufacture, or deliver s. 893.03(1)(c),(2)(c)1., (2)(c)2., (2)(c)3., (2)(c)5., (2)(c)6., (2)(c)7.,(2)(c)8., (2)(c)9., (3), or (4) drugs

CODING: Words stricken are deletions; words underlined are additions.

			within 200 feet of public housing facility.
1502	893.13(6)(a)	3rd	Possession of any controlled substance other than felony possession of cannabis.
1503	893.13(7)(a)8.	3rd	Withhold information from practitioner regarding previous receipt of or prescription for a controlled substance.
1504	893.13(7)(a)9.	3rd	Obtain or attempt to obtain controlled substance by fraud, forgery, misrepresentation, etc.
1505	893.13(7)(a)10.	3rd	Affix false or forged label to package of controlled substance.
1506	893.13(7)(a)11.	3rd	Furnish false or fraudulent material information on any document or record required by chapter 893.
1507	893.13(8)(a)1.	3rd	Knowingly assist a patient, other person, or owner of an animal in obtaining a

			controlled substance through deceptive, untrue, or fraudulent representations in or related to the practitioner's practice.
1508	893.13(8)(a)2.	3rd	Employ a trick or scheme in the practitioner's practice to assist a patient, other person, or owner of an animal in obtaining a controlled substance.
1509	893.13(8)(a)3.	3rd	Knowingly write a prescription for a controlled substance for a fictitious person.
1510	893.13(8)(a)4.	3rd	Write a prescription for a controlled substance for a patient, other person, or an animal if the sole purpose of writing the prescription is a monetary benefit for the practitioner.
1511	918.13(1)(a)	3rd	Alter, destroy, or conceal investigation evidence.
1512	944.47(1)(a)1.-2.	3rd	Introduce contraband to

			correctional facility.
1513	944.47(1)(c)	2nd	Possess contraband while upon the grounds of a correctional institution.
1514	985.3141	3rd	Escapes from a juvenile facility (secure detention or residential commitment facility).
1515			(e) LEVEL 5
1516	316.027(1)(a)	3rd	Accidents involving personal injuries, failure to stop; leaving scene.
1517	316.1935(4)	2nd	Aggravated fleeing or eluding.
1518	322.34(6)	3rd	Careless operation of motor vehicle with suspended license, resulting in death or serious bodily injury.
1519	327.30(5)	3rd	Vessel accidents involving personal injury; leaving scene.
1520	381.0041(11)(b)	3rd	Donate blood, plasma, or organs knowing HIV positive.
1521			

	790.01(2)	3rd	Carrying a concealed firearm.
1522	790.162	2nd	Threat to throw or discharge destructive device.
1523	790.163(1)	2nd	False report of deadly explosive or weapon of mass destruction.
1524	790.221(1)	2nd	Possession of short-barreled shotgun or machine gun.
1525	790.23	2nd	Felons in possession of firearms or electronic weapons or devices.
1526	800.04(6)(c)	3rd	Lewd or lascivious conduct; offender less than 18 years.
1527	800.04(7)(c)	2nd	Lewd or lascivious exhibition; offender 18 years or older.
1528	806.111(1)	3rd	Possess, manufacture, or dispense fire bomb with intent to damage any structure or property.
1529	812.0145(2)(b)	2nd	Theft from person 65 years of age or older; $10,000 or more but less than $50,000.
1530			

CODING: Words ~~stricken~~ are deletions; words underlined are additions.

	812.015(8)	3rd	Retail theft; property stolen is valued at $300 or more and one or more specified acts.
1531	812.019(1)	2nd	Stolen property; dealing in or trafficking in.
1532	812.131(2)(b)	3rd	Robbery by sudden snatching.
1533	812.16(2)	3rd	Owning, operating, or conducting a chop shop.
1534	817.034(4)(a)2.	2nd	Communications fraud, value $20,000 to $50,000.
1535	817.234(8)(a)	2nd	Unlawful solicitation of persons involved in motor vehicle accidents intending to defraud.
1536	817.234(9)	2nd	Intentional motor vehicle crashes.
1537	817.234(11)(b)	2nd	Insurance fraud; property value $20,000 or more but less than $100,000.
1538	817.568(2)(b)	2nd	Fraudulent use of personal identification information; value of benefit, services

			received, payment avoided, or amount of injury or fraud, $75,000 or more.
1539	817.625(2)(b)	2nd	Second or subsequent fraudulent use of scanning device or reencoder.
1540	825.1025(4)	3rd	Lewd or lascivious exhibition in the presence of an elderly person or disabled adult.
1541	827.071(4)	2nd	Possess with intent to promote any photographic material, motion picture, etc., which includes sexual conduct by a child.
1542	839.13(2)(b)	2nd	Falsifying records of an individual in the care and custody of a state agency involving great bodily harm or death.
1543	843.01	3rd	Resist officer with violence to person; resist arrest with violence.
1544	874.05(2)	2nd	Encouraging or recruiting another to join a criminal

			street gang; second or subsequent offense.
1545	893.13(1)(a)1.	2nd	Sell, manufacture, or deliver cocaine (or other s. 893.03(1)(a), (1)(b), (1)(d), (2)(a), (2)(b), or(2)(c)4. drugs).
1546	893.13(1)(c)2.	2nd	Sell, manufacture, or deliver cannabis (or other s. 893.03(1)(c), (2)(c)1., (2)(c)2., (2)(c)3., (2)(c)5.,(2)(c)6., (2)(c)7., (2)(c)8., (2)(c)9., (3), or (4) drugs) within 1,000 feet of a child care facility or school.
1547	893.13(1)(d)1.	1st	Sell, manufacture, or deliver cocaine (or other s. 893.03(1)(a), (1)(b), (1)(d), (2)(a), (2)(b), or(2)(c)4. drugs) within 200 feet of university or public park.
1548	893.13(1)(e)2.	2nd	Sell, manufacture, or deliver cannabis or other drug prohibited under s.

			893.03(1)(c), (2)(c)1., (2)(c)2.,(2)(c)3., (2)(c)5., (2)(c)6., (2)(c)7., (2)(c)8., (2)(c)9.,(3), or (4) within 1,000 feet of property used for religious services or a specified business site.
1549	893.13(1)(f)1.	1st	Sell, manufacture, or deliver cocaine (or other s. 893.03(1)(a), (1)(b), (1)(d), or (2)(a), (2)(b), or (2)(c)4. drugs) within 200 feet of public housing facility.
1550	893.13(4)(b)	2nd	Deliver to minor cannabis (or other s. 893.03(1)(c),(2)(c)1., (2)(c)2., (2)(c)3., (2)(c)5., (2)(c)6., (2)(c)7.,(2)(c)8., (2)(c)9., (3), or (4) drugs).

1551

1552 Section 17. The amendment to s. 456.0375(1)(b)1., Florida
1553 Statutes, in this act is intended to clarify the legislative
1554 intent of that provision as it existed at the time the provision
1555 initially took effect. Accordingly, the amendment to s.
1556 456.0375(1)(b)1., Florida Statutes, in this act shall operate
1557 retroactively to October 1, 2001.

1558 Section 18. The Office of Insurance Regulation is directed
1559 to undertake and complete not later than January 1, 2004, a
1560 report to the Speaker of the House of Representatives and the
1561 President of the Senate evaluating the costs citizens of this
1562 state are required to pay for the private passenger automobile
1563 insurance that is presently mandated by law, in relation to the
1564 benefits of such mandates to citizens of this state. Such report
1565 shall include, but not be limited to, an evaluation of the costs
1566 and benefits of the Florida Motor Vehicle No-Fault Law.
1567 (1) Effective October 1, 2005, ss. 627.730, 627.731,
1568 627.732, 627.733, 627.734, 627.736, 627.737, 627.739, 627.7401,
1569 627.7403, and 627.7405, Florida Statutes, constituting the
1570 Florida Motor Vehicle No-Fault Law, are repealed, unless
1571 reenacted by Legislature during the 2004 Regular Session and
1572 such reenactment becomes law to take effect for policies issued
1573 or renewed on or after October 1, 2004.
1574 (2) Insurers are authorized to provide, in all policies
1575 issues or renewed after October 1, 2003, that such policies may
1576 terminate on or after October 1, 2005, as provided in subsection
1577 (1).
1578 Section 19. Except as otherwise provided herein, this act
1579 shall take effect October 1. 2003.