1 A bill to be entitled
2 An act relating to motor vehicle insurance affordability
3 reform; creating the Motor Vehicle Insurance Affordability
4 Reform Act of 2003; providing legislative findings and
5 declarations; providing purposes; amending s. 119.105,
6 F.S.; requiring certain persons to maintain confidential
7 and exempt status of certain information under certain
8 circumstances; providing construction; prohibiting use of
9 certain confidential or exempt information relating to
10 motor vehicle accident victims for certain commercial
11 solicitation activities; deleting provisions relating to
12 police reports as public records; amending s. 316.066,
13 F.S.; specifying conditions precedent to providing access
14 to crash reports to persons entitled to such access;
15 providing construction; providing for enforcement;
16 providing a criminal penalty for using certain
17 confidential information; creating s. 408.7058, F.S.;
18 providing definitions; creating a dispute resolution
19 organization for disputes between health care
20 practitioners and insurers; providing duties of the Agency
21 for Health Care Administration; providing duties of the
22 dispute resolution organization; providing procedures,
23 requirements, limitations, and restrictions for resolving
24 disputes; providing agency rulemaking authority; amending
25 s. 456.0375, F.S.; revising definitions; providing
26 additional requirements relating to the registration of
27 certain clinics; limiting participation by disqualified
28 persons; providing for voluntary registration of exempt

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

29 status; providing rulemaking authority; specifying
30 unlawful charges; prohibiting the filing of certain false
31 or misleading forms or information; providing criminal
32 penalties; providing for inspections of and access to
33 clinics under certain circumstances; providing for
34 emergency suspension of registration; amending s. 456.072,
35 F.S.; providing additional grounds for discipline of
36 health professionals; amending s. 627.732, F.S.; providing
37 a definition; amending s. 627.736, F.S.; revising
38 provisions relating to required personal injury protection
39 benefits and payment thereof; specifying conditions of
40 insurance fraud and recovery of certain charges; providing
41 for recovery of costs and attorney's fees in certain
42 insurer actions; specifying certain charges that are
43 uncollectible and unenforceable; limiting charges for
44 certain services; providing procedures and requirements
45 for correcting certain information relating to processing
46 claims; prohibiting an insurer from taking certain actions
47 with respect to a claim submitted by a health care
48 provider; prohibiting an insurer from taking certain
49 actions with respect to an independent medical
50 examination; requiring certain recordkeeping; deleting
51 provisions relating to arbitration of certain disputes
52 between insurers and medical providers; providing certain
53 statements and forms requirements, limitations, and
54 restrictions; specifying factors for court consideration
55 in applying attorney contingency fee multipliers;
56 extending the time within which an insurer may respond to

57 a demand letter; expanding civil actions for insurance
58 fraud; amending s. 627.745, F.S.; expanding the
59 availability of mediation of certain claims; creating s.
60 627.747, F.S.; providing for legislative oversight of
61 motor vehicle insurance; requiring the Office of Insurance
62 Regulation of the Financial Services Commission and the
63 Division of Insurance Fraud of the Department of Financial
64 Services to regularly report certain data and analysis of
65 certain information to specified officers of the
66 Legislature; amending s. 817.234, F.S.; increasing
67 criminal penalties for certain acts of solicitation of
68 accident victims; providing mandatory minimum penalties;
69 prohibiting certain solicitation of accident victims;
70 providing criminal penalties; prohibiting a person from
71 organizing, planning, or participating in a staged motor
72 vehicle accident; providing criminal penalties, including
73 mandatory minimum penalties; amending s. 817.236, F.S.;
74 increasing a criminal penalty for false and fraudulent
75 motor vehicle insurance application; creating s. 817.2361,
76 F.S.; prohibiting marketing or presenting false or
77 fraudulent motor vehicle insurance cards; providing
78 criminal penalties; creating s. 817.413, F.S.; prohibiting
79 certain sale of used motor vehicle goods as new; providing
80 criminal penalties; amending s. 860.15, F.S.; providing a
81 criminal penalty for charging for certain motor vehicle
82 repairs and parts to be paid from a motor vehicle
83 insurance policy; amending s. 921.0022, F.S.; revising the
84 offense severity ranking chart to reflect changes in

85 criminal penalties and the creation of additional offenses
86 under the act; providing that the amendment to s.
87 456.0375(1)(b)1., F.S., is intended to clarify existing
88 intent; providing retroactive operation; requiring the
89 Office of Insurance Regulation to report to the
90 Legislature on the economic condition of private passenger
91 automobile insurance in this state; providing effective
92 dates.
93
94 Be It Enacted by the Legislature of the State of Florida:
95
96 Section 1. Florida Motor Vehicle Insurance Affordability
97 Reform Act of 2003; findings; purpose.--
98 (1) This act may be referred to as the Florida Motor
99 Vehicle Insurance Affordability Reform Act of 2003.
100 (2) The Legislature finds and declares as follows:
101 (a) Maintaining a healthy market for motor vehicle
102 insurance, in which consumers may obtain affordable coverage,
103 insurers may operate profitably and competitively, and providers
104 of services may be compensated fairly, is a matter of great
105 public importance.
106 (b) After many years of relative stability, the market has
107 in recent years failed to achieve these goals, resulting in
108 substantial premium increases to consumers and a decrease in the
109 availability of coverage.
110 (c) The failure of the market is in part the result of
111 fraudulent acts and other abuses of the system, including, among
112 other things, staged accidents, vehicle repair fraud, fraudulent

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

113 insurance applications and claims, solicitation of accident
114 victims, and the growing role of medical clinics that exist
115 primarily to provide services to persons involved in crashes.
116 While many of these issues were brought to light by the
117 Fifteenth Statewide Grand Jury and were addressed by the
118 Legislature in 2001 in chapter 2001-271, Laws of Florida,
119 further action is now appropriate.
120 (3) The purpose of this act is to restore the health of
121 the market and the affordability of motor vehicle insurance by
122 comprehensively addressing issues of fraud, clinic regulation,
123 and related matters.
124 Section 2. Section 119.105, Florida Statutes, is amended
125 to read:
126 119.105 Protection of victims of ~~crimes or~~ accidents.--Any
127 person who is authorized by law to have access to confidential
128 or exempt information contained in police reports that identify
129 motor vehicle accident victims must maintain the confidential or
130 exempt status of such information received, except as otherwise
131 expressly provided in the law creating the exemption. Nothing in
132 this section shall be construed to prohibit the publication of
133 such information to the general public by any news media legally
134 entitled to possess that information. Under no circumstances may
135 any person, including the news media, use confidential or exempt
136 information contained in police reports for any commercial
137 solicitation of the victims or relatives of the victims of the
138 reported crimes or accidents. ~~Police reports are public records~~
139 ~~except as otherwise made exempt or confidential by general or~~
140 ~~special law. Every person is allowed to examine nonexempt or~~

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

141 ~~nonconfidential police reports. No person who inspects or copies~~
142 ~~police reports for the purpose of obtaining the names and~~
143 ~~addresses of the victims of crimes or accidents shall use any~~
144 ~~information contained therein for any commercial solicitation of~~
145 ~~the victims or relatives of the victims of the reported crimes~~
146 ~~or accidents. Nothing herein shall prohibit the publication of~~
147 ~~such information by any news media or the use of such~~
148 ~~information for any other data collection or analysis purposes.~~
149 Section 3. Subsection (3) of section 316.066, Florida
150 Statutes, is amended to read:
151 316.066 Written reports of crashes.--
152 (3)(a) Every law enforcement officer who in the regular
153 course of duty investigates a motor vehicle crash:
154 1. Which crash resulted in death or personal injury shall,
155 within 10 days after completing the investigation, forward a
156 written report of the crash to the department or traffic records
157 center.
158 2. Which crash involved a violation of s. 316.061(1) or s.
159 316.193 shall, within 10 days after completing the
160 investigation, forward a written report of the crash to the
161 department or traffic records center.
162 3. In which crash a vehicle was rendered inoperative to a
163 degree which required a wrecker to remove it from traffic may,
164 within 10 days after completing the investigation, forward a
165 written report of the crash to the department or traffic records
166 center if such action is appropriate, in the officer's
167 discretion.
168

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

169 However, in every case in which a crash report is required by
170 this section and a written report to a law enforcement officer
171 is not prepared, the law enforcement officer shall provide each
172 party involved in the crash a short-form report, prescribed by
173 the state, to be completed by the party. The short-form report
174 must include, but is not limited to: the date, time, and
175 location of the crash; a description of the vehicles involved;
176 the names and addresses of the parties involved; the names and
177 addresses of witnesses; the name, badge number, and law
178 enforcement agency of the officer investigating the crash; and
179 the names of the insurance companies for the respective parties
180 involved in the crash. Each party to the crash shall provide the
181 law enforcement officer with proof of insurance to be included
182 in the crash report. If a law enforcement officer submits a
183 report on the accident, proof of insurance must be provided to
184 the officer by each party involved in the crash. Any party who
185 fails to provide the required information is guilty of an
186 infraction for a nonmoving violation, punishable as provided in
187 chapter 318 unless the officer determines that due to injuries
188 or other special circumstances such insurance information cannot
189 be provided immediately. If the person provides the law
190 enforcement agency, within 24 hours after the crash, proof of
191 insurance that was valid at the time of the crash, the law
192 enforcement agency may void the citation.
193 (b) One or more counties may enter into an agreement with
194 the appropriate state agency to be certified by the agency to
195 have a traffic records center for the purpose of tabulating and
196 analyzing countywide traffic crash reports. The agreement must

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

197 include: certification by the agency that the center has
198 adequate auditing and monitoring mechanisms in place to ensure
199 the quality and accuracy of the data; the time period in which
200 the traffic records center must report crash data to the agency;
201 and the medium in which the traffic records must be submitted to
202 the agency. In the case of a county or multicounty area that has
203 a certified central traffic records center, a law enforcement
204 agency or driver must submit to the center within the time limit
205 prescribed in this section a written report of the crash. A
206 driver who is required to file a crash report must be notified
207 of the proper place to submit the completed report. Fees for
208 copies of public records provided by a certified traffic records
209 center shall be charged and collected as follows:
210
211 For a crash report.........................$2 per copy.
212 For a homicide report......................$25 per copy.
213 For a uniform traffic citation............$0.50 per copy.
214
215 the fees collected for copies of the public records provided by
216 a certified traffic records center shall be used to fund the
217 center or otherwise as designated by the county or counties
218 participating in the center.
219 (c) Crash reports required by this section which reveal
220 the identity, home or employment telephone number or home or
221 employment address of, or other personal information concerning
222 the parties involved in the crash and which are received or
223 prepared by any agency that regularly receives or prepares
224 information from or concerning the parties to motor vehicle

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

225 crashes are confidential and exempt from s. 119.07(1) and s.
226 24(a), Art. I of the State Constitution for a period of 60 days
227 after the date the report is filed. However, such reports may be
228 made immediately available to the parties involved in the crash,
229 their legal representatives, their licensed insurance agents,
230 their insurers or insurers to which they have applied for
231 coverage, persons under contract with such insurers to provide
232 claims or underwriting information, prosecutorial authorities,
233 radio and television stations licensed by the Federal
234 Communications Commission, newspapers qualified to publish legal
235 notices under ss. 50.011 and 50.031, and free newspapers of
236 general circulation, published once a week or more often,
237 available and of interest to the public generally for the
238 dissemination of news. As conditions precedent to accessing
239 crash reports within 60 days after the date the report is filed,
240 a person must present a driver's license or other photographic
241 identification and proof of status that demonstrates his or her
242 qualifications to access that information and must also file a
243 written sworn statement with the state or local agency in
244 possession of the information stating that no information from
245 any crash report made confidential by this section will be used
246 for any prohibited commercial solicitations of accident victims
247 or knowingly disclosed to any third party for the purpose of
248 such solicitation during the period of time that the information
249 remains confidential. Nothing in this paragraph shall be
250 construed to prevent the dissemination or publication of news to
251 the general public by any media organization entitled to access
252 confidential information pursuant to this section. Any law

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

253 enforcement officer as defined in s. 943.10(1) shall have the
254 authority to enforce this subsection. For the purposes of this
255 section, the following products or publications are not
256 newspapers as referred to in this section: those intended
257 primarily for members of a particular profession or occupational
258 group; those with the primary purpose of distributing
259 advertising; and those with the primary purpose of publishing
260 names and other personally identifying information concerning
261 parties to motor vehicle crashes. Any local, state, or federal
262 agency, agent, or employee that is authorized to have access to
263 such reports by any provision of law shall be granted such
264 access in the furtherance of the agency's statutory duties
265 notwithstanding the provisions of this paragraph. Any local,
266 state, or federal agency, agent, or employee receiving such
267 crash reports shall maintain the confidential and exempt status
268 of those reports and shall not disclose such crash reports to
269 any person or entity. Any person attempting to access crash
270 reports within 60 days after the date the report is filed must
271 present legitimate credentials or identification that
272 demonstrates his or her qualifications to access that
273 information. This exemption is subject to the Open Government
274 Sunset Review Act of 1995 in accordance with s. 119.15, and
275 shall stand repealed on October 2, 2006, unless reviewed and
276 saved from repeal through reenactment by the Legislature.
277 (d) Any employee of a state or local agency in possession
278 of information made confidential by this section who knowingly
279 discloses such confidential information to a person not entitled
280 to access such information under this section commits ~~is guilty~~

281 ~~of~~ a felony of the third degree, punishable as provided in s.
282 775.082, s. 775.083, or s. 775.084.
283 (e) Any person, knowing that he or she is not entitled to
284 obtain information made confidential by this section, who
285 obtains or attempts to obtain such information commits ~~is guilty~~
286 ~~of~~ a felony of the third degree, punishable as provided in s.
287 775.082, s. 775.083, or s. 775.084.
288 (f) Any person who knowingly uses information made
289 confidential by this section in violation of a filed, written,
290 and sworn statement required by this section commits a felony of
291 the third degree, punishable as provided in s. 775.082, s.
292 775.083, or s. 775.084.
293 Section 4. Section 408.7058, Florida Statutes, is created
294 to read:
295 408.7058 Statewide health care practitioner and personal
296 injury protection insurer claim dispute resolution program.--
297 (1) As used in this section:
298 (a) "Agency" means the Agency for Health Care
299 Administration.
300 (b) "Resolution organization" means a qualified
301 independent third-party claim dispute resolution entity selected
302 by and contracted with the Agency for Health Care
303 Administration.
304 (c) "Health care practitioner" means a health care
305 practitioner defined in s. 456.001(4).
306 (d) "Claim" means a claim for payment for services
307 submitted under s. 627.736(5).

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

308 (e) "Claim dispute" means a dispute between a health care
309 practitioner and an insurer as to the proper coding of a charge
310 submitted on a claim under s. 627.736(5) by a health care
311 practitioner, or the reasonableness of the amount charged by the
312 health care practitioner.
313 (f) "Insurer" means an insurer providing benefits under s.
314 627.736.
315 (2)(a) The agency shall establish a program by January 1,
316 2004, to provide assistance to health care practitioners and
317 insurers for resolution of claim disputes that are not resolved
318 by the health care practitioner and the insurer. The agency
319 shall contract with a resolution organization to timely review
320 and consider claim disputes submitted by health care
321 practitioners and insurers and recommend to the agency an
322 appropriate resolution of those disputes.
323 (b) The resolution organization shall review claim
324 disputes filed by health care practitioners and insurers
325 pursuant to this section when a notice of participation is
326 submitted pursuant to subsection (3), unless a demand letter has
327 been submitted to the insurer under s. 627.736(11) or a suit has
328 been filed on the claim against the insurer relating to the
329 disputed claim.
330 (3) Resolutions by the resolution organization shall be
331 initiated as follows:
332 (a) A health care practitioner may initiate a dispute
333 resolution by submitting a notice of dispute within 10 days
334 after receipt of a payment under s. 627.736(5)(b), which payment
335 is less than the amount of the charge submitted on the claim.

336 The notice of dispute shall be submitted to both the agency and
337 the insurer by United States certified mail or registered mail,
338 return receipt requested. The health care practitioner shall
339 include with the notice of dispute any documentation that the
340 health care practitioner wishes the resolution organization to
341 consider, demonstrating that the charge or charges submitted on
342 the claim are reasonable. The insurer shall have 10 days after
343 the date of receipt of the notice of dispute within which to
344 submit both to the resolution organization and the health care
345 practitioner by United States certified mail or registered mail,
346 return receipt requested, a notice of participation in the
347 dispute resolution and any documentation that the insurer wishes
348 the resolution organization to consider demonstrating that the
349 charge or charges submitted on the claim are not reasonable.
350 (b) An insurer may initiate a dispute resolution prior to
351 the claim being overdue, including any additional time the
352 insurer has to pay the claim pursuant to paragraph (4)(b), by
353 submitting a notice of dispute together with a payment to the
354 health care practitioner under s. 627.736(5)(b) of the amount
355 the insurer contends is the highest proper reasonable charge for
356 the claim. The notice of dispute shall be submitted to both the
357 agency and the health care practitioner by United States
358 certified mail or registered mail, return receipt requested. The
359 insurer shall include with the notice of dispute any
360 documentation which the insurer wishes the resolution
361 organization to consider demonstrating that the charge or
362 charges submitted on the claim are not reasonable. The health
363 care practitioner shall have 10 days after the date of receipt

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

364 of the notice of dispute within which to submit both to the
365 resolution organization and the insurer by United States
366 certified mail or registered mail, return receipt requested, a
367 notice of participation in the dispute resolution and any
368 documentation which the health care practitioner wishes the
369 resolution organization to consider, demonstrating that the
370 charge or charges submitted on the claim are reasonable.
371 (c) An insurer or health care practitioner may refuse to
372 participate in a dispute resolution by not submitting a notice
373 of participation in the dispute resolution pursuant to paragraph
374 (a) or (b). An insurer or health care practitioner shall not be
375 liable for the review costs, as established pursuant to
376 subsection (8), of the dispute resolution conducted pursuant to
377 this section unless it has participated in the dispute
378 resolution pursuant to this subsection and is liable for such
379 costs pursuant to subsection (6).
380 (d) Upon initiation of a dispute resolution pursuant to
381 this section, no demand letter under s. 627.736(11) may be sent
382 in regard to the subject matter of the dispute resolution
383 unless:
384 1. A notice of participation has not been timely submitted
385 pursuant to paragraphs (a) or (b);
386 2. The dispute resolution organization or the agency has
387 not been able to issue a notice of resolution or final order
388 within the time provided pursuant to subsection (6); or
389 3. The insurer has failed to pay the reasonable amount
390 pursuant to the final order adopting the notice of resolution

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

391 together with the interest and penalties of subsection (6), if
392 applicable.
393 (e) The applicable statute of limitations shall be tolled
394 while a dispute resolution is pending and for a period of 15
395 business days following:
396 1. Expiration of time for the submission of a notice of
397 participation pursuant to paragraphs (a) or (b);
398 2. Expiration of time for the filing of the final order
399 adopting the notice of resolution pursuant to subsection (6); or
400 3. The filing, with the agency clerk, of the final order
401 adopting the notice of resolution.
402 (4)(a) The resolution organization shall issue a notice of
403 resolution within 10 business days after the date the
404 organization receives all documentation from the health care
405 practitioner or the insurer pursuant to subsection (3).
406 (b) The resolution organization shall dismiss a notice of
407 dispute if:
408 1. The resolution organization has not received a notice
409 of participation pursuant to subsection (3) within 15 days after
410 receiving a notice of dispute; or
411 2. The dispute resolution organization is unable to issue
412 a notice of resolution within the time provided by subsection
413 (5), provided, the parties may with mutual agreement extend the
414 time for the issuance of the notice of resolution by sending the
415 dispute resolution organization a written notice of extension
416 signed by both parties and specifying the date by which a notice
417 of resolution must be issued or the notice of dispute will be
418 deemed dismissed.

419 (c) The resolution organization may, in its discretion,
420 schedule and conduct a telephone conference with the health care
421 practitioner and the insurer to facilitate the dispute
422 resolution in a cost-effective, efficient manner.
423 (d) In determining the reasonableness of a charge or
424 charges, the resolution organization may consider whether a
425 billing code or codes submitted on the claim are the codes that
426 accurately reflect the diagnostic or treatment service on the
427 claim or whether the billing code or codes should be bundled or
428 unbundled.
429 (e) In determining the reasonableness of a charge or
430 charges, the resolution organization shall determine whether the
431 charge or charges are less than or equal to the highest
432 reasonable charge or charges that represent the usual and
433 customary rates charged by similar health care practitioners
434 licensed under the same chapter for the geographic area of the
435 health care practitioner involved in the dispute, and, if the
436 charges in dispute are less than or equal to such charges, the
437 resolution organization shall find them reasonable. In
438 determining the usual and customary rates in accordance with
439 this paragraph, the dispute resolution organization may not take
440 into consideration any information relating to, or based wholly
441 or partially on, any governmentally set fee schedule, or any
442 contracted-for or discounted rates charged by health care
443 practitioners who contract with health insurers, health
444 maintenance organizations, or managed care organizations.
445 (f) A health care practitioner, who must be licensed under
446 the same chapter as the health care practitioner involved in the

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

447 dispute, may be used to advise the resolution organization if
448 such advice will assist the resolution organization to resolve
449 the dispute in a more cost-effective, efficient manner.
450 (5)(a) The resolution organization shall issue a notice of
451 resolution within 10 business days after receipt of the notice
452 of participation pursuant to subsection (3). The notice of
453 resolution shall be based upon findings of fact and shall be
454 considered a recommended order. The notice of resolution shall
455 be submitted to the health care practitioner and the insurer by
456 United States certified mail or registered mail, return receipt
457 requested, and to the agency.
458 (b) The notice of resolution shall state:
459 1. Whether the charge or charges submitted on the claim
460 are reasonable; or
461 2. If the resolution organization finds that any charge or
462 charges submitted on the claim are not reasonable, the highest
463 amount for such charge or charges that the resolution
464 organization finds to be reasonable.
465 (6)(a) In the event that the notice of resolution finds
466 that any charge or charges submitted on the claim are not
467 reasonable but that the highest reasonable charge or charges are
468 more than the amount or amounts paid by the insurer, the insurer
469 shall pay the additional amount found to be reasonable within 10
470 business days after receipt of the final order adopting the
471 notice of resolution, together with applicable interest under s.
472 627.736(4)(c), a penalty of 10 percent of the additional amount
473 found to be reasonable, subject to a maximum penalty of $250.

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

474 (b) In the event that the notice of resolution finds that
475 the charge or charges submitted on the claim are reasonable, the
476 insurer shall pay the additional amount or amounts found to be
477 reasonable within 10 business days after receipt of the final
478 order adopting the notice of resolution, together with
479 applicable interest under s. 627.736(4)(c), a penalty of 20
480 percent of the additional amount found to be reasonable, subject
481 to a maximum penalty of $500.
482 (c) In the event that the final order adopting the notice
483 of resolution finds that the amount or amounts paid by the
484 insurer are equal to or greater than the highest reasonable
485 charge, the insurer shall not be liable for any interest or
486 penalties.
487 (d) The agency shall issue a final order adopting the
488 notice of resolution within 10 days after receipt of the notice
489 of resolution. The final order shall be submitted to the health
490 care practitioner and the insurer by United States certified
491 mail or registered mail, return receipt requested.
492 (7)(a) If the insurer has paid the highest reasonable
493 amount or amounts as determined by the final order adopting the
494 notice of resolution, together with the interest and penalties
495 provided in subsection (6), if applicable, then no civil action
496 by the health care practitioner shall lie against the insurer on
497 the basis of the reasonableness of the charge or charges, and no
498 attorney's fees may be awarded for legal assistance related to
499 the charge or charges. The injured party is not liable for, and
500 the health care practitioner shall not bill the injured party
501 for, any amounts other than the copayment and any applicable

502 deductible based on the highest reasonable amount as determined
503 by the final order adopting the notice of resolution.
504 (b) The notice of dispute and all documents submitted by
505 the health care practitioner and the insurer, together with the
506 notice of resolution and the final order adopting the notice of
507 resolution, may be introduced into evidence in any civil action
508 if such documents are admissible pursuant to the Florida
509 Evidence Code.
510 (8) The insurer shall be responsible for payment of the
511 entirety of the review costs established pursuant to subsection
512 (9).
513 (9) The agency shall adopt rules to establish a process to
514 be used by the resolution organization in considering claim
515 disputes submitted by a health care practitioner or insurer and
516 the fees which may be charged by the agency for processing
517 disputes under this section. Such fees shall not exceed $75.00
518 for each review.
519 Section 5. Section 456.0375, Florida Statutes, is amended
520 to read:
521 456.0375 Registration of certain clinics; requirements;
522 discipline; exemptions.--
523 (1)(a) As used in this section, the term:
524 1. "Clinic" means a business operating in a single
525 structure or facility, or in a group of adjacent structures or
526 facilities operating under the same business name or management,
527 at which health care services are provided to individuals and
528 which tender charges for reimbursement for such services. The

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

529 term also includes an entity that performs such functions from a
530 vehicle or otherwise having no fixed location.
531 2. "Disqualified person" means any individual who, within
532 the last 10 years, has been convicted of or who, regardless of
533 adjudication, has pleaded guilty or nolo contendere to any
534 felony under federal law or under the law of any state.
535 3. "Participate in the business of" a clinic means to be a
536 medical director in a clinic, to be an independent contractor of
537 a clinic, or to control any interest in a clinic.
538 4. "Independent diagnostic testing facility" means an
539 individual, partnership, firm, or other business entity that
540 provides diagnostic imaging services but does not include an
541 individual or entity that has a disqualified person under
542 subparagraph 2. as an investor.
543 (b) For purposes of this section, the term "clinic" does
544 not include and the registration requirements herein do not
545 apply to:
546 1.a. Entities licensed or registered by the state pursuant
547 to chapter 390, chapter 394, chapter 395, chapter 397, chapter
548 400, chapter 463, chapter 465, chapter 466, chapter 478, chapter
549 480, or chapter 484.
550 b. Entities that own, directly or indirectly, entities
551 licensed pursuant to chapter 390, chapter 394, chapter 395,
552 chapter 397, chapter 400, chapter 463, chapter 465, chapter 466,
553 chapter 478, chapter 480, or chapter 484.
554 c. Entities that are owned, directly or indirectly, by an
555 entity licensed pursuant to chapter 390, chapter 394, chapter

556 395, chapter 397, chapter 400, chapter 463, chapter 465, chapter
557 466, chapter 478, chapter 480, or chapter 484.
558 d. Entities which are under common ownership, directly or
559 indirectly, with an entity licensed pursuant to chapter 390,
560 chapter 394, chapter 395, chapter 397, chapter 400, chapter 463,
561 chapter 465, chapter 466, chapter 478, chapter 480, or chapter
562 484.
563 2. Entities exempt from federal taxation under 26 U.S.C.
564 s. 501(c)(3).
565 3. Sole proprietorships, group practices, partnerships, or
566 corporations that provide health care services by licensed
567 health care practitioners pursuant to chapters 457, 458, 459,
568 460, 461, 462, 463, 466, 467, 484, 486, 490, 491, or part I,
569 part III, part X, part XIII, or part XIV of chapter 468, or s.
570 464.012, which are wholly owned by licensed health care
571 practitioners or the licensed health care practitioner and the
572 spouse, parent, or child of a licensed health care practitioner,
573 so long as one of the owners who is a licensed health care
574 practitioner is supervising the services performed therein and
575 is legally responsible for the entity's compliance with all
576 federal and state laws. However, no health care practitioner may
577 supervise services beyond the scope of the practitioner's
578 license.
579 (2)(a) Every clinic, as defined in paragraph (1)(a), must
580 register, and must at all times maintain a valid registration,
581 with the Department of Health. Each clinic location shall be
582 registered separately even though operated under the same

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

583 business name or management, and each clinic shall appoint a
584 medical director or clinical director.
585 (b)1. The department shall adopt rules necessary to
586 implement the registration program, including rules establishing
587 the specific registration procedures, forms, and fees.
588 Registration fees must be reasonably calculated to cover the
589 cost of registration and must be of such amount that the total
590 fees collected do not exceed the cost of administering and
591 enforcing compliance with this section. Registration may be
592 conducted electronically. The registration program must require:
593 a.~~1.~~ The clinic to file the registration form with the
594 department within 60 days after the effective date of this
595 section or prior to the inception of operation. The registration
596 expires automatically 2 years after its date of issuance and
597 must be renewed biennially.
598 b.~~2.~~ The registration form to contain the name, residence
599 and business address, phone number, and license number of the
600 medical director or clinical director for the clinic, and of
601 each person who owns a controlling interest in the clinic.
602 c.~~3.~~ The clinic to display the registration certificate in
603 a conspicuous location within the clinic readily visible to all
604 patients.
605 2. Any business that becomes a clinic after commencing
606 other operations shall, within 30 days after becoming a clinic,
607 file a registration statement under this subsection and shall be
608 subject to all provisions of this section applicable to a
609 clinic.

610 (c) A disqualified person may not participate in the
611 business of the clinic. This paragraph does not apply to any
612 participation in the business of the clinic that existed as of
613 the effective date of this paragraph. A disqualified person may
614 participate in the business of the clinic if such person has the
615 written consent of the department, which consent specifically
616 refers to this subsection. Effective October 1, 2003, the
617 registration statement required by this section must include, or
618 be amended to include, information about each disqualified
619 person participating in the business of the clinic, including
620 any person participating with the written consent of the
621 department. A clinic must make a diligent effort to determine
622 whether any disqualified person is participating in the business
623 of the clinic, to include conducting background investigations
624 on medical directors and control persons. Certification of
625 accreditation and reaccredidation by the appropriate accrediting
626 entity or entities shall be conclusive proof of compliance with
627 this paragraph, unless it is shown that such accreditation has
628 been suspended, withdrawn, or revoked. Such certification and
629 each subsequent certificate of reaccreditation shall be provided
630 by the clinic to the insurer one time, prior to the filing of
631 the first claim for payment after accreditation or
632 reaccreditation. Each claim seeking reimbursement based on such
633 accreditation shall bear the statement: "This clinic is
634 currently accredited by American College of Radiology and was so
635 at the time services were rendered," or "This clinic is
636 currently accredited by American College of Radiology and the

637 Joint Commission on Accreditation of Health Care Organizations
638 and was so at the time services were rendered."
639 (d) Every clinic engaged in the provision of magnetic
640 resonance imaging services must be accredited by the American
641 College of Radiology or the Joint Commission on Accreditation of
642 Health Care Organizations by January 1, 2005. Subsequent
643 providers engaged in the provision of magnetic resonance imaging
644 services must be accredited by the American College of Radiology
645 or the Joint Commission on Accreditation of Health Care
646 Organizations within 18 months after the effective date of
647 registration.
648 (3)(a) Each clinic must employ or contract with a
649 physician maintaining a full and unencumbered physician license
650 in accordance with chapter 458, chapter 459, chapter 460, or
651 chapter 461 to serve as the medical director. However, if the
652 clinic is limited to providing health care services pursuant to
653 chapter 457, chapter 484, chapter 486, chapter 490, or chapter
654 491 or part I, part III, part X, part XIII, or part XIV of
655 chapter 468, the clinic may appoint a health care practitioner
656 licensed under that chapter to serve as a clinical director who
657 is responsible for the clinic's activities. A health care
658 practitioner may not serve as the clinical director if the
659 services provided at the clinic are beyond the scope of that
660 practitioner's license.
661 (b) The medical director or clinical director shall agree
662 in writing to accept legal responsibility for the following
663 activities on behalf of the clinic. The medical director or the
664 clinical director shall:

665 1. Have signs identifying the medical director or clinical
666 director posted in a conspicuous location within the clinic
667 readily visible to all patients.
668 2. Ensure that all practitioners providing health care
669 services or supplies to patients maintain a current active and
670 unencumbered Florida license.
671 3. Review any patient referral contracts or agreements
672 executed by the clinic.
673 4. Ensure that all health care practitioners at the clinic
674 have active appropriate certification or licensure for the level
675 of care being provided.
676 5. Serve as the clinic records holder as defined in s.
677 456.057.
678 6. Ensure compliance with the recordkeeping, office
679 surgery, and adverse incident reporting requirements of this
680 chapter, the respective practice acts, and rules adopted
681 thereunder.
682 7. Conduct systematic reviews of clinic billings to ensure
683 that the billings are not fraudulent or unlawful. Upon discovery
684 of an unlawful charge, the medical director shall take immediate
685 corrective action.
686 (c) Any contract to serve as a medical director or a
687 clinical director entered into or renewed by a physician or a
688 licensed health care practitioner in violation of this section
689 is void as contrary to public policy. This section shall apply
690 to contracts entered into or renewed on or after October 1,
691 2001.

692 (d) The department, in consultation with the boards, shall
693 adopt rules specifying limitations on the number of registered
694 clinics and licensees for which a medical director or a clinical
695 director may assume responsibility for purposes of this section.
696 In determining the quality of supervision a medical director or
697 a clinical director can provide, the department shall consider
698 the number of clinic employees, clinic location, and services
699 provided by the clinic.
700 (4)(a) Any person or entity providing medical services or
701 treatment that is not a clinic may voluntarily register its
702 exempt status with the department on a form that sets forth its
703 name or names and addresses, a statement of the reasons why it
704 is not a clinic, and such other information deemed necessary by
705 the department.
706 (b) The department shall adopt rules necessary to
707 implement the registration program, including rules establishing
708 the specific registration procedures, forms, and fees.
709 Registration fees must be reasonably calculated to cover the
710 cost of registration and must be of such amount that the total
711 fees collected do not exceed the cost of administering and
712 enforcing compliance with this section. Registration may be
713 conducted electronically.
714 (5)~~(4)~~(a) All charges or reimbursement claims made by or
715 on behalf of a clinic that is required to be registered under
716 this section, but that is not so registered, or that is
717 otherwise operating in violation of this section, are unlawful
718 charges and therefore are noncompensable and unenforceable.

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

719 (b) Any person establishing, operating, or managing an
720 unregistered clinic otherwise required to be registered under
721 this section, or any person who knowingly files a false or
722 misleading registration or false or misleading information
723 required by subsection (2), subsection (4), or department rule,
724 commits a felony of the third degree, punishable as provided in
725 s. 775.082, s. 775.083, or s. 775.084.
726 (c) Any licensed health care practitioner who violates
727 this section is subject to discipline in accordance with this
728 chapter and the respective practice act.
729 (d) The department shall revoke the registration of any
730 clinic registered under this section for operating in violation
731 of the requirements of this section or the rules adopted by the
732 department.
733 (e) The department shall investigate allegations of
734 noncompliance with this section and the rules adopted pursuant
735 to this section. The Division of Insurance Fraud of the
736 Department of Financial Services, at the request of the
737 department, may provide assistance in investigating allegations
738 of noncompliance with this section and the rules adopted
739 pursuant to this section.
740 (f) The department may make unannounced inspections of
741 clinics registered pursuant to this section to determine
742 compliance with this section.
743 (g) A clinic registered under this section shall allow
744 full and complete access to the premises and to billing records
745 or information to any representative of the department who makes

746 a request to inspect the clinic to determine compliance with
747 this section.
748 (h) Failure by a clinic registered under this section to
749 allow full and complete access to the premises and to billing
750 records or information to any representative of the department
751 who makes a request to inspect the clinic to determine
752 compliance with this section or which fails to employ a
753 qualified medical director or clinical director shall constitute
754 a ground for emergency suspension of the registration by the
755 department pursuant to s. 120.60(6).
756 Section 6. Paragraphs (dd) and (ee) are added to
757 subsection (1) of section 456.072, Florida Statutes, to read:
758 456.072 Grounds for discipline; penalties; enforcement.--
759 (1) The following acts shall constitute grounds for which
760 the disciplinary actions specified in subsection (2) may be
761 taken:
762 (dd) With respect to making a claim for personal injury
763 protection as required by s. 627.736:
764 1. Intentionally submitting a claim, statement, or bill
765 using a billing code that would result in payment greater in
766 amount than would be paid using a billing code that accurately
767 describes the actual services performed, which practice is
768 commonly referred to as "upcoding." Global diagnostic imaging
769 billing by the technical component provider is not considered
770 upcoding.
771 2. Intentionally filing a claim for payment of services
772 that were not performed.

773 3. Intentionally using information obtained in violation
774 of s. 119.105 or s. 316.066 to solicit or obtain patients
775 personally or through an agent, regardless of whether the
776 information is derived directly from an accident report, derived
777 from a summary of an accident report, from another person, or
778 otherwise.
779 4. Intentionally submitting a claim for a diagnostic
780 treatment or submitting a claim for a diagnostic treatment or
781 procedure that is properly billed under one billing code but
782 which has been separated into two or more billing codes, which
783 practice is commonly referred to as "unbundling."
784 (ee) Treating a person for injuries resulting from a
785 staged motor vehicle accident with knowledge that the person was
786 a participant in the staged motor vehicle accident.
787 Section 7. Subsection (8) is added to section 627.732,
788 Florida Statutes, to read:
789 627.732 Definitions.--As used in ss. 627.730-627.7405, the
790 term:
791 (8) "Global diagnostic imaging billing" means the
792 submission of a statement or bill related to the completion of a
793 diagnostic imaging test that includes a charge which encompasses
794 both the production of the diagnostic image, the "technical
795 component," and the interpretation of the diagnostic image, the
796 "professional component," whether or not the individual or
797 entity providing the professional component was performing these
798 services as an independent contractor or employee of the entity
799 providing the technical component.

800 Section 8. Paragraph (g) is added to subsection (4) of
801 section 627.736, Florida Statutes, and subsection (5), paragraph
802 (a) of subsection (7), subsection (8), paragraph (d) of
803 subsection (11), and subsection (12) of said section are
804 amended, to read:
805 627.736 Required personal injury protection benefits;
806 exclusions; priority; claims.--
807 (4) BENEFITS; WHEN DUE.--Benefits due from an insurer
808 under ss. 627.730-627.7405 shall be primary, except that
809 benefits received under any workers' compensation law shall be
810 credited against the benefits provided by subsection (1) and
811 shall be due and payable as loss accrues, upon receipt of
812 reasonable proof of such loss and the amount of expenses and
813 loss incurred which are covered by the policy issued under ss.
814 627.730-627.7405. When the Agency for Health Care Administration
815 provides, pays, or becomes liable for medical assistance under
816 the Medicaid program related to injury, sickness, disease, or
817 death arising out of the ownership, maintenance, or use of a
818 motor vehicle, benefits under ss. 627.730-627.7405 shall be
819 subject to the provisions of the Medicaid program.
820 (g) Benefits shall not be due or payable to an insured
821 person if that person has committed, by a material act or
822 omission, any insurance fraud relating to personal injury
823 protection coverage under his or her policy if the fraud is
824 admitted to in a sworn statement by the insured or claimant or
825 is established in a court of competent jurisdiction. Any
826 benefits paid prior to the discovery of the insured's or
827 claimant's insurance fraud shall be recoverable in their

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

828 entirety by the insurer from the insured or claimant who
829 perpetrated the fraud upon demand for such benefits. The
830 prevailing party shall be entitled to its costs and attorney's
831 fees in any action under this paragraph. However, payments to a
832 health care practitioner, who is without knowledge of such
833 fraud, for services rendered in good faith pursuant to this
834 section shall not be subject to recovery.
835 (5) CHARGES FOR TREATMENT OF INJURED PERSONS.--
836 (a) Any physician, hospital, clinic, or other person or
837 institution lawfully rendering treatment to an injured person
838 for a bodily injury covered by personal injury protection
839 insurance may charge only a reasonable amount for the services
840 and supplies rendered, and the insurer providing such coverage
841 may pay for such charges directly to such person or institution
842 lawfully rendering such treatment, if the insured receiving such
843 treatment or his or her guardian has countersigned the invoice,
844 bill, or claim form approved by the Department of Insurance upon
845 which such charges are to be paid for as having actually been
846 rendered, to the best knowledge of the insured or his or her
847 guardian. In no event, however, may such a charge be in excess
848 of the amount the person or institution customarily charges for
849 like services or supplies in cases involving no insurance.
850 (b)1. An insurer or insured is not required to pay a claim
851 or charges:
852 a. Made by a broker or by a person making a claim on
853 behalf of a broker.
854 b. For services or treatment by a clinic as defined in s.
855 456.0375, if, at the time the service or treatment was rendered,

856 the clinic was not in compliance with any applicable provision
857 of that section or rules adopted under such section.
858 c. For services or treatment by a clinic, as defined in s.
859 456.0375, if, at the time the services or treatment were
860 rendered, a person controlled the clinic or its medical
861 director, had been convicted of, or who, regardless of
862 adjudication of guilt, had pleaded guilty or nolo contendere to
863 a felony under federal law or the law of any state.
864 d. For any service or treatment that was not lawful at the
865 time it was rendered.
866 e. To any person or entity who knowingly submits false or
867 misleading statements and bills for medical services, or for any
868 statement or bill.
869 f. For medical services or treatment unless such services
870 are rendered by the physician or are incident to professional
871 services and are included on the physician's bills. This sub-
872 subparagraph does not apply to services furnished in a licensed
873 health care facility or in an independent diagnostic testing
874 facility as defined in s. 456.0375.
875 2. Charges for medically necessary cephalic thermograms,
876 peripheral thermograms, spinal ultrasounds, extremity
877 ultrasounds, video fluoroscopy, and surface electromyography
878 shall not exceed the maximum reimbursement allowance for such
879 procedures as set forth in the applicable fee schedule or other
880 payment methodology established pursuant to s. 440.13.
881 3. Allowable amounts that may be charged to a personal
882 injury protection insurance insurer and insured for medically
883 necessary nerve conduction testing when done in conjunction with

884 a needle electromyography procedure and both are performed and
885 billed solely by a physician licensed under chapter 458, chapter
886 459, chapter 460, or chapter 461 who is also certified by the
887 American Board of Electrodiagnostic Medicine or by a board
888 recognized by the American Board of Medical Specialties or the
889 American Osteopathic Association or who holds diplomate status
890 with the American Chiropractic Neurology Board or its
891 predecessors or the American Chiropractic Academy of Neurology
892 or its predecessors shall not exceed 200 percent of the
893 allowable amount under Medicare Part B for year 2001, for the
894 area in which the treatment was rendered, adjusted annually by
895 an additional amount equal to the medical Consumer Price Index
896 for Florida.
897 4. Allowable amounts that may be charged to a personal
898 injury protection insurance insurer and insured for medically
899 necessary nerve conduction testing that does not meet the
900 requirements of subparagraph 3. shall not exceed the applicable
901 fee schedule or other payment methodology established pursuant
902 to s. 440.13.
903 5. Effective upon this act becoming a law and before
904 November 1, 2001, allowable amounts that may be charged to a
905 personal injury protection insurance insurer and insured for
906 magnetic resonance imaging services shall not exceed 200 percent
907 of the allowable amount under Medicare Part B for year 2001, for
908 the area in which the treatment was rendered. Beginning November
909 1, 2001, allowable amounts that may be charged to a personal
910 injury protection insurance insurer and insured for magnetic
911 resonance imaging services shall not exceed 175 percent of the

912 allowable amount under Medicare Part B for year 2001, for the
913 area in which the treatment was rendered, adjusted annually by
914 an additional amount equal to the medical Consumer Price Index
915 for Florida based on the month of January for each year, except
916 that allowable amounts that may be charged to a personal injury
917 protection insurance insurer and insured for magnetic resonance
918 imaging services provided in facilities accredited by the
919 American College of Radiology or the Joint Commission on
920 Accreditation of Healthcare Organizations shall not exceed 200
921 percent of the allowable amount under Medicare Part B for year
922 2001, for the area in which the treatment was rendered, adjusted
923 annually by an additional amount equal to the medical Consumer
924 Price Index for Florida based on the month of January for each
925 year. Allowable amounts that may be charged to a personal injury
926 protection insurance insurer and insured for magnetic resonance
927 imaging services provided in facilities accredited by both the
928 American College of Radiology and the Joint Commission on
929 Accreditation of Health Care Organizations shall be 225 percent
930 of the allowable amount for Medicare Part B for 2001 for the
931 area in which the treatment was rendered, adjusted annually by
932 an amount equal to the Consumer Price Index for Florida. This
933 paragraph does not apply to charges for magnetic resonance
934 imaging services and nerve conduction testing for inpatients and
935 emergency services and care as defined in chapter 395 rendered
936 by facilities licensed under chapter 395.
937 (c)1. With respect to any treatment or service, other than
938 medical services billed by a hospital or other provider for
939 emergency services as defined in s. 395.002 or inpatient

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

940 services rendered at a hospital-owned facility, the statement of
941 charges must be furnished to the insurer by the provider and may
942 not include, and the insurer is not required to pay, charges for
943 treatment or services rendered more than 35 days before the
944 postmark date of the statement, except for past due amounts
945 previously billed on a timely basis under this paragraph, and
946 except that, if the provider submits to the insurer a notice of
947 initiation of treatment within 21 days after its first
948 examination or treatment of the claimant, the statement may
949 include charges for treatment or services rendered up to, but
950 not more than, 75 days before the postmark date of the
951 statement. The injured party is not liable for, and the provider
952 shall not bill the injured party for, charges that are unpaid
953 because of the provider's failure to comply with this paragraph.
954 Any agreement requiring the injured person or insured to pay for
955 such charges is unenforceable.
956 2. If, however, the insured fails to furnish the provider
957 with the correct name and address of the insured's personal
958 injury protection insurer, the provider has 35 days from the
959 date the provider obtains the correct information to furnish the
960 insurer with a statement of the charges. The insurer is not
961 required to pay for such charges unless the provider includes
962 with the statement documentary evidence that was provided by the
963 insured during the 35-day period demonstrating that the provider
964 reasonably relied on erroneous information from the insured and
965 either:
966 a.~~1.~~ A denial letter from the incorrect insurer; or

967 b.~~2.~~ Proof of mailing, which may include an affidavit
968 under penalty of perjury, reflecting timely mailing to the
969 incorrect address or insurer.
970 3. For emergency services and care as defined in s.
971 395.002 rendered in a hospital emergency department or for
972 transport and treatment rendered by an ambulance provider
973 licensed pursuant to part III of chapter 401, the provider is
974 not required to furnish the statement of charges within the time
975 periods established by this paragraph; and the insurer shall not
976 be considered to have been furnished with notice of the amount
977 of covered loss for purposes of paragraph (4)(b) until it
978 receives a statement complying with paragraph (d)~~(e)~~, or copy
979 thereof, which specifically identifies the place of service to
980 be a hospital emergency department or an ambulance in accordance
981 with billing standards recognized by the Health Care Finance
982 Administration.
983 4. Each notice of insured's rights under s. 627.7401 must
984 include the following statement in type no smaller than 12
985 points:
986 BILLING REQUIREMENTS.--Florida Statutes provide that with
987 respect to any treatment or services, other than certain
988 hospital and emergency services, the statement of charges
989 furnished to the insurer by the provider may not include, and
990 the insurer and the injured party are not required to pay,
991 charges for treatment or services rendered more than 35 days
992 before the postmark date of the statement, except for past due
993 amounts previously billed on a timely basis~~, and except that, if~~
994 ~~the provider submits to the insurer a notice of initiation of~~

~~treatment within 21 days after its first examination or treatment of the claimant, the statement may include charges for treatment or services rendered up to, but not more than, 75 days before the postmark date of the statement~~.

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

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

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

~~3. When neither subparagraph 1. nor subparagraph 2. applies, there is no prevailing party. For purposes of this~~

1023 ~~paragraph, the amount of the offer or claim at arbitration is~~
1024 ~~the amount of the last written offer or claim made at least 30~~
1025 ~~days prior to the arbitration.~~
1026 ~~4. In the demand for arbitration, the party requesting~~
1027 ~~arbitration must include a statement specifically identifying~~
1028 ~~the issues for arbitration for each examination or treatment in~~
1029 ~~dispute. The other party must subsequently issue a statement~~
1030 ~~specifying any other examinations or treatment and any other~~
1031 ~~issues that it intends to raise in the arbitration. The parties~~
1032 ~~may amend their statements up to 30 days prior to arbitration,~~
1033 ~~provided that arbitration shall be limited to those identified~~
1034 ~~issues and neither party may add additional issues during~~
1035 ~~arbitration.~~
1036 (d)~~(e)~~ All statements and bills for medical services
1037 rendered by any physician, hospital, clinic, or other person or
1038 institution shall be submitted to the insurer on a properly
1039 completed Centers for Medicare and Medicaid Services (CMS)
1040 ~~Health Care Finance Administration~~ 1500 form, UB 92 forms, or
1041 any other standard form approved by the department for purposes
1042 of this paragraph. All billings for such services by
1043 noninstitutional providers shall, to the extent applicable,
1044 follow the Physicians' Current Procedural Terminology(CPT) or
1045 Healthcare Correct Procedural Coding System (HCPCS) in effect
1046 for the year in which services are rendered, and comply with the
1047 Centers for Medicare and Medicaid Services (CMS) 1500 form
1048 instructions and the American Medical Association Current
1049 Procedural Terminology (CPT) Editorial Panel and Healthcare
1050 Correct Procedural Coding System (HCPCS). In determining

1051 compliance with applicable CPT and HCPCS coding, guidance shall
1052 be provided by the Physicians' Current Procedural Terminology
1053 (CPT) or Healthcare Correct Procedural Coding System (HCPCS) in
1054 effect for the year in which services were rendered, the Officer
1055 of the Inspector General (OIG), Physicians Compliance
1056 Guidelines, and other authoritative treatises as may be defined
1057 by rule of the Department of Health. No statement of medical
1058 services may include charges for medical services of a person or
1059 entity that performed such services without possessing the valid
1060 licenses required to perform such services. For purposes of
1061 paragraph (4)(b), an insurer shall not be considered to have
1062 been furnished with notice of the amount of covered loss or
1063 medical bills due unless the statements or bills comply with
1064 this paragraph, and unless the statements or bills are properly
1065 completed in their entirety with all information being provided
1066 in such statements or bills, which means that the statement or
1067 bill contains all of the information required by the Centers for
1068 Medicare and Medicaid Services (CMS) 1500 form instructions and
1069 the American Medical Association Current Procedural Terminology
1070 Editorial Panel and Healthcare Correct Procedural Coding System.
1071 An insurer shall not deny or reduce claims based upon compliance
1072 with s. 456.0375(2)(d) unless the insurer can show the required
1073 certification was not provided to the insurer.
1074 (e) Each physician, clinic, or other medical institution,
1075 except for a hospital, providing medical services upon which a
1076 claim for personal injury protectin benefits is based shall
1077 require an insured person to either sign a form acknowledging
1078 that the diagnostic or treatment services listed on the form

1079 were provided to the insured on the date that the insured signs
1080 the form, or in the alternative, the insured may sign the
1081 patient records generated that day reflecting the diagnostic or
1082 treatment procedures received.
1083 (f) An insurer may not bundle codes or change a diagnosis
1084 or diagnosis code on a claim submitted by a health care provider
1085 without the consent of the health care provider. Such action
1086 constitutes a material misrepresentation under s.
1087 626.9541(1)(i)2.
1088 (7) MENTAL AND PHYSICAL EXAMINATION OF INJURED PERSON;
1089 REPORTS.--
1090 (a) Whenever the mental or physical condition of an
1091 injured person covered by personal injury protection is material
1092 to any claim that has been or may be made for past or future
1093 personal injury protection insurance benefits, such person
1094 shall, upon the request of an insurer, submit to mental or
1095 physical examination by a physician or physicians. The costs of
1096 any examinations requested by an insurer shall be borne entirely
1097 by the insurer. Such examination shall be conducted within the
1098 municipality where the insured is receiving treatment, or in a
1099 location reasonably accessible to the insured, which, for
1100 purposes of this paragraph, means any location within the
1101 municipality in which the insured resides, or any location
1102 within 10 miles by road of the insured's residence, provided
1103 such location is within the county in which the insured resides.
1104 If the examination is to be conducted in a location reasonably
1105 accessible to the insured, and if there is no qualified
1106 physician to conduct the examination in a location reasonably

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

1107 accessible to the insured, then such examination shall be
1108 conducted in an area of the closest proximity to the insured's
1109 residence. Personal protection insurers are authorized to
1110 include reasonable provisions in personal injury protection
1111 insurance policies for mental and physical examination of those
1112 claiming personal injury protection insurance benefits. An
1113 insurer may not withdraw payment of a treating physician without
1114 the consent of the injured person covered by the personal injury
1115 protection, unless the insurer first obtains a valid report by a
1116 physician licensed under the same chapter as the treating
1117 physician whose treatment authorization is sought to be
1118 withdrawn, stating that treatment was not reasonable, related,
1119 or necessary. A valid report is one that is prepared and signed
1120 by the physician examining the injured person or reviewing the
1121 treatment records of the injured person and is factually
1122 supported by the examination and treatment records if reviewed
1123 and that has not been modified by anyone other than the
1124 physician. The physician preparing the report must be in active
1125 practice, unless the physician is physically disabled. Active
1126 practice means that for ~~during the~~ 3 consecutive years
1127 immediately preceding the date of the physical examination or
1128 review of the treatment records the physician must have devoted
1129 professional time to the active clinical practice of evaluation,
1130 diagnosis, or treatment of medical conditions or to the
1131 instruction of students in an accredited health professional
1132 school or accredited residency program or a clinical research
1133 program that is affiliated with an accredited health
1134 professional school or teaching hospital or accredited residency

1135 program. The physician preparing a report at the request of an
1136 insurer, or on behalf of an insurer through an attorney or
1137 another entity, shall maintain, for at least 3 years, copies of
1138 all examination reports as medical records and shall maintain,
1139 for at least 3 years, records of all payments for the
1140 examinations and reports. Neither an insurer nor any person
1141 acting at the direction of or on behalf of an insurer may change
1142 an opinion in a report prepared under this paragraph or direct
1143 the physician preparing the report to change such opinion. The
1144 denial of a payment as the result of such a changed opinion
1145 constitutes a material misrepresentation under s.
1146 626.9541(1)(i)2.
1147 (8) APPLICABILITY OF PROVISION REGULATING ATTORNEY'S
1148 FEES.--With respect to any dispute under the provisions of ss.
1149 627.730-627.7405 between the insured and the insurer, or between
1150 an assignee of an insured's rights and the insurer, the
1151 provisions of s. 627.428 shall apply, except as provided in
1152 subsection (11), provided a court must receive evidence and
1153 consider the following factors prior to awarding any multiplier:
1154 (a) Whether the relevant market requires a contingency fee
1155 multiplier to obtain competent counsel.
1156 (b) Whether the attorney was able to mitigate the risk of
1157 nonpayment in any way.
1158 (c) Whether any of the following factors are applicable:
1159 1. The time and labor required, the novelty and difficulty
1160 of the question involved, and the skill requisite to perform the
1161 legal service properly.

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

1162 2. The likelihood, if apparent to the client, that the
1163 acceptance of the particular employment will preclude other
1164 employment by the lawyer.
1165 3. The fee customarily charged in the locality for similar
1166 legal services.
1167 4. The amount involved and the results obtained.
1168 5. The time limitations imposed by the client or by the
1169 circumstances.
1170 6. The nature and length of the professional relationship
1171 with the client.
1172 7. The experience, reputation, and ability of the lawyer
1173 or lawyers performing the services.
1174 8. Whether the fee is fixed or contingent.
1175
1176 If the court determines, pursuant to this subsection, that a
1177 multiplier is appropriate, and if the court determines that
1178 success was more likely than not at the outset, the court may
1179 apply a multiplier of 1 to 1.5; if the court determines that the
1180 likelihood of success was approximately even at the outset, the
1181 court may apply a multiplier of 1.5 to 2.0; and if the court
1182 determines that success was unlikely at the outset of the case,
1183 the court may apply a multiplier of 2.0 to 2.5.
1184 (11) DEMAND LETTER.--
1185 (d) If, within 10 ~~7~~ business days after receipt of notice
1186 by the insurer, the overdue claim specified in the notice is
1187 paid by the insurer together with applicable interest and a
1188 penalty of 10 percent of the overdue amount paid by the insurer,
1189 subject to a maximum penalty of $250, no action for nonpayment

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

1190 or late payment may be brought against the insurer. To the
1191 extent the insurer determines not to pay the overdue amount, the
1192 penalty shall not be payable in any action for nonpayment or
1193 late payment. For purposes of this subsection, payment shall be
1194 treated as being made on the date a draft or other valid
1195 instrument that is equivalent to payment is placed in the United
1196 States mail in a properly addressed, postpaid envelope, or if
1197 not so posted, on the date of delivery. The insurer shall not be
1198 obligated to pay any attorney's fees if the insurer pays the
1199 claim within the time prescribed by this subsection.
1200 (12) CIVIL ACTION FOR INSURANCE FRAUD.--
1201 (a) An insurer and an insured shall have a cause of action
1202 against any person who has committed convicted of, or who,
1203 regardless of adjudication of guilt, pleads guilty or nolo
1204 contendere to insurance fraud under s. 817.234, patient
1205 brokering under s. 817.505, or kickbacks under s. 456.054,
1206 associated with a claim for personal injury protection benefits
1207 in accordance with this section. Any party An insurer prevailing
1208 in an action brought under this subsection may recover treble
1209 compensatory damages, consequential damages, and punitive
1210 damages subject to the requirements and limitations of part II
1211 of chapter 768, and attorney's fees and costs incurred in
1212 litigating a cause of action under against any person convicted
1213 of, or who, regardless of adjudication of guilt, pleads guilty
1214 or nolo contendere to insurance fraud under s. 817.234, patient
1215 brokering under s. 817.505, or kickbacks under s. 456.054,
1216 associated with a claim for personal injury protection benefits
1217 in accordance with this section.

1218 (b) Notwithstanding its payment, neither an insurer nor an
1219 insured shall be precluded from maintaining a civil cause of
1220 action against any person or business entity to recover payment
1221 for services later determined to have not been lawfully rendered
1222 or otherwise in violation of any provision of this section.
1223 Section 9. Paragraph (a) of subsection (1) of section
1224 627.745, Florida Statutes, is amended to read:
1225 627.745 Mediation of claims.--
1226 (1)(a) In any claim filed with an insurer for personal
1227 injury ~~in an amount of $10,000 or less~~ or any claim for property
1228 damage in any amount, arising out of the ownership, operation,
1229 use, or maintenance of a motor vehicle, either party may demand
1230 mediation of the claim prior to the institution of litigation.
1231 Section 10. Section 627.747, Florida Statutes, is created
1232 to read:
1233 627.747 Legislative oversight; reporting of
1234 information.--In order to ensure continuing legislative
1235 oversight of motor vehicle insurance in general and the personal
1236 injury protection system in particular, the following agencies
1237 shall, on January 1 and July 1 of each year, provide the
1238 information required by this section to the President of the
1239 Senate, the Speaker of the House of Representatives, the
1240 minority party leaders of the Senate and the House of
1241 Representatives, and the chairs of the standing committees of
1242 the Senate and the House of Representatives having authority
1243 over insurance matters.
1244 (1) The Office of Insurance Regulation of the Financial
1245 Services Commission shall provide data and analysis on motor

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

1246 vehicle insurance loss cost trends and premium trends, together
1247 with such other information as the office deems appropriate to
1248 enable the Legislature to evaluate the effectiveness of the
1249 reforms contained in the Florida Motor Vehicle Insurance
1250 Affordability Reform Act of 2003, and such other information as
1251 may be requested from time to time by any of the officers
1252 referred to in this section.
1253 (2) The Division of Insurance Fraud of the Department of
1254 Financial Services shall provide data and analysis on the
1255 incidence and cost of motor vehicle insurance fraud, including
1256 violations, investigations, and prosecutions, together with such
1257 other information as the division deems appropriate to enable
1258 the Legislature to evaluate the effectiveness of the reforms
1259 contained in the Florida Motor Vehicle Insurance Affordability
1260 Reform Act of 2003, and such other information as may be
1261 requested from time to time by any of the officers referred to
1262 in this section.
1263 Section 11. Subsections (8) and (9) of section 817.234,
1264 Florida Statutes, are amended to read:
1265 817.234 False and fraudulent insurance claims.--
1266 (8)(a)1. It is unlawful for any person, intending to
1267 defraud any other person, in his or her individual capacity or
1268 in his or her capacity as a public or private employee, or for
1269 any firm, corporation, partnership, or association, to solicit
1270 or cause to be solicited any business from a person involved in
1271 a motor vehicle accident by any means of communication other
1272 than advertising directed to the public for the purpose of
1273 making motor vehicle tort claims or claims for personal injury

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

1274 protection benefits required by s. 627.736. Charges for any
1275 services rendered by a health care provider or attorney who
1276 violates this subsection in regard to the person for whom such
1277 services were rendered are noncompensable and unenforceable as a
1278 matter of law. Any person who violates the provisions of this
1279 paragraph ~~subsection~~ commits a felony of the second ~~third~~
1280 degree, punishable as provided in s. 775.082, s. 775.083, or s.
1281 775.084. Such person shall be sentenced to a minimum term of
1282 imprisonment of 2 years.
1283 2. Notwithstanding the provisions of s. 948.01 with
1284 respect to any person who is found to have violated this
1285 paragraph, adjudication of guilt or imposition of sentence shall
1286 not be suspended, deferred, or withheld nor shall such person be
1287 eligible for parole prior to serving the mandatory minimum term
1288 of imprisonment prescribed by this paragraph. A person sentenced
1289 to a mandatory term of imprisonment under this paragraph is not
1290 eligible for any form of discretionary early release, except
1291 pardon or executive clemency or conditional medical release
1292 under s. 947.149, prior to serving the mandatory minimum term of
1293 imprisonment.
1294 3. The state attorney may move the sentencing court to
1295 reduce or suspend the sentence of any person who is convicted of
1296 a violation of this paragraph and who provides substantial
1297 assistance in the identification, arrest, or conviction of any
1298 of that person's accomplices, accessories, coconspirators, or
1299 principals. The arresting agency shall be given an opportunity
1300 to be heard in aggravation or mitigation in reference to any
1301 such motion. Upon good cause shown, the motion may be filed and

1302 heard in camera. The judge hearing the motion may reduce or
1303 suspend the sentence if the judge finds that the defendant
1304 rendered such substantial assistance.
1305 (b)1. It is unlawful for any person to solicit or cause to
1306 be solicited any business from a person involved in a motor
1307 vehicle accident, by any means of communication other than
1308 advertising directed to the public, for the purpose of making,
1309 settling, or adjusting motor vehicle tort claims or claims for
1310 personal injury protection benefits required by s. 627.736,
1311 within 60 days after the occurrence of the motor vehicle
1312 accident. Any person who violates the provisions of this
1313 subparagraph commits a felony of the third degree, punishable as
1314 provided in s. 775.082, s. 775.083, or s. 775.084.
1315 2. It is unlawful for any person, at any time after 60
1316 days have elapsed from the occurrence of a motor vehicle
1317 accident, to solicit or cause to be solicited any business from
1318 a person involved in a motor vehicle accident, by means of any
1319 personal or telephone contact at the person's residence, other
1320 than by mail or by advertising directed to the public, for the
1321 purpose of making motor vehicle tort claims or claims for
1322 personal injury protection benefits required by s. 627.736. Any
1323 person who violates the provisions of this subparagraph commits
1324 a felony of the third degree, punishable as provided in s.
1325 775.082, s. 775.083, or s. 775.084.
1326 (c) Charges for any services rendered by any person who
1327 violates this subsection in regard to the person for whom such
1328 services were rendered are noncompensable and unenforceable as a
1329 matter of law. Any contract, release or other document executed

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

1330 by a person involved in a motor vehicle accident, or a family
1331 member of such person, related to a violation of this section is
1332 unenforceable by the person who violated this section or that
1333 person's principal or successor in interest.
1334 (d) For purposes of this section, the term "solicit" does
1335 not include an insurance company making contact with its
1336 insured, nor does it include an insurance company making contact
1337 with a person involved in a motor vehicle accident where the
1338 person involved in a motor vehicle accident has directly or
1339 indirectly requested to be contacted by the insurance company.
1340 (9)(a) It is unlawful for any person to organize, plan, or
1341 in any way participate in an intentional motor vehicle crash for
1342 the purpose of making motor vehicle tort claims or claims for
1343 personal injury protection benefits as required by s. 627.736
1344 attorney to solicit any business relating to the representation
1345 of a person involved in a motor vehicle accident for the purpose
1346 of filing a motor vehicle tort claim or a claim for personal
1347 injury protection benefits required by s. 627.736. The
1348 solicitation by advertising of any business by an attorney
1349 relating to the representation of a person injured in a specific
1350 motor vehicle accident is prohibited by this section. Any person
1351 attorney who violates the provisions of this paragraph
1352 subsection commits a felony of the second third degree,
1353 punishable as provided in s. 775.082, s. 775.083, or s. 775.084.
1354 A person who is convicted of a violation of this subsection
1355 shall be sentenced to a minimum term of imprisonment of 2 years.
1356 (b) Notwithstanding the provisions of s. 948.01, with
1357 respect to any person who is found to have violated this

1358 subsection, adjudication of guilt or imposition of sentence
1359 shall not be suspended, deferred, or withheld nor shall such
1360 person be eligible for parole prior to serving the mandatory
1361 minimum term of imprisonment prescribed by this subsection. A
1362 person sentenced to a mandatory minimum term of imprisonment
1363 under this subsection is not eligible for any form of
1364 discretionary early release, except pardon, executive clemency,
1365 or conditional medical release under s. 947.149, prior to
1366 serving the mandatory minimum term of imprisonment.
1367 (c) The state attorney may move the sentencing court to
1368 reduce or suspend the sentence of any person who is convicted of
1369 a violation of this subsection and who provides substantial
1370 assistance in the identification, arrest, or conviction of any
1371 of that person's accomplices, accessories, coconspirators, or
1372 principals. The arresting agency shall be given an opportunity
1373 to be heard in aggravation or mitigation in reference to any
1374 such motion. Upon good cause shown, the motion may be filed and
1375 heard in camera. The judge hearing the motion may reduce or
1376 suspend the sentence if the judge finds that the defendant
1377 rendered such substantial assistance. ~~Whenever any circuit or~~
1378 ~~special grievance committee acting under the jurisdiction of the~~
1379 ~~Supreme Court finds probable cause to believe that an attorney~~
1380 ~~is guilty of a violation of this section, such committee shall~~
1381 ~~forward to the appropriate state attorney a copy of the finding~~
1382 ~~of probable cause and the report being filed in the matter. This~~
1383 ~~section shall not be interpreted to prohibit advertising by~~
1384 ~~attorneys which does not entail a solicitation as described in~~

1385 ~~this subsection and which is permitted by the rules regulating~~
1386 ~~The Florida Bar as promulgated by the Florida Supreme Court.~~
1387 Section 12. Section 817.236, Florida Statutes, is amended
1388 to read:
1389 817.236 False and fraudulent motor vehicle insurance
1390 application.--Any person who, with intent to injure, defraud, or
1391 deceive any motor vehicle insurer, including any statutorily
1392 created underwriting association or pool of motor vehicle
1393 insurers, presents or causes to be presented any written
1394 application, or written statement in support thereof, for motor
1395 vehicle insurance knowing that the application or statement
1396 contains any false, incomplete, or misleading information
1397 concerning any fact or matter material to the application
1398 commits a felony ~~misdemeanor~~ of the third ~~first~~ degree,
1399 punishable as provided in s. 775.082, ~~or~~ s. 775.083, or s.
1400 775.084.
1401 Section 13. Section 817.2361, Florida Statutes, is created
1402 to read:
1403 817.2361 False or fraudulent motor vehicle insurance
1404 card.--Any person who, with intent to deceive any other person,
1405 creates, markets, or presents a false or fraudulent motor
1406 vehicle insurance card commits a felony of the third degree,
1407 punishable as provided in s. 775.082, s. 775.083, or s. 775.084.
1408 Section 14. Section 817.413, Florida Statutes, is created
1409 to read:
1410 817.413 Sale of used motor vehicle goods as new;
1411 penalty.--

1412 (1) With respect to a transaction for which any charges
1413 will be paid from the proceeds of a motor vehicle insurance
1414 policy and in which the purchase price of motor vehicle goods
1415 exceeds $100, it is unlawful for the seller to misrepresent
1416 orally, in writing, or by failure to speak that the goods are
1417 new or original when they are used or repossessed or have been
1418 used for sales demonstration.
1419 (2) A person who violates the provisions of this section
1420 commits a felony of the third degree, punishable as provided in
1421 s. 775.082, s. 775.083, or s. 775.084.
1422 Section 15. Section 860.15, Florida Statutes, is amended
1423 to read:
1424 860.15 Overcharging for repairs and parts; penalty.--
1425 (1) It is unlawful for a person to knowingly charge for
1426 any services on motor vehicles which are not actually performed,
1427 to knowingly and falsely charge for any parts and accessories
1428 for motor vehicles not actually furnished, or to knowingly and
1429 fraudulently substitute parts when such substitution has no
1430 relation to the repairing or servicing of the motor vehicle.
1431 (2) Any person willfully violating the provisions of this
1432 section shall be guilty of a misdemeanor of the second degree,
1433 punishable as provided in s. 775.082 or s. 775.083.
1434 (3) If the charges referred to in subsection (1) will be
1435 paid from the proceeds of a motor vehicle insurance policy, a
1436 person who willfully violates the provisions of this section
1437 commits a felony of the third degree, punishable as provided in
1438 s. 775.082, s. 775.083, or s. 775.084.

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

1439 Section 16. Paragraphs (c) and (e) of subsection (3) of
1440 section 921.0022, Florida Statutes, are amended to read:
1441 921.0022 Criminal Punishment Code; offense severity
1442 ranking chart.--
1443 (3) OFFENSE SEVERITY RANKING CHART
1444

Florida Statute	Felony Degree	Description
1445		
		(c) LEVEL 3
1446		
119.10(3)	3rd	Unlawful use of confidential information from police reports.
1447		
316.066(3)(d)-(f)	3rd	Unlawfully obtaining or using confidential crash reports.
1448		
316.193(2)(b)	3rd	Felony DUI, 3rd conviction.
1449		
316.1935(2)	3rd	Fleeing or attempting to elude law enforcement officer in marked patrol vehicle with siren and lights activated.
1450		
319.30(4)	3rd	Possession by junkyard of motor vehicle with identification number plate removed.

1451

	319.33(1)(a)	3rd	Alter or forge any certificate of title to a motor vehicle or mobile home.
1452	319.33(1)(c)	3rd	Procure or pass title on stolen vehicle.
1453	319.33(4)	3rd	With intent to defraud, possess, sell, etc., a blank, forged, or unlawfully obtained title or registration.
1454	327.35(2)(b)	3rd	Felony BUI.
1455	328.05(2)	3rd	Possess, sell, or counterfeit fictitious, stolen, or fraudulent titles or bills of sale of vessels.
1456	328.07(4)	3rd	Manufacture, exchange, or possess vessel with counterfeit or wrong ID number.
1457	376.302(5)	3rd	Fraud related to reimbursement for cleanup expenses under the Inland Protection Trust Fund.
1458	456.0375(4)(b)	3rd	Operating a clinic without registration or filing false

			registration or other required information.
1459	501.001(2)(b)	2nd	Tampers with a consumer product or the container using materially false/misleading information.
1460	697.08	3rd	Equity skimming.
1461	790.15(3)	3rd	Person directs another to discharge firearm from a vehicle.
1462	796.05(1)	3rd	Live on earnings of a prostitute.
1463	806.10(1)	3rd	Maliciously injure, destroy, or interfere with vehicles or equipment used in firefighting.
1464	806.10(2)	3rd	Interferes with or assaults firefighter in performance of duty.
1465	810.09(2)(c)	3rd	Trespass on property other than structure or conveyance armed with firearm or dangerous weapon.

Line	Section	Degree	Description
1466	812.014(2)(c)2.	3rd	Grand theft; $5,000 or more but less than $10,000.
1467	812.0145(2)(c)	3rd	Theft from person 65 years of age or older; $300 or more but less than $10,000.
1468	815.04(4)(b)	2nd	Computer offense devised to defraud or obtain property.
1469	817.034(4)(a)3.	3rd	Engages in scheme to defraud (Florida Communications Fraud Act), property valued at less than $20,000.
1470	817.233	3rd	Burning to defraud insurer.
1471	817.234(8)(b)& (9)	3rd	Certain unlawful solicitation of persons involved in motor vehicle accidents.
1472	817.234(11)(a)	3rd	Insurance fraud; property value less than $20,000.
1473	817.236	3rd	False and fraudulent motor vehicle insurance application.
1474	817.2361	3rd	False and fraudulent motor vehicle insurance card.
1475			

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

	817.413	3rd	Sale of used motor vehicle goods as new.
1476	817.505(4)	3rd	Patient brokering.
1477	828.12(2)	3rd	Tortures any animal with intent to inflict intense pain, serious physical injury, or death.
1478	831.28(2)(a)	3rd	Counterfeiting a payment instrument with intent to defraud or possessing a counterfeit payment instrument.
1479	831.29	2nd	Possession of instruments for counterfeiting drivers' licenses or identification cards.
1480	838.021(3)(b)	3rd	Threatens unlawful harm to public servant.
1481	843.19	3rd	Injure, disable, or kill police dog or horse.
1482	860.15(3)	3rd	Overcharging for motor vehicle repairs and parts; insurance involved.

1483	870.01(2)	3rd	Riot; inciting or encouraging.
1484	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).
1485	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.
1486	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 within 200 feet of public housing facility.
1487	893.13(6)(a)	3rd	Possession of any controlled substance other than felony

			possession of cannabis.
1488	893.13(7)(a)8.	3rd	Withhold information from practitioner regarding previous receipt of or prescription for a controlled substance.
1489	893.13(7)(a)9.	3rd	Obtain or attempt to obtain controlled substance by fraud, forgery, misrepresentation, etc.
1490	893.13(7)(a)10.	3rd	Affix false or forged label to package of controlled substance.
1491	893.13(7)(a)11.	3rd	Furnish false or fraudulent material information on any document or record required by chapter 893.
1492	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

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

			practitioner's practice.
1493	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.
1494	893.13(8)(a)3.	3rd	Knowingly write a prescription for a controlled substance for a fictitious person.
1495	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.
1496	918.13(1)(a)	3rd	Alter, destroy, or conceal investigation evidence.
1497	944.47(1)(a)1.-2.	3rd	Introduce contraband to correctional facility.
1498	944.47(1)(c)	2nd	Possess contraband while upon the grounds of a correctional institution.

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

1499	985.3141	3rd	Escapes from a juvenile facility (secure detention or residential commitment facility).
1500			(e) LEVEL 5
1501	316.027(1)(a)	3rd	Accidents involving personal injuries, failure to stop; leaving scene.
1502	316.1935(4)	2nd	Aggravated fleeing or eluding.
1503	322.34(6)	3rd	Careless operation of motor vehicle with suspended license, resulting in death or serious bodily injury.
1504	327.30(5)	3rd	Vessel accidents involving personal injury; leaving scene.
1505	381.0041(11)(b)	3rd	Donate blood, plasma, or organs knowing HIV positive.
1506	790.01(2)	3rd	Carrying a concealed firearm.
1507	790.162	2nd	Threat to throw or discharge destructive device.
1508			

	790.163(1)	2nd	False report of deadly explosive or weapon of mass destruction.
1509	790.221(1)	2nd	Possession of short-barreled shotgun or machine gun.
1510	790.23	2nd	Felons in possession of firearms or electronic weapons or devices.
1511	800.04(6)(c)	3rd	Lewd or lascivious conduct; offender less than 18 years.
1512	800.04(7)(c)	2nd	Lewd or lascivious exhibition; offender 18 years or older.
1513	806.111(1)	3rd	Possess, manufacture, or dispense fire bomb with intent to damage any structure or property.
1514	812.0145(2)(b)	2nd	Theft from person 65 years of age or older; $10,000 or more but less than $50,000.
1515	812.015(8)	3rd	Retail theft; property stolen is valued at $300 or more and one or more specified acts.
1516			

	812.019(1)	2nd	Stolen property; dealing in or trafficking in.
1517	812.131(2)(b)	3rd	Robbery by sudden snatching.
1518	812.16(2)	3rd	Owning, operating, or conducting a chop shop.
1519	817.034(4)(a)2.	2nd	Communications fraud, value $20,000 to $50,000.
1520	817.234(8)(a)	2nd	Unlawful solicitation of persons involved in motor vehicle accidents intending to defraud.
1521	817.234(9)	2nd	Intentional motor vehicle crashes.
1522	817.234(11)(b)	2nd	Insurance fraud; property value $20,000 or more but less than $100,000.
1523	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.
1524			

	817.625(2)(b)	2nd	Second or subsequent fraudulent use of scanning device or reencoder.
1525	825.1025(4)	3rd	Lewd or lascivious exhibition in the presence of an elderly person or disabled adult.
1526	827.071(4)	2nd	Possess with intent to promote any photographic material, motion picture, etc., which includes sexual conduct by a child.
1527	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.
1528	843.01	3rd	Resist officer with violence to person; resist arrest with violence.
1529	874.05(2)	2nd	Encouraging or recruiting another to join a criminal street gang; second or subsequent offense.
1530	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).
1531	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.
1532	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.
1533	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.
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.
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).

1534
1535
1536
1537 Section 17. The amendment to s. 456.0375(1)(b)1., Florida
1538 Statutes, in this act is intended to clarify the legislative
1539 intent of that provision as it existed at the time the provision
1540 initially took effect. Accordingly, the amendment to s.
1541 456.0375(1)(b)1., Florida Statutes, in this act shall operate
1542 retroactively to October 1, 2001.
1543 Section 18. The Office of Insurance Regulation is directed
1544 to undertake and complete not later than January 1, 2004, a
1545 report to the Speaker of the House of Representatives and the
1546 President of the Senate evaluating the costs citizens of this
1547 state are required to pay for the private passenger automobile

1548 insurance that is presently mandated by law, in relation to the
1549 benefits of such mandates to citizens of this state. Such report
1550 shall include, but not be limited to, an evaluation of the costs
1551 and benefits of the Florida Motor Vehicle No-Fault Law.
1552 Section 19. Except as otherwise provided herein, this act
1553 shall take effect October 1. 2003.

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