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1 A bill to be entitled
2 An act relating to motor vehicle personal injury
3 protection insurance; amending s. 316.066, F.S.;
4 revising criteria relating to whether a motor vehicle
5 crash report must be submitted to the Department of
6 Highway Safety and Motor Vehicles by an investigating
7 law enforcement officer; providing a penalty; revising
8 requirements relating to the content of crash reports;
9 authorizing the submission of certain crash reports to
10 a traffic records center; authorizing an investigating
11 officer to testify at trial or provide an affidavit
12 concerning the information in a crash report; amending
13 s. 324.0221, F.S.; increasing certain license
14 reinstatement fees; amending s. 400.991, F.S.;
15 requiring that an application for licensure as a
16 health care clinic include a statement regarding
17 insurance fraud; amending s. 400.9925, F.S.; imposing
18 a licensing fee for health care clinics authorized to
19 submit claims for payment under personal injury
20 protection insurance policies; directing a portion of
21 the proceeds from such licensing fees to the operation
22 of the Automobile Insurance Fraud Strike Force;
23 creating s. 626.9898, F.S.; providing definitions;
24 authorizing the Division of Insurance Fraud to
25 establish a direct-support organization for the
26 purpose of prosecuting, investigating, and preventing
27 motor vehicle insurance fraud; providing requirements
28 for the organization and the organization's contract

29 | with the division; providing for a board of directors;
30 | authorizing the organization to use the division's
31 | property and facilities subject to certain
32 | requirements; authorizing contributions from insurers;
33 | providing that any moneys received by the organization
34 | may be held in a separate depository account in the
35 | name of the organization; requiring the division to
36 | deposit certain proceeds into the Insurance Regulatory
37 | Trust Fund; amending s. 627.736, F.S.; revising
38 | criteria relating to the entities that are authorized
39 | to file a claim for payment under a personal injury
40 | protection insurance policy; prohibiting attorney fees
41 | from being awarded when representation is secured by
42 | an illegal solicitation; specifying guidelines for
43 | determining a reasonable attorney fee; limiting a
44 | court's authority to award an attorney fee multiplier;
45 | providing an exception; revising circumstances under
46 | which information relating to a motor vehicle no-fault
47 | case may be transmitted electronically; amending s.
48 | 817.234, F.S.; providing for the loss of an
49 | occupational license and prohibition from receiving
50 | reimbursement for personal injury protection benefits
51 | for a specified time if a business entity is found
52 | guilty of insurance fraud; providing for the loss of a
53 | health care practitioner's license to practice and
54 | prohibition from receiving reimbursement for personal
55 | injury protection benefits for a specified time if the
56 | practitioner is found guilty of insurance fraud;

57 providing civil penalties; providing an effective
 58 date.

60 Be It Enacted by the Legislature of the State of Florida:

61
 62 Section 1. Subsection (1) of section 316.066, Florida
 63 Statutes, is amended, and paragraph (a) of subsection (3) of
 64 that section is reenacted, to read:

65 316.066 Written reports of crashes.—

66 (1)(a) A Florida Traffic Crash Report, Long Form is
 67 required to be completed and submitted to the department within
 68 10 days after completing an investigation by every law
 69 enforcement officer who in the regular course of duty
 70 investigates a motor vehicle crash ~~that~~:

71 1. That resulted in death, ~~or~~ personal injury, or any
 72 indication of complaints of pain or discomfort by any of the
 73 parties or passengers involved in the crash;—

74 2. That involved one or more passengers, other than the
 75 drivers of the vehicles, in any of the vehicles involved in the
 76 crash;

77 3.2. That involved a violation of s. 316.061(1) or s.
 78 316.193; or—

79 4. In which a vehicle was rendered inoperative to a degree
 80 that required a wrecker to remove it from traffic, if such
 81 action is appropriate, in the officer's discretion.

82 (b) In every crash for which a Florida Traffic Crash
 83 Report, Long Form is not required by this section, the law
 84 enforcement officer may complete a short-form crash report or

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85 provide a driver exchange-of-information form to be completed by
86 each party involved in the crash. Short-form crash reports
87 prepared by the law enforcement officer shall be maintained by
88 the officer's agency.

89 (c) The long-form and short-form reports ~~report~~ must
90 include:

91 1. The date, time, and location of the crash.

92 2. A description of the vehicles involved.

93 3. The names and addresses of the parties involved,
94 ~~including all drivers and passengers.~~

95 4. The names and addresses of all passengers in all
96 vehicles involved in the crash, each clearly identified as being
97 a passenger, and the identification of the vehicle in which each
98 was a passenger.

99 ~~5.4.~~ The names and addresses of witnesses.

100 ~~6.5.~~ The name, badge number, and law enforcement agency of
101 the officer investigating the crash.

102 ~~7.6.~~ The names of the insurance companies for the
103 respective parties involved in the crash.

104 (d) The phone numbers of the parties involved in the crash
105 may not be included in any crash report except in the case of a
106 criminal traffic offense.

107 (e)~~(e)~~ Each party to the crash must provide the law
108 enforcement officer with proof of insurance, which must be
109 included ~~documented~~ in the crash report. If a law enforcement
110 officer submits a report on the crash, proof of insurance must
111 be provided to the officer by each party involved in the crash.
112 Any party who fails to provide the required information commits

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113 a noncriminal traffic infraction, punishable as a nonmoving
114 violation as provided in chapter 318, unless the officer
115 determines that due to injuries or other special circumstances
116 such insurance information cannot be provided immediately. If
117 the person provides the law enforcement agency, within 24 hours
118 after the crash, proof of insurance that was valid at the time
119 of the crash, the law enforcement agency may void the citation.

120 (f) ~~(d)~~ The driver of a vehicle that was in any manner
121 involved in a crash resulting in damage to any vehicle or other
122 property in an amount of \$500 or more, which crash was not
123 investigated by a law enforcement agency, shall, within 10 days
124 after the crash, submit a written report of the crash to the
125 department or traffic records center. The entity receiving the
126 report may require witnesses of the crash to render reports and
127 may require any driver of a vehicle involved in a crash of which
128 a written report must be made to file supplemental written
129 reports if the original report is deemed insufficient by the
130 receiving entity.

131 (g) The investigating law enforcement officer may testify
132 at trial or provide a signed affidavit to confirm or supplement
133 the information included on the long-form or short-form report.

134 ~~(c) Short-form crash reports prepared by law enforcement~~
135 ~~shall be maintained by the law enforcement officer's agency.~~

136 (3) (a) Any driver failing to file the written report
137 required under subsection (1) commits a noncriminal traffic
138 infraction, punishable as a nonmoving violation as provided in
139 chapter 318.

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140 Section 2. Subsection (3) of section 324.0221, Florida
 141 Statutes, is amended to read:

142 324.0221 Reports by insurers to the department; suspension
 143 of driver ~~driver's~~ license and vehicle registrations;
 144 reinstatement.—

145 (3) An operator or owner whose driver ~~driver's~~ license or
 146 registration has been suspended under this section or s. 316.646
 147 may effect its reinstatement upon compliance with the
 148 requirements of this section and upon payment to the department
 149 of a nonrefundable reinstatement fee of \$250 ~~\$150~~ for the first
 150 reinstatement. The reinstatement fee is \$350 ~~\$250~~ for the second
 151 reinstatement and \$750 ~~\$500~~ for each subsequent reinstatement
 152 during the 3 years following the first reinstatement. A person
 153 reinstating her or his insurance under this subsection must also
 154 secure noncancelable coverage as described in ss. 324.021(8),
 155 324.023, and 627.7275(2) and present to the appropriate person
 156 proof that the coverage is in force on a form adopted by the
 157 department, and such proof shall be maintained for 2 years. If
 158 the person does not have a second reinstatement within 3 years
 159 after her or his initial reinstatement, the reinstatement fee is
 160 \$250 ~~\$150~~ for the first reinstatement after that 3-year period.
 161 If a person's license and registration are suspended under this
 162 section or s. 316.646, only one reinstatement fee must be paid
 163 to reinstate the license and the registration. All fees shall be
 164 collected by the department at the time of reinstatement. The
 165 department shall issue proper receipts for such fees and shall
 166 promptly deposit those fees in the Highway Safety Operating
 167 Trust Fund. One-third of the fees collected under this

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168 subsection shall be distributed from the Highway Safety
 169 Operating Trust Fund to the local governmental entity or state
 170 agency that employed the law enforcement officer seizing the
 171 license plate pursuant to s. 324.201. The funds may be used by
 172 the local governmental entity or state agency for any authorized
 173 purpose.

174 Section 3. Subsection (6) is added to section 400.991,
 175 Florida Statutes, to read:

176 400.991 License requirements; background screenings;
 177 prohibitions.—

178 (6) All forms that constitute part of the application for
 179 licensure or exemption from licensure under this part must
 180 contain the following statement:

181 INSURANCE FRAUD NOTICE

182 Submitting a false, misleading, or fraudulent application or
 183 other document when applying for licensure as a health care
 184 clinic, when seeking an exemption from licensure as a health
 185 care clinic, or when demonstrating compliance with part X of
 186 chapter 400, Florida Statutes, is a fraudulent insurance act, as
 187 described in ss. 626.989 and 817.234, Florida Statutes, and as
 188 such is a basis for investigation by the Division of Insurance
 189 Fraud and grounds for discipline by the appropriate licensing
 190 board of the Department of Health.

191 Section 4. Subsection (4) is added to section 400.9925,
 192 Florida Statutes, to read:

193 400.9925 Rulemaking authority; license fees.—

194 (4) The licensing fee for any health care clinic
 195 authorized to submit claims for payment under a personal injury

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196 protection insurance policy pursuant to s. 627.736(5)(a)1.c.
197 shall be \$2,000. Two-thirds of the proceeds from the licensing
198 fee shall be used to assist in the operation of the Automobile
199 Insurance Fraud Strike Force established under s. 626.9898.

200 Section 5. Section 626.9898, Florida Statutes, is created
201 to read:

202 626.9898 Motor vehicle insurance fraud direct-support
203 organization.—

204 (1) DEFINITIONS.—As used in this section, the term:

205 (a) "Division" means the Division of Insurance Fraud of
206 the Department of Financial Services.

207 (b) "Motor vehicle insurance fraud" means any act defined
208 as a "fraudulent insurance act" under s. 626.989 that relates to
209 motor vehicle insurance coverage as described in part XI of
210 chapter 627.

211 (c) "Organization" means the direct-support organization
212 established under this section.

213 (2) ORGANIZATION ESTABLISHED.—The division may establish a
214 direct-support organization, to be known as the "Automobile
215 Insurance Fraud Strike Force," whose sole purpose is to support
216 the prosecution, investigation, and prevention of motor vehicle
217 insurance fraud. The organization shall:

218 (a) Be a not-for-profit corporation incorporated under
219 chapter 617 and approved by the Department of State.

220 (b) Be organized and operated to conduct programs and
221 activities; to raise funds; to request and receive grants,
222 gifts, and bequests of money; to acquire, receive, hold, invest,
223 and administer, in its own name, securities, funds, objects of

224 value, or other property, real or personal; and to make grants
 225 and expenditures to or for the direct or indirect benefit of the
 226 division, state attorneys' offices, the statewide prosecutor,
 227 the Agency for Health Care Administration, and the Department of
 228 Health to the extent that such grants and expenditures are to be
 229 used exclusively to advance the purpose of prosecuting,
 230 investigating, or preventing motor vehicle insurance fraud.
 231 Grants and expenditures may include the cost of salaries or
 232 benefits of dedicated motor vehicle insurance fraud
 233 investigators, prosecutors, or support personnel if such grants
 234 and expenditures do not interfere with prosecutorial
 235 independence or otherwise create conflicts of interest that
 236 threaten the success of prosecutions. Funds received under this
 237 paragraph by a state attorney's office or the statewide
 238 prosecutor, and staff or prosecutors employed by a state
 239 attorney's office or the statewide prosecutor with such funds,
 240 shall be under the exclusive direction and control of that state
 241 attorney or the statewide prosecutor, as applicable.

242 (c) Be determined by the division to operate in a manner
 243 that promotes the goals of laws relating to motor vehicle
 244 insurance fraud, that is in the best interest of the state, and
 245 that is in accordance with the adopted goals and mission of the
 246 division.

247 (d) Use all of its grants and expenditures solely for the
 248 purpose of preventing and decreasing motor vehicle insurance
 249 fraud and not for the purpose of lobbying as defined in s.
 250 11.045.

251 (e) Be subject to an annual financial audit in accordance

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252 with s. 215.981.

253 (3) CONTRACT.—The organization shall operate under written
254 contract with the division. The contract must provide for:

255 (a) Approval of the articles of incorporation and bylaws
256 of the organization by the division.

257 (b) Submission of an annual budget for division approval.
258 The budget must require the organization to minimize costs to
259 the division and its members at all times by using existing
260 personnel and property and allowing for telephonic meetings when
261 appropriate.

262 (c) Certification by the division that the organization is
263 complying with the terms of the contract and in a manner
264 consistent with the goals and purposes of the department and in
265 the best interest of the state. Such certification must be made
266 annually and reported in the official minutes of a meeting of
267 the organization.

268 (d) Allocation of funds to address motor vehicle insurance
269 fraud.

270 (e) Reversion of moneys and property held in trust by the
271 organization for motor vehicle insurance fraud prosecution,
272 investigation, and prevention to the division if the
273 organization is no longer approved to operate for the department
274 or if the organization ceases to exist, or to the state if the
275 division ceases to exist.

276 (f) Specific criteria to be used by the organization's
277 board of directors to evaluate the effectiveness of funding used
278 to combat motor vehicle insurance fraud.

279 (g) The fiscal year of the organization, which begins July

280 1 of each year and ends June 30 of the following year.

281 (h) Disclosure of the material provisions of the contract,
 282 and distinguishing between the department and the organization
 283 to donors of gifts, contributions, or bequests, including
 284 providing such disclosure on all promotional and fundraising
 285 publications.

286 (4) BOARD OF DIRECTORS.—The board of directors of the
 287 organization shall consist of the following nine members:

288 (a) The Chief Financial Officer, or designee, who shall
 289 serve as chair.

290 (b) Two state attorneys, one of whom shall be appointed by
 291 the Chief Financial Officer and one of whom shall be appointed
 292 by the Attorney General.

293 (c) Two representatives of motor vehicle insurers
 294 appointed by the Chief Financial Officer.

295 (d) Two representatives of local law enforcement agencies,
 296 both of whom shall be appointed by the Chief Financial Officer.

297 (e) Two representatives of health care providers that
 298 routinely provide services billed under motor vehicle insurance
 299 policies, one of whom shall be appointed by the President of the
 300 Florida Medical Association and one of whom shall be appointed
 301 by the President of the Florida Chiropractic Society.

302
 303 The officer who appointed a member of the board may remove that
 304 member for cause. The term of office of an appointed member
 305 expires at the same time as the term of the officer who
 306 appointed him or her or at such earlier time as the person
 307 ceases to be qualified.

308 (5) USE OF PROPERTY.—The department may authorize, without
309 charge, appropriate use of fixed property and facilities of the
310 division by the organization, subject to this subsection.

311 (a) The department may prescribe any condition with which
312 the organization must comply in order to use the division's
313 property or facilities.

314 (b) The department may not authorize the use of the
315 division's property or facilities if the organization does not
316 provide equal membership and employment opportunities to all
317 persons regardless of race, religion, sex, age, or national
318 origin.

319 (c) The department shall adopt rules prescribing the
320 procedures by which the organization is governed and any
321 condition with which the organization must comply in order to
322 use the division's property or facilities.

323 (6) CONTRIBUTIONS.—Any contributions made by an insurer to
324 the organization shall be allowed as appropriate business
325 expenses for all regulatory purposes.

326 (7) DEPOSITORY.—Any moneys received by the organization
327 may be held in a separate depository account in the name of the
328 organization and subject to the provisions of the contract with
329 the division.

330 (8) DIVISION'S RECEIPT OF PROCEEDS.—If the division
331 receives proceeds from the organization, those proceeds shall be
332 deposited into the Insurance Regulatory Trust Fund.

333 Section 6. Paragraph (a) of subsection (5) and subsections
334 (8) and (16) of section 627.736, Florida Statutes, are amended
335 to read:

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336 627.736 Required personal injury protection benefits;
337 exclusions; priority; claims.—

338 (5) CHARGES FOR TREATMENT OF INJURED PERSONS.—

339 (a)1. A claim for payment under a personal injury
340 protection insurance policy may be filed only by:

341 a. A sole proprietorship, group practice, partnership, or
342 corporation that is wholly owned by one or more physicians
343 licensed under chapter 458, chapter 459, chapter 460, chapter
344 461, or chapter 466;

345 b. An entity that is owned, directly or indirectly, by an
346 entity licensed or registered by the state under chapter 395;

347 c. An entity owned by a corporation the stock of which is
348 publicly traded; or

349 d. A clinic licensed under part X of chapter 400 that
350 provides health care services by health care practitioners as
351 defined in s. 456.001(4), the medical director of which is
352 licensed under chapter 458 or chapter 459, and that holds
353 accreditation by the Joint Commission on Accreditation of
354 Healthcare Organizations, the Accreditation Association for
355 Ambulatory Health Care, the Accreditation Commission for Health
356 Care, the Commission on Accreditation of Rehabilitation
357 Facilities, or the National Committee for Quality Assurance.

358 ~~2.1.~~ Any physician, hospital, clinic, or other person or
359 institution lawfully rendering treatment to an injured person
360 for a bodily injury covered by personal injury protection
361 insurance may charge the insurer and injured party only a
362 reasonable amount pursuant to this section for the services and
363 supplies rendered, and the insurer providing such coverage may

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364 pay for such charges directly to such person or institution
365 lawfully rendering such treatment, if the insured receiving such
366 treatment or his or her guardian has countersigned the properly
367 completed invoice, bill, or claim form approved by the office
368 upon which such charges are to be paid for as having actually
369 been rendered, to the best knowledge of the insured or his or
370 her guardian. In no event, however, may such a charge be in
371 excess of the amount the person or institution customarily
372 charges for like services or supplies. With respect to a
373 determination of whether a charge for a particular service,
374 treatment, or otherwise is reasonable, consideration may be
375 given to evidence of usual and customary charges and payments
376 accepted by the provider involved in the dispute, and
377 reimbursement levels in the community and various federal and
378 state medical fee schedules applicable to automobile and other
379 insurance coverages, and other information relevant to the
380 reasonableness of the reimbursement for the service, treatment,
381 or supply.

382 ~~3.2.~~ The insurer may limit reimbursement to 80 percent of
383 the following schedule of maximum charges:

384 a. For emergency transport and treatment by providers
385 licensed under chapter 401, 200 percent of Medicare.

386 b. For emergency services and care provided by a hospital
387 licensed under chapter 395, 75 percent of the hospital's usual
388 and customary charges.

389 c. For emergency services and care as defined by s.
390 395.002(9) provided in a facility licensed under chapter 395
391 rendered by a physician or dentist, and related hospital

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392 inpatient services rendered by a physician or dentist, the usual
393 and customary charges in the community.

394 d. For hospital inpatient services, other than emergency
395 services and care, 200 percent of the Medicare Part A
396 prospective payment applicable to the specific hospital
397 providing the inpatient services.

398 e. For hospital outpatient services, other than emergency
399 services and care, 200 percent of the Medicare Part A Ambulatory
400 Payment Classification for the specific hospital providing the
401 outpatient services.

402 f. For all other medical services, supplies, and care, 200
403 percent of the allowable amount under the participating
404 physicians schedule of Medicare Part B. However, if such
405 services, supplies, or care is not reimbursable under Medicare
406 Part B, the insurer may limit reimbursement to 80 percent of the
407 maximum reimbursable allowance under workers' compensation, as
408 determined under s. 440.13 and rules adopted thereunder which
409 are in effect at the time such services, supplies, or care is
410 provided. Services, supplies, or care that is not reimbursable
411 under Medicare or workers' compensation is not required to be
412 reimbursed by the insurer.

413 ~~4.3.~~ For purposes of subparagraph 3. 2., the applicable
414 fee schedule or payment limitation under Medicare is the fee
415 schedule or payment limitation in effect at the time the
416 services, supplies, or care was rendered and for the area in
417 which such services were rendered, except that it may not be
418 less than the allowable amount under the participating
419 physicians schedule of Medicare Part B for 2007 for medical

420 services, supplies, and care subject to Medicare Part B.

421 ~~5.4.~~ Subparagraph ~~3. 2.~~ does not allow the insurer to
 422 apply any limitation on the number of treatments or other
 423 utilization limits that apply under Medicare or workers'
 424 compensation. An insurer that applies the allowable payment
 425 limitations of subparagraph ~~3. 2.~~ must reimburse a provider who
 426 lawfully provided care or treatment under the scope of his or
 427 her license, regardless of whether such provider would be
 428 entitled to reimbursement under Medicare due to restrictions or
 429 limitations on the types or discipline of health care providers
 430 who may be reimbursed for particular procedures or procedure
 431 codes.

432 ~~6.5.~~ If an insurer limits payment as authorized by
 433 subparagraph ~~3. 2.~~, the person providing such services,
 434 supplies, or care may not bill or attempt to collect from the
 435 insured any amount in excess of such limits, except for amounts
 436 that are not covered by the insured's personal injury protection
 437 coverage due to the coinsurance amount or maximum policy limits.

438 (8) APPLICABILITY OF PROVISION REGULATING ATTORNEY
 439 ~~ATTORNEY'S~~ FEES.—

440 (a) With respect to any dispute under ~~the provisions of~~
 441 ss. 627.730-627.7405 between the insured and the insurer, or
 442 between an assignee of an insured's rights and the insurer, ~~the~~
 443 ~~provisions of~~ s. 627.428 shall apply, except as provided in
 444 subsections (10) and (15).

445 (b) Attorney fees may not be awarded under this subsection
 446 in regard to representation that was secured by an illegal
 447 solicitation.

448 (c) Guidelines for determining a reasonable attorney fee
449 under this subsection include:

450 1. The time and labor required; the novelty, complexity,
451 and difficulty of the questions involved; and the skill
452 requisite to perform the legal service properly.

453 2. The likelihood that the acceptance of the particular
454 employment will preclude other employment by the attorney.

455 3. The fee, or rate of fee, customarily charged in the
456 locality for legal services of a comparable or similar nature.

457 4. The significance of, or amount involved in, the subject
458 matter of the representation; the responsibility involved in the
459 representation; and the results obtained.

460 5. The time limitations imposed by the client or by the
461 circumstances and, as between attorney and client, any
462 additional or special time demands or requests of the attorney
463 by the client.

464 6. The nature and length of the professional relationship
465 with the client.

466 7. The experience, reputation, diligence, and ability of
467 the attorney or attorneys performing the service and the skill,
468 expertise, or efficiency reflected in the actual provision of
469 such services.

470 8. Whether the fee is fixed or contingent and, if fixed as
471 to amount or rate, whether the client's ability to pay rested
472 significantly on the outcome of the representation.

473 (d) An attorney fee multiplier may only be awarded under
474 this subsection if the court makes findings of fact based upon
475 competent evidence in the record establishing that:

476 1. The party requesting the multiplier would have faced
 477 substantial difficulties finding competent counsel to pursue the
 478 case in the relevant market but for the consideration of a fee
 479 multiplier;

480 2. Consideration of a fee multiplier was a necessary
 481 incentive to obtain competent counsel to pursue the case;

482 3. The claim would not have been economically feasible if
 483 brought on a noncontingent, fixed attorney fee basis;

484 4. The attorney was unable to mitigate the risk of
 485 nonpayment of attorney fees in any other way; and

486 5. Use of a multiplier is justified based on factors such
 487 as the amount of risk undertaken by the attorney at the outset
 488 of the case, the results obtained, and the type of fee
 489 arrangement between the attorney and client.

490 (e) Notwithstanding the limitations in paragraph (d), a
 491 fee multiplier may be awarded under this subsection in a class
 492 action case.

493 (16) SECURE ELECTRONIC DATA TRANSFER.—~~Any if all parties~~
 494 ~~mutually and expressly agree,~~ a notice, documentation,
 495 transmission, or communication of any kind required or
 496 authorized under ss. 627.730-627.7405 may be transmitted
 497 electronically if it is transmitted by secure electronic data
 498 transfer that is consistent with chapter 668 and state and
 499 federal privacy and security laws.

500 Section 7. Subsections (10) and (13) of section 817.234,
 501 Florida Statutes, are amended, and subsection (12) of that
 502 section is reenacted, to read:

503 817.234 False and fraudulent insurance claims.—

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504 (10) (a) Any person who owns a business entity eligible for
505 reimbursement under s. 627.736(1) and who is found guilty of
506 insurance fraud under this section shall lose his or her
507 occupational license for such entity for 5 years and may not
508 receive reimbursement for personal injury protection benefits
509 for 10 years.

510 (b) Any licensed health care practitioner found guilty of
511 insurance fraud under this section shall lose his or her license
512 to practice for 5 years and may not receive reimbursement for
513 personal injury protection benefits for 10 years. As used in
514 this section, the term "insurer" means any insurer, health
515 maintenance organization, self-insurer, self-insurance fund, or
516 other similar entity or person regulated under chapter 440 or
517 chapter 641 or by the Office of Insurance Regulation under the
518 Florida Insurance Code.

519 (12) In addition to any criminal liability, a person
520 convicted of violating any provision of this section for the
521 purpose of receiving insurance proceeds from a motor vehicle
522 insurance contract is subject to a civil penalty.

523 (a) Except for a violation of subsection (9), the civil
524 penalty shall be:

525 1. A fine up to \$5,000 for a first offense.

526 2. A fine greater than \$5,000, but not to exceed \$10,000,
527 for a second offense.

528 3. A fine greater than \$10,000, but not to exceed \$15,000,
529 for a third or subsequent offense.

530 (b) The civil penalty for a violation of subsection (9)
531 must be at least \$15,000 but may not exceed \$50,000.

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532 (c) The civil penalty shall be paid to the Insurance
533 Regulatory Trust Fund within the Department of Financial
534 Services and used by the department for the investigation and
535 prosecution of insurance fraud.

536 (d) This subsection does not prohibit a state attorney
537 from entering into a written agreement in which the person
538 charged with the violation does not admit to or deny the charges
539 but consents to payment of the civil penalty.

540 (13) As used in this section, the term:

541 (a) "Insurer" means any insurer, health maintenance
542 organization, self-insurer, self-insurance fund, or similar
543 entity or person regulated under chapter 440 or chapter 641 or
544 by the Office of Insurance Regulation under the Florida
545 Insurance Code.

546 (b)~~(a)~~ "Property" means property as defined in s. 812.012.

547 (c)~~(b)~~ "Value" means value as defined in s. 812.012.

548 Section 8. This act shall take effect July 1, 2012.