

By Senator Passidomo

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1 A reviser's bill to be entitled
 2 An act relating to the Florida Statutes; amending ss.
 3 16.59, 400.9935, 409.91212, 440.105, 440.1051, 440.12,
 4 552.113, 624.115, 624.521, 626.016, 626.989, 626.9891,
 5 626.9893, 626.9894, 626.9896, 626.99278, 627.351,
 6 627.711, 627.736, 627.7401, 631.156, 633.114, 633.126,
 7 641.30, 791.013, 817.234, 843.08, and 932.7055, F.S.,
 8 to conform to section 63 of chapter 2024-140, Laws of
 9 Florida, which directs the Division of Law Revision to
 10 prepare a reviser's bill for the 2025 Regular Session
 11 of the Legislature to change the term "Division of
 12 Investigative and Forensic Services" to "Division of
 13 Criminal Investigations" wherever it appears in the
 14 Florida Statutes; providing an effective date.

15
 16 Be It Enacted by the Legislature of the State of Florida:

17
 18 Section 1. Section 16.59, Florida Statutes, is amended to
 19 read:
 20 16.59 Medicaid fraud control.—The Medicaid Fraud Control
 21 Unit is created in the Department of Legal Affairs to
 22 investigate all violations of s. 409.920 and any criminal
 23 violations discovered during the course of those investigations.
 24 The Medicaid Fraud Control Unit may refer any criminal violation
 25 so uncovered to the appropriate prosecuting authority. The
 26 offices of the Medicaid Fraud Control Unit, the Agency for
 27 Health Care Administration Medicaid program integrity program,
 28 and the Divisions of Criminal Investigations ~~Investigative and~~
 29 ~~Forensic Services~~ and Public Assistance Fraud within the

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30 Department of Financial Services shall, to the extent possible,
31 be collocated; however, positions dedicated to Medicaid managed
32 care fraud within the Medicaid Fraud Control Unit shall be
33 collocated with the Division of Criminal Investigations
34 ~~Investigative and Forensic Services~~. The Agency for Health Care
35 Administration, the Department of Legal Affairs, and the
36 Divisions of Criminal Investigations ~~Investigative and Forensic~~
37 ~~Services~~ and Public Assistance Fraud within the Department of
38 Financial Services shall conduct joint training and other joint
39 activities designed to increase communication and coordination
40 in recovering overpayments.

41 Section 2. Subsection (9) of section 400.9935, Florida
42 Statutes, is amended to read:

43 400.9935 Clinic responsibilities.-

44 (9) In addition to the requirements of part II of chapter
45 408, the clinic shall display a sign in a conspicuous location
46 within the clinic readily visible to all patients indicating
47 that, pursuant to s. 626.9892, the Department of Financial
48 Services may pay rewards of up to \$25,000 to persons providing
49 information leading to the arrest and conviction of persons
50 committing crimes investigated by the Division of Criminal
51 Investigations ~~Investigative and Forensic Services~~ arising from
52 violations of s. 440.105, s. 624.15, s. 626.9541, s. 626.989, or
53 s. 817.234. An authorized employee of the Division of Criminal
54 Investigations ~~Investigative and Forensic Services~~ may make
55 unannounced inspections of a clinic licensed under this part as
56 necessary to determine whether the clinic is in compliance with
57 this subsection. A licensed clinic shall allow full and complete
58 access to the premises to such authorized employee of the

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59 division who makes an inspection to determine compliance with
60 this subsection.

61 Section 3. Subsection (6) of section 409.91212, Florida
62 Statutes, is amended to read:

63 409.91212 Medicaid managed care fraud.—

64 (6) Each managed care plan shall report all suspected or
65 confirmed instances of provider or recipient fraud or abuse
66 within 15 calendar days after detection to the Office of
67 Medicaid Program Integrity within the agency. At a minimum the
68 report must contain the name of the provider or recipient, the
69 Medicaid billing number or tax identification number, and a
70 description of the fraudulent or abusive act. The Office of
71 Medicaid Program Integrity in the agency shall forward the
72 report of suspected overpayment, abuse, or fraud to the
73 appropriate investigative unit, including, but not limited to,
74 the Bureau of Medicaid program integrity, the Medicaid fraud
75 control unit, the Division of Public Assistance Fraud, the
76 Division of Criminal Investigations ~~Investigative and Forensic~~
77 ~~Services~~, or the Department of Law Enforcement.

78 (a) Failure to timely report shall result in an
79 administrative fine of \$1,000 per calendar day after the 15th
80 day of detection.

81 (b) Failure to timely report may result in additional
82 administrative, civil, or criminal penalties.

83 Section 4. Paragraph (a) of subsection (1) of section
84 440.105, Florida Statutes, is amended to read:

85 440.105 Prohibited activities; reports; penalties;
86 limitations.—

87 (1)(a) Any insurance carrier, any individual self-insured,

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88 any commercial or group self-insurance fund, any professional
89 practitioner licensed or regulated by the Department of Health,
90 except as otherwise provided by law, any medical review
91 committee as defined in s. 766.101, any private medical review
92 committee, and any insurer, agent, or other person licensed
93 under the insurance code, or any employee thereof, having
94 knowledge or who believes that a fraudulent act or any other act
95 or practice which, upon conviction, constitutes a felony or
96 misdemeanor under this chapter is being or has been committed
97 shall send to the Division of Criminal Investigations
98 ~~Investigative and Forensic Services~~, Bureau of Workers'
99 Compensation Fraud, a report or information pertinent to such
100 knowledge or belief and such additional information relative
101 thereto as the bureau may require. The bureau shall review such
102 information or reports and select such information or reports
103 as, in its judgment, may require further investigation. It shall
104 then cause an independent examination of the facts surrounding
105 such information or report to be made to determine the extent,
106 if any, to which a fraudulent act or any other act or practice
107 which, upon conviction, constitutes a felony or a misdemeanor
108 under this chapter is being committed. The bureau shall report
109 any alleged violations of law which its investigations disclose
110 to the appropriate licensing agency and state attorney or other
111 prosecuting agency having jurisdiction with respect to any such
112 violations of this chapter. If prosecution by the state attorney
113 or other prosecuting agency having jurisdiction with respect to
114 such violation is not begun within 60 days of the bureau's
115 report, the state attorney or other prosecuting agency having
116 jurisdiction with respect to such violation shall inform the

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117 bureau of the reasons for the lack of prosecution.

118 Section 5. Subsections (1) and (2) of section 440.1051,
119 Florida Statutes, are amended to read:

120 440.1051 Fraud reports; civil immunity; criminal
121 penalties.—

122 (1) The Bureau of Workers' Compensation Insurance Fraud of
123 the Division of Criminal Investigations ~~Investigative and~~
124 ~~Forensic Services~~ of the department shall establish a toll-free
125 telephone number to receive reports of workers' compensation
126 fraud committed by an employee, employer, insurance provider,
127 physician, attorney, or other person.

128 (2) Any person who reports workers' compensation fraud to
129 the Division of Criminal Investigations ~~Investigative and~~
130 ~~Forensic Services~~ under subsection (1) is immune from civil
131 liability for doing so, and the person or entity alleged to have
132 committed the fraud may not retaliate against him or her for
133 providing such report, unless the person making the report knows
134 it to be false.

135 Section 6. Paragraph (c) of subsection (1) of section
136 440.12, Florida Statutes, is amended to read:

137 440.12 Time for commencement and limits on weekly rate of
138 compensation.—

139 (1) Compensation is not allowed for the first 7 days of the
140 disability, except for benefits provided under s. 440.13.
141 However, if the injury results in more than 21 days of
142 disability, compensation is allowed from the commencement of the
143 disability.

144 (c) Each carrier shall keep a record of all payments made
145 under this subsection, including the time and manner of such

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146 payments, and shall furnish these records or a report based on
147 these records to the Division of Criminal Investigations
148 ~~Investigative and Forensic Services~~ and the Division of Workers'
149 Compensation, upon request.

150 Section 7. Subsection (3) of section 552.113, Florida
151 Statutes, is amended to read:

152 552.113 Reports of thefts, illegal use, or illegal
153 possession.—

154 (3) The Division of Criminal Investigations ~~Investigative~~
155 ~~and Forensic Services~~ shall investigate, or be certain that a
156 qualified law enforcement agency investigates, the cause and
157 circumstances of each theft, illegal use, or illegal possession
158 of explosives which occurs within the state. A report of each
159 such investigation shall be made and maintained by the Division
160 of Criminal Investigations ~~Investigative and Forensic Services~~.

161 Section 8. Section 624.115, Florida Statutes, is amended to
162 read:

163 624.115 Referral of criminal violations.—If, during an
164 investigation or examination, the office has reason to believe
165 that any criminal law of this state has or may have been
166 violated, the office shall refer any relevant records and
167 information to the Division of Criminal Investigations
168 ~~Investigative and Forensic Services~~, state or federal law
169 enforcement, or prosecutorial agencies, as applicable, and shall
170 provide investigative assistance to those agencies as required.

171 Section 9. Subsection (1) of section 624.521, Florida
172 Statutes, is amended to read:

173 624.521 Deposit of certain tax receipts; refund of improper
174 payments.—

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175 (1) The department shall promptly deposit in the State
176 Treasury to the credit of the Insurance Regulatory Trust Fund
177 all "state tax" portions of agents' licenses collected under s.
178 624.501 necessary to fund the Division of Criminal
179 Investigations ~~Investigative and Forensic Services~~. The balance
180 of the tax shall be credited to the General Fund. All moneys
181 received by the department or the office not in accordance with
182 this code or not in the exact amount as specified by the
183 applicable provisions of this code shall be returned to the
184 remitter. The records of the department or office shall show the
185 date and reason for such return.

186 Section 10. Subsection (4) of section 626.016, Florida
187 Statutes, is amended to read:

188 626.016 Powers and duties of department, commission, and
189 office.—

190 (4) This section is not intended to limit the authority of
191 the department and the Division of Criminal Investigations
192 ~~Investigative and Forensic Services~~, as specified in s. 626.989.

193 Section 11. Section 626.989, Florida Statutes, is amended
194 to read:

195 626.989 Investigation by department or Division of Criminal
196 Investigations ~~Investigative and Forensic Services~~; compliance;
197 immunity; confidential information; reports to division;
198 division investigator's power of arrest.—

199 (1) For the purposes of this section:

200 (a) A person commits a "fraudulent insurance act" if the
201 person:

202 1. Knowingly and with intent to defraud presents, causes to
203 be presented, or prepares with knowledge or belief that it will

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204 be presented, to or by an insurer, self-insurer, self-insurance
205 fund, servicing corporation, purported insurer, broker, or any
206 agent thereof, any written statement as part of, or in support
207 of, an application for the issuance of, or the rating of, any
208 insurance policy, or a claim for payment or other benefit
209 pursuant to any insurance policy, which the person knows to
210 contain materially false information concerning any fact
211 material thereto or if the person conceals, for the purpose of
212 misleading another, information concerning any fact material
213 thereto.

214 2. Knowingly submits:

215 a. A false, misleading, or fraudulent application or other
216 document when applying for licensure as a health care clinic,
217 seeking an exemption from licensure as a health care clinic, or
218 demonstrating compliance with part X of chapter 400 with an
219 intent to use the license, exemption from licensure, or
220 demonstration of compliance to provide services or seek
221 reimbursement under the Florida Motor Vehicle No-Fault Law.

222 b. A claim for payment or other benefit pursuant to a
223 personal injury protection insurance policy under the Florida
224 Motor Vehicle No-Fault Law if the person knows that the payee
225 knowingly submitted a false, misleading, or fraudulent
226 application or other document when applying for licensure as a
227 health care clinic, seeking an exemption from licensure as a
228 health care clinic, or demonstrating compliance with part X of
229 chapter 400.

230 (b) The term "insurer" also includes a health maintenance
231 organization, and the term "insurance policy" also includes a
232 health maintenance organization subscriber contract.

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233 (2) If, by its own inquiries or as a result of complaints,
234 the department or its Division of Criminal Investigations
235 ~~Investigative and Forensic Services~~ has reason to believe that a
236 person has engaged in, or is engaging in, a fraudulent insurance
237 act, an act or practice that violates s. 626.9541 or s. 817.234,
238 or an act or practice punishable under s. 624.15, it may
239 administer oaths and affirmations, request the attendance of
240 witnesses or proffering of matter, and collect evidence. The
241 department or its Division of Criminal Investigations
242 ~~Investigative and Forensic Services~~ shall not compel the
243 attendance of any person or matter in any such investigation
244 except pursuant to subsection (4).

245 (3) If matter that the department or its division seeks to
246 obtain by request is located outside the state, the person so
247 requested may make it available to the division or its
248 representative to examine the matter at the place where it is
249 located. The division may designate representatives, including
250 officials of the state in which the matter is located, to
251 inspect the matter on its behalf, and it may respond to similar
252 requests from officials of other states.

253 (4) (a) The department or its division may request that an
254 individual who refuses to comply with any such request be
255 ordered by the circuit court to provide the testimony or matter.
256 The court shall not order such compliance unless the department
257 or its division has demonstrated to the satisfaction of the
258 court that the testimony of the witness or the matter under
259 request has a direct bearing on the commission of a fraudulent
260 insurance act, on a violation of s. 626.9541 or s. 817.234, or
261 on an act or practice punishable under s. 624.15 or is pertinent

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262 and necessary to further such investigation.

263 (b) Except in a prosecution for perjury, an individual who
264 complies with a court order to provide testimony or matter after
265 asserting a privilege against self-incrimination to which the
266 individual is entitled by law may not be subjected to a criminal
267 proceeding or to a civil penalty with respect to the act
268 concerning which the individual is required to testify or
269 produce relevant matter.

270 (c) In the absence of fraud or bad faith, a person is not
271 subject to civil liability for libel, slander, or any other
272 relevant tort by virtue of filing reports, without malice, or
273 furnishing other information, without malice, required by this
274 section or required by the department or division under the
275 authority granted in this section, and no civil cause of action
276 of any nature shall arise against such person:

277 1. For any information relating to suspected fraudulent
278 insurance acts or persons suspected of engaging in such acts
279 furnished to or received from law enforcement officials, their
280 agents, or employees;

281 2. For any information relating to suspected fraudulent
282 insurance acts or persons suspected of engaging in such acts
283 furnished to or received from other persons subject to the
284 provisions of this chapter;

285 3. For any such information furnished in reports to the
286 department, the division, the National Insurance Crime Bureau,
287 the National Association of Insurance Commissioners, or any
288 local, state, or federal enforcement officials or their agents
289 or employees; or

290 4. For other actions taken in cooperation with any of the

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291 agencies or individuals specified in this paragraph in the
292 lawful investigation of suspected fraudulent insurance acts.

293 (d) In addition to the immunity granted in paragraph (c),
294 persons identified as designated employees whose
295 responsibilities include the investigation and disposition of
296 claims relating to suspected fraudulent insurance acts may share
297 information relating to persons suspected of committing
298 fraudulent insurance acts with other designated employees
299 employed by the same or other insurers whose responsibilities
300 include the investigation and disposition of claims relating to
301 fraudulent insurance acts, provided the department has been
302 given written notice of the names and job titles of such
303 designated employees prior to such designated employees sharing
304 information. Unless the designated employees of the insurer act
305 in bad faith or in reckless disregard for the rights of any
306 insured, neither the insurer nor its designated employees are
307 civilly liable for libel, slander, or any other relevant tort,
308 and a civil action does not arise against the insurer or its
309 designated employees:

310 1. For any information related to suspected fraudulent
311 insurance acts provided to an insurer; or

312 2. For any information relating to suspected fraudulent
313 insurance acts provided to the National Insurance Crime Bureau
314 or the National Association of Insurance Commissioners.

315
316 Provided, however, that the qualified immunity against civil
317 liability conferred on any insurer or its designated employees
318 shall be forfeited with respect to the exchange or publication
319 of any defamatory information with third persons not expressly

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320 authorized by this paragraph to share in such information.

321 (e) The Chief Financial Officer and any employee or agent
322 of the department, commission, office, or division, when acting
323 without malice and in the absence of fraud or bad faith, is not
324 subject to civil liability for libel, slander, or any other
325 relevant tort, and no civil cause of action of any nature exists
326 against such person by virtue of the execution of official
327 activities or duties of the department, commission, or office
328 under this section or by virtue of the publication of any report
329 or bulletin related to the official activities or duties of the
330 department, division, commission, or office under this section.

331 (f) This section does not abrogate or modify in any way any
332 common-law or statutory privilege or immunity heretofore enjoyed
333 by any person.

334 (5) The office's and the department's papers, documents,
335 reports, or evidence relative to the subject of an investigation
336 under this section are confidential and exempt from the
337 provisions of s. 119.07(1) until such investigation is completed
338 or ceases to be active. For purposes of this subsection, an
339 investigation is considered "active" while the investigation is
340 being conducted by the office or department with a reasonable,
341 good faith belief that it could lead to the filing of
342 administrative, civil, or criminal proceedings. An investigation
343 does not cease to be active if the office or department is
344 proceeding with reasonable dispatch and has a good faith belief
345 that action could be initiated by the office or department or
346 other administrative or law enforcement agency. After an
347 investigation is completed or ceases to be active, portions of
348 records relating to the investigation shall remain exempt from

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349 the provisions of s. 119.07(1) if disclosure would:

350 (a) Jeopardize the integrity of another active
351 investigation;

352 (b) Impair the safety and soundness of an insurer;

353 (c) Reveal personal financial information;

354 (d) Reveal the identity of a confidential source;

355 (e) Defame or cause unwarranted damage to the good name or
356 reputation of an individual or jeopardize the safety of an
357 individual; or

358 (f) Reveal investigative techniques or procedures. Further,
359 such papers, documents, reports, or evidence relative to the
360 subject of an investigation under this section shall not be
361 subject to discovery until the investigation is completed or
362 ceases to be active. Office, department, or division
363 investigators shall not be subject to subpoena in civil actions
364 by any court of this state to testify concerning any matter of
365 which they have knowledge pursuant to a pending insurance fraud
366 investigation by the division.

367 (6) (a) Any person, other than an insurer, agent, or other
368 person licensed under the code, or an employee thereof, having
369 knowledge or who believes that a fraudulent insurance act or any
370 other act or practice which, upon conviction, constitutes a
371 felony or a misdemeanor under the code, or under s. 817.234, is
372 being or has been committed may send to the Division of Criminal
373 Investigations ~~Investigative and Forensic Services~~ a report or
374 information pertinent to such knowledge or belief and such
375 additional information relative thereto as the department may
376 request. Any professional practitioner licensed or regulated by
377 the Department of Business and Professional Regulation, except

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378 as otherwise provided by law, any medical review committee as
379 defined in s. 766.101, any private medical review committee, and
380 any insurer, agent, or other person licensed under the code, or
381 an employee thereof, having knowledge or who believes that a
382 fraudulent insurance act or any other act or practice which,
383 upon conviction, constitutes a felony or a misdemeanor under the
384 code, or under s. 817.234, is being or has been committed shall
385 send to the Division of Criminal Investigations ~~Investigative~~
386 ~~and Forensic Services~~ a report or information pertinent to such
387 knowledge or belief and such additional information relative
388 thereto as the department may require.

389 (b) The Division of Criminal Investigations ~~Investigative~~
390 ~~and Forensic Services~~ shall review such information or reports
391 and select such information or reports as, in its judgment, may
392 require further investigation. It shall then cause an
393 independent examination of the facts surrounding such
394 information or report to be made to determine the extent, if
395 any, to which a fraudulent insurance act or any other act or
396 practice which, upon conviction, constitutes a felony or a
397 misdemeanor under the code, or under s. 817.234, is being
398 committed.

399 (c) The Division of Criminal Investigations ~~Investigative~~
400 ~~and Forensic Services~~ shall report any alleged violations of law
401 which its investigations disclose to the appropriate licensing
402 agency and state attorney or other prosecuting agency having
403 jurisdiction, including, but not limited to, the statewide
404 prosecutor for crimes that impact two or more judicial circuits
405 in this state, with respect to any such violation, as provided
406 in s. 624.310. The state attorney or other prosecuting agency

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407 having jurisdiction with respect to such violation shall inform
408 the division of any reasons why prosecution of such violation
409 was:

- 410 1. Not begun within 60 days after the division's report; or
- 411 2. Declined.

412 (7) Division investigators shall have the power to make
413 arrests for criminal violations established as a result of
414 investigations. Such investigators shall also be considered
415 state law enforcement officers for all purposes and shall have
416 the power to execute arrest warrants and search warrants; to
417 serve subpoenas issued for the examination, investigation, and
418 trial of all offenses; and to arrest upon probable cause without
419 warrant any person found in the act of violating any of the
420 provisions of applicable laws. Investigators empowered to make
421 arrests under this section shall be empowered to bear arms in
422 the performance of their duties. In such a situation, the
423 investigator must be certified in compliance with the provisions
424 of s. 943.1395 or must meet the temporary employment or
425 appointment exemption requirements of s. 943.131 until
426 certified.

427 (8) It is unlawful for any person to resist an arrest
428 authorized by this section or in any manner to interfere, either
429 by abetting or assisting such resistance or otherwise
430 interfering, with division investigators in the duties imposed
431 upon them by law or department rule.

432 (9) In recognition of the complementary roles of
433 investigating instances of workers' compensation fraud and
434 enforcing compliance with the workers' compensation coverage
435 requirements under chapter 440, the Department of Financial

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436 Services shall prepare and submit a joint performance report to
437 the President of the Senate and the Speaker of the House of
438 Representatives by January 1 of each year. The annual report
439 must include, but need not be limited to:

440 (a) The total number of initial referrals received, cases
441 opened, cases presented for prosecution, cases closed, and
442 convictions resulting from cases presented for prosecution by
443 the Bureau of Workers' Compensation Insurance Fraud by type of
444 workers' compensation fraud and circuit.

445 (b) The number of referrals received from insurers and the
446 Division of Workers' Compensation and the outcome of those
447 referrals.

448 (c) The number of investigations undertaken by the Bureau
449 of Workers' Compensation Insurance Fraud which were not the
450 result of a referral from an insurer or the Division of Workers'
451 Compensation.

452 (d) The number of investigations that resulted in a
453 referral to a regulatory agency and the disposition of those
454 referrals.

455 (e) The number and reasons provided by local prosecutors or
456 the statewide prosecutor for declining prosecution of a case
457 presented by the Bureau of Workers' Compensation Insurance Fraud
458 by circuit.

459 (f) The total number of employees assigned to the Bureau of
460 Workers' Compensation Insurance Fraud and the Division of
461 Workers' Compensation Bureau of Compliance delineated by
462 location of staff assigned; and the number and location of
463 employees assigned to the Bureau of Workers' Compensation
464 Insurance Fraud who were assigned to work other types of fraud

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465 cases.

466 (g) The average caseload and turnaround time by type of
467 case for each investigator and division compliance employee.

468 (h) The training provided during the year to workers'
469 compensation fraud investigators and the division's compliance
470 employees.

471 (10) The Bureau of Insurance Fraud of the Division of
472 Criminal Investigations ~~Investigative and Forensic Services~~
473 shall prepare and submit a performance report to the President
474 of the Senate and the Speaker of the House of Representatives by
475 September 1 of each year. The annual report must include, but
476 need not be limited to:

477 (a) The total number of initial referrals received, cases
478 opened, cases presented for prosecution, cases closed, and
479 convictions resulting from cases presented for prosecution by
480 the Bureau of Insurance Fraud, by type of insurance fraud and
481 circuit.

482 (b) The number of referrals received from insurers, the
483 office, and the Division of Consumer Services of the department,
484 and the outcome of those referrals.

485 (c) The number of investigations undertaken by the Bureau
486 of Insurance Fraud which were not the result of a referral from
487 an insurer and the outcome of those referrals.

488 (d) The number of investigations that resulted in a
489 referral to a regulatory agency and the disposition of those
490 referrals.

491 (e) The number of cases presented by the Bureau of
492 Insurance Fraud which local prosecutors or the statewide
493 prosecutor declined to prosecute and the reasons provided for

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494 declining prosecution.

495 (f) A summary of the annual report required under s.
496 626.9896.

497 (g) The total number of employees assigned to the Bureau of
498 Insurance Fraud, delineated by location of staff assigned, and
499 the number and location of employees assigned to the Bureau of
500 Insurance Fraud who were assigned to work other types of fraud
501 cases.

502 (h) The average caseload and turnaround time by type of
503 case for each investigator.

504 (i) The training provided during the year to insurance
505 fraud investigators.

506 Section 12. Paragraph (d) of subsection (2), paragraph (b)
507 of subsection (3), paragraphs (h) and (k) of subsection (5),
508 paragraph (c) of subsection (6), and subsection (9) of section
509 626.9891, Florida Statutes, are amended to read:

510 626.9891 Insurer anti-fraud investigative units; reporting
511 requirements; penalties for noncompliance.-

512 (2) Every insurer admitted to do business in this state
513 shall:

514 (d) Electronically file with the Division of Criminal
515 Investigations ~~Investigative and Forensic Services~~ of the
516 department, and annually thereafter, a detailed description of
517 the designated anti-fraud unit or division or a copy of the
518 contract executed under subparagraph (a)2., as applicable, a
519 copy of the anti-fraud plan, and the name of the employee
520 designated under paragraph (c).

521

522 An insurer must include the additional cost incurred in creating

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523 a distinct unit or division, hiring additional employees, or
524 contracting with another entity to fulfill the requirements of
525 this section, as an administrative expense for ratemaking
526 purposes.

527 (3) Each anti-fraud plan must include:

528 (b) An acknowledgment that the insurer has established
529 procedures for the mandatory reporting of possible fraudulent
530 insurance acts to the Division of Criminal Investigations
531 ~~Investigative and Forensic Services~~ of the department;

532 (5) Each insurer is required to report data related to
533 fraud for each identified line of business written by the
534 insurer during the prior calendar year. The data shall be
535 reported to the department annually by March 1, and must
536 include, at a minimum:

537 (h) The number of cases referred to the Division of
538 Criminal Investigations ~~Investigative and Forensic Services~~;

539 (k) The estimated dollar amount or range of damages on
540 cases referred to the Division of Criminal Investigations
541 ~~Investigative and Forensic Services~~ or other agencies.

542 (6) In addition to providing information required under
543 subsections (2), (4), and (5), each insurer writing workers'
544 compensation insurance shall also report the following
545 information to the department, annually, on or before March 1:

546 (c) The number of cases referred to the Division of
547 Criminal Investigations ~~Investigative and Forensic Services~~,
548 delineated by the type of fraud, including claimant, employer,
549 provider, agent, or other type.

550 (9) ~~On or before December 31, 2018,~~ The Division of
551 Criminal Investigations ~~Investigative and Forensic Services~~

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552 shall create a report detailing best practices for the
553 detection, investigation, prevention, and reporting of insurance
554 fraud and other fraudulent insurance acts. The report must be
555 updated as necessary but at least every 2 years. The report must
556 provide:

557 (a) Information on the best practices for the establishment
558 of anti-fraud investigative units within insurers;

559 (b) Information on the best practices and methods for
560 detecting and investigating insurance fraud and other fraudulent
561 insurance acts;

562 (c) Information on appropriate anti-fraud education and
563 training of insurer personnel;

564 (d) Information on the best practices for reporting
565 insurance fraud and other fraudulent insurance acts to the
566 Division of Criminal Investigations ~~Investigative and Forensic~~
567 ~~Services~~ and to other law enforcement agencies;

568 (e) Information regarding the appropriate level of staffing
569 and resources for anti-fraud investigative units within
570 insurers;

571 (f) Information detailing statistics and data relating to
572 insurance fraud which insurers should maintain; and

573 (g) Other information as determined by the Division of
574 Criminal Investigations ~~Investigative and Forensic Services~~.

575 Section 13. Subsection (1) of section 626.9893, Florida
576 Statutes, is amended to read:

577 626.9893 Disposition of revenues; criminal or forfeiture
578 proceedings.—

579 (1) The Division of Criminal Investigations ~~Investigative~~
580 ~~and Forensic Services~~ of the Department of Financial Services

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581 may deposit revenues received as a result of criminal
582 proceedings or forfeiture proceedings, other than revenues
583 deposited into the Department of Financial Services' Federal Law
584 Enforcement Trust Fund under s. 17.43, into the Insurance
585 Regulatory Trust Fund. Moneys deposited pursuant to this section
586 shall be separately accounted for and shall be used solely for
587 the division to carry out its duties and responsibilities.

588 Section 14. Subsection (2) of section 626.9894, Florida
589 Statutes, is amended to read:

590 626.9894 Gifts and grants.—

591 (2) All rights to, interest in, and title to such donated
592 or granted property shall immediately vest in the Division of
593 Criminal Investigations ~~Investigative and Forensic Services~~ upon
594 donation. The division may hold such property in co-ownership,
595 sell its interest in the property, liquidate its interest in the
596 property, or dispose of its interest in the property in any
597 other reasonable manner.

598 Section 15. Section 626.9896, Florida Statutes, is amended
599 to read:

600 626.9896 Dedicated insurance fraud prosecutors.—

601 (1) The department shall collect data from each state
602 attorney office that receives an appropriation to fund attorneys
603 and paralegals dedicated solely to the prosecution of insurance
604 fraud cases and report on the use of such funds. The data must
605 be submitted by the state attorneys to the Division of Criminal
606 Investigations ~~Investigative and Forensic Services~~ on the last
607 day of each calendar quarter beginning September 30, ~~2017, and~~
608 ~~quarterly thereafter~~. Data must be submitted for each attorney
609 funded by the appropriation and grouped by case type, including

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610 Division of Criminal Investigations ~~Investigative and Forensic~~
611 ~~Services~~ insurance fraud cases, other insurance fraud cases, and
612 cases not involving insurance fraud. For each type of case, the
613 data must include the number of cases in which an information
614 has been filed; the number of cases pending at pretrial or
615 intake; the number of cases in which the attorney is assisting
616 in the investigation; the number of cases closed or disposed of
617 during the prior quarter; the disposition of the cases closed
618 during the prior quarter; and the number of cases currently
619 pending in a pretrial diversion program.

620 (2) The Division of Criminal Investigations ~~Investigative~~
621 ~~and Forensic Services~~ must report the data collected pursuant to
622 subsection (1) for the year ending June 30, to the Executive
623 Office of the Governor, the Speaker of the House of
624 Representatives, and the President of the Senate by September 1,
625 2018, ~~and annually thereafter.~~

626 Section 16. Section 626.99278, Florida Statutes, is amended
627 to read:

628 626.99278 Viatical provider anti-fraud plan.—Every licensed
629 viatical settlement provider and registered life expectancy
630 provider must adopt an anti-fraud plan and file it with the
631 Division of Criminal Investigations ~~Investigative and Forensic~~
632 ~~Services~~ of the department. Each anti-fraud plan shall include:

633 (1) A description of the procedures for detecting and
634 investigating possible fraudulent acts and procedures for
635 resolving material inconsistencies between medical records and
636 insurance applications.

637 (2) A description of the procedures for the mandatory
638 reporting of possible fraudulent insurance acts and prohibited

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639 practices set forth in s. 626.99275 to the Division of Criminal
 640 Investigations ~~Investigative and Forensic Services~~ of the
 641 department.

642 (3) A description of the plan for anti-fraud education and
 643 training of its underwriters or other personnel.

644 (4) A written description or chart outlining the
 645 organizational arrangement of the anti-fraud personnel who are
 646 responsible for the investigation and reporting of possible
 647 fraudulent insurance acts and for the investigation of
 648 unresolved material inconsistencies between medical records and
 649 insurance applications.

650 (5) For viatical settlement providers, a description of the
 651 procedures used to perform initial and continuing review of the
 652 accuracy of life expectancies used in connection with a viatical
 653 settlement contract or viatical settlement investment.

654 Section 17. Paragraph (k) of subsection (6) of section
 655 627.351, Florida Statutes, is amended to read:

656 627.351 Insurance risk apportionment plans.—

657 (6) CITIZENS PROPERTY INSURANCE CORPORATION.—

658 (k)1. The corporation shall establish and maintain a unit
 659 or division to investigate possible fraudulent claims by
 660 insureds or by persons making claims for services or repairs
 661 against policies held by insureds; or it may contract with
 662 others to investigate possible fraudulent claims for services or
 663 repairs against policies held by the corporation pursuant to s.
 664 626.9891. The corporation must comply with reporting
 665 requirements of s. 626.9891. An employee of the corporation
 666 shall notify the corporation's Office of the Inspector General
 667 and the Division of Criminal Investigations ~~Investigative and~~

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668 ~~Forensic Services~~ within 48 hours after having information that
669 would lead a reasonable person to suspect that fraud may have
670 been committed by any employee of the corporation.

671 2. The corporation shall establish a unit or division
672 responsible for receiving and responding to consumer complaints,
673 which unit or division is the sole responsibility of a senior
674 manager of the corporation.

675 Section 18. Subsection (7) of section 627.711, Florida
676 Statutes, is amended to read:

677 627.711 Notice of premium discounts for hurricane loss
678 mitigation; uniform mitigation verification inspection form.—

679 (7) An insurer, person, or other entity that obtains
680 evidence of fraud or evidence that an authorized mitigation
681 inspector or an employee authorized to conduct mitigation
682 verification inspections under subsection (3) has made false
683 statements in the completion of a mitigation inspection form
684 shall file a report with the Division of Criminal Investigations
685 ~~Investigative and Forensic Services~~, along with all of the
686 evidence in its possession that supports the allegation of fraud
687 or falsity. An insurer, person, or other entity making the
688 report shall be immune from liability, in accordance with s.
689 626.989(4), for any statements made in the report, during the
690 investigation, or in connection with the report. The Division of
691 Criminal Investigations ~~Investigative and Forensic Services~~
692 shall issue an investigative report if it finds that probable
693 cause exists to believe that the authorized mitigation
694 inspector, or an employee authorized to conduct mitigation
695 verification inspections under subsection (3), made
696 intentionally false or fraudulent statements in the inspection

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697 form. Upon conclusion of the investigation and a finding of
698 probable cause that a violation has occurred, the Division of
699 Criminal Investigations ~~Investigative and Forensic Services~~
700 shall send a copy of the investigative report to the office and
701 a copy to the agency responsible for the professional licensure
702 of the authorized mitigation inspector, whether or not a
703 prosecutor takes action based upon the report.

704 Section 19. Paragraph (i) of subsection (4) and subsection
705 (14) of section 627.736, Florida Statutes, are amended to read:

706 627.736 Required personal injury protection benefits;
707 exclusions; priority; claims.—

708 (4) PAYMENT OF BENEFITS.—Benefits due from an insurer under
709 ss. 627.730-627.7405 are primary, except that benefits received
710 under any workers' compensation law must be credited against the
711 benefits provided by subsection (1) and are due and payable as
712 loss accrues upon receipt of reasonable proof of such loss and
713 the amount of expenses and loss incurred which are covered by
714 the policy issued under ss. 627.730-627.7405. If the Agency for
715 Health Care Administration provides, pays, or becomes liable for
716 medical assistance under the Medicaid program related to injury,
717 sickness, disease, or death arising out of the ownership,
718 maintenance, or use of a motor vehicle, the benefits under ss.
719 627.730-627.7405 are subject to the Medicaid program. However,
720 within 30 days after receiving notice that the Medicaid program
721 paid such benefits, the insurer shall repay the full amount of
722 the benefits to the Medicaid program.

723 (i) If an insurer has a reasonable belief that a fraudulent
724 insurance act, for the purposes of s. 626.989 or s. 817.234, has
725 been committed, the insurer shall notify the claimant, in

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726 writing, within 30 days after submission of the claim that the
727 claim is being investigated for suspected fraud. Beginning at
728 the end of the initial 30-day period, the insurer has an
729 additional 60 days to conduct its fraud investigation.
730 Notwithstanding subsection (10), no later than 90 days after the
731 submission of the claim, the insurer must deny the claim or pay
732 the claim with simple interest as provided in paragraph (d).
733 Interest shall be assessed from the day the claim was submitted
734 until the day the claim is paid. All claims denied for suspected
735 fraudulent insurance acts shall be reported to the Division of
736 Criminal Investigations ~~Investigative and Forensic Services~~.

737 (14) FRAUD ADVISORY NOTICE.—Upon receiving notice of a
738 claim under this section, an insurer shall provide a notice to
739 the insured or to a person for whom a claim for reimbursement
740 for diagnosis or treatment of injuries has been filed, advising
741 that:

742 (a) Pursuant to s. 626.9892, the Department of Financial
743 Services may pay rewards of up to \$25,000 to persons providing
744 information leading to the arrest and conviction of persons
745 committing crimes investigated by the Division of Criminal
746 Investigations ~~Investigative and Forensic Services~~ arising from
747 violations of s. 440.105, s. 624.15, s. 626.9541, s. 626.989, or
748 s. 817.234.

749 (b) Solicitation of a person injured in a motor vehicle
750 crash for purposes of filing personal injury protection or tort
751 claims could be a violation of s. 817.234, s. 817.505, or the
752 rules regulating The Florida Bar and should be immediately
753 reported to the Division of Criminal Investigations
754 ~~Investigative and Forensic Services~~ if such conduct has taken

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755 place.

756 Section 20. Paragraphs (b) and (c) of subsection (1) of
757 section 627.7401, Florida Statutes, are amended to read:

758 627.7401 Notification of insured's rights.—

759 (1) The commission, by rule, shall adopt a form for the
760 notification of insureds of their right to receive personal
761 injury protection benefits under the Florida Motor Vehicle No-
762 Fault Law. Such notice shall include:

763 (b) An advisory informing insureds that:

764 1. Pursuant to s. 626.9892, the Department of Financial
765 Services may pay rewards of up to \$25,000 to persons providing
766 information leading to the arrest and conviction of persons
767 committing crimes investigated by the Division of Criminal
768 Investigations ~~Investigative and Forensic Services~~ arising from
769 violations of s. 440.105, s. 624.15, s. 626.9541, s. 626.989, or
770 s. 817.234.

771 2. Pursuant to s. 627.736(5)(e)1., if the insured notifies
772 the insurer of a billing error, the insured may be entitled to a
773 certain percentage of a reduction in the amount paid by the
774 insured's motor vehicle insurer.

775 (c) A notice that solicitation of a person injured in a
776 motor vehicle crash for purposes of filing personal injury
777 protection or tort claims could be a violation of s. 817.234, s.
778 817.505, or the rules regulating The Florida Bar and should be
779 immediately reported to the Division of Criminal Investigations
780 ~~Investigative and Forensic Services~~ if such conduct has taken
781 place.

782 Section 21. Subsection (2) of section 631.156, Florida
783 Statutes, is amended to read:

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784 631.156 Investigation by the department; scope of
785 authority; sharing of materials.—

786 (2) The department may provide documents, books, and
787 records; other investigative products, work product, and
788 analysis; and copies of any or all of such materials to the
789 Division of Criminal Investigations ~~Investigative and Forensic~~
790 ~~Services~~ or any other appropriate government agency. The sharing
791 of these materials does not waive any work product or other
792 privilege otherwise applicable under law.

793 Section 22. Subsection (1) of section 633.114, Florida
794 Statutes, is amended to read:

795 633.114 State Fire Marshal agents; authority; duties;
796 compensation.—

797 (1) The State Fire Marshal shall appoint such agents,
798 including agents of the Division of Criminal Investigations
799 ~~Investigative and Forensic Services~~, as may be necessary to
800 carry out effectively this chapter, who shall be reimbursed for
801 travel expenses as provided in s. 112.061, in addition to their
802 salary, when traveling or making investigations in the
803 performance of their duties. Such agents, including agents of
804 the Division of Criminal Investigations ~~Investigative and~~
805 ~~Forensic Services~~, shall be at all times under the direction and
806 control of the State Fire Marshal, who shall fix their
807 compensation, and all orders shall be issued in the State Fire
808 Marshal's name and by her or his authority.

809 Section 23. Paragraph (b) of subsection (1) and subsection
810 (10) of section 633.126, Florida Statutes, are amended to read:

811 633.126 Investigation of fraudulent insurance claims and
812 crimes; immunity of insurance companies supplying information.—

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- 813 (1)
- 814 (b) The State Fire Marshal or an agent appointed pursuant
815 to s. 633.114, an agent of the Division of Criminal
816 Investigations ~~Investigative and Forensic Services~~, any law
817 enforcement officer as defined in s. 111.065, any law
818 enforcement officer of a federal agency, or any fire service
819 provider official who is engaged in the investigation of a fire
820 or explosion loss may request any insurance company or its
821 agent, adjuster, employee, or attorney, investigating a claim
822 under an insurance policy or contract with respect to a fire or
823 explosion to release any information whatsoever in the
824 possession of the insurance company or its agent, adjuster,
825 employee, or attorney relative to a loss from that fire or
826 explosion. The insurance company shall release the available
827 information to and cooperate with any official authorized to
828 request such information pursuant to this section. The
829 information shall include, but shall not be limited to:
- 830 1. Any insurance policy relevant to a loss under
831 investigation and any application for such a policy.
 - 832 2. Any policy premium payment records.
 - 833 3. The records, reports, and all material pertaining to any
834 previous claims made by the insured with the reporting company.
 - 835 4. Material relating to the investigation of the loss,
836 including statements of a person, proof of loss, and other
837 relevant evidence.
 - 838 5. Memoranda, notes, and correspondence relating to the
839 investigation of the loss in the possession of the insurance
840 company or its agents, adjusters, employees, or attorneys.
- 841 (10) The Division of Criminal Investigations ~~Investigative~~

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842 ~~and Forensic Services~~ may adopt reasonable rules as are
843 necessary to administer this section. Such rules must meet all
844 of the following requirements:

845 (a) They may not enlarge upon or extend the provisions of
846 this section.

847 (b) They must identify specific factors that determine the
848 grades of penalty.

849 (c) They must specify mitigating and aggravating factors
850 for a violation of this section.

851 Section 24. Subsection (4) of section 641.30, Florida
852 Statutes, is amended to read:

853 641.30 Construction and relationship to other laws.—

854 (4) The Division of Criminal Investigations ~~Investigative~~
855 ~~and Forensic Services~~ of the department is vested with all
856 powers granted to it under the Florida Insurance Code with
857 respect to the investigation of any violation of this part.

858 Section 25. Subsection (3) of section 791.013, Florida
859 Statutes, is amended to read:

860 791.013 Testing and approval of sparklers; penalties.—

861 (3) For purposes of the testing requirement by this
862 section, the division shall perform such tests as are necessary
863 to determine compliance with the performance standards in the
864 definition of sparklers, pursuant to s. 791.01. The State Fire
865 Marshal shall adopt, by rule, procedures for testing products to
866 determine compliance with this chapter. The Division of Criminal
867 Investigations ~~Investigative and Forensic Services~~ shall dispose
868 of any samples which remain after testing.

869 Section 26. Paragraph (b) of subsection (5) of section
870 817.234, Florida Statutes, is amended to read:

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871 817.234 False and fraudulent insurance claims.—

872 (5)

873 (b) If an insurer damaged as a result of a violation of any
874 provision of this section has reported the possible fraudulent
875 insurance act to the Division of Criminal Investigations
876 ~~Investigative and Forensic Services~~ pursuant to s. 626.9891 and
877 if there has been a criminal adjudication of guilt, the insurer
878 is entitled to recover reasonable investigation and litigation
879 expenses, including attorney fees, at the trial and appellate
880 courts.

881 Section 27. Section 843.08, Florida Statutes, is amended to
882 read:

883 843.08 False personation.—A person who falsely assumes or
884 pretends to be a firefighter, a sheriff, an officer of the
885 Florida Highway Patrol, an officer of the Fish and Wildlife
886 Conservation Commission, an officer of the Department of
887 Environmental Protection, an officer of the Department of
888 Financial Services, any personnel or representative of the
889 Division of Criminal Investigations ~~Investigative and Forensic~~
890 ~~Services~~, an officer of the Department of Corrections, a
891 correctional probation officer, a deputy sheriff, a state
892 attorney or an assistant state attorney, a statewide prosecutor
893 or an assistant statewide prosecutor, a state attorney
894 investigator, a coroner, a police officer, a lottery special
895 agent or lottery investigator, a beverage enforcement agent, a
896 school guardian as described in s. 30.15(1)(k), a security
897 officer licensed under chapter 493, any member of the Florida
898 Commission on Offender Review or any administrative aide or
899 supervisor employed by the commission, any personnel or

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900 representative of the Department of Law Enforcement, or a
901 federal law enforcement officer as defined in s. 901.1505, and
902 takes upon himself or herself to act as such, or to require any
903 other person to aid or assist him or her in a matter pertaining
904 to the duty of any such officer, commits a felony of the third
905 degree, punishable as provided in s. 775.082, s. 775.083, or s.
906 775.084. However, a person who falsely personates any such
907 officer during the course of the commission of a felony commits
908 a felony of the second degree, punishable as provided in s.
909 775.082, s. 775.083, or s. 775.084. If the commission of the
910 felony results in the death or personal injury of another human
911 being, the person commits a felony of the first degree,
912 punishable as provided in s. 775.082, s. 775.083, or s. 775.084.
913 In determining whether a defendant has violated this section,
914 the court or jury may consider any relevant evidence, including,
915 but not limited to, whether the defendant used lights in
916 violation of s. 316.2397 or s. 843.081.

917 Section 28. Paragraphs (l) and (m) of subsection (6) of
918 section 932.7055, Florida Statutes, are amended to read:

919 932.7055 Disposition of liens and forfeited property.—

920 (6) If the seizing agency is a state agency, all remaining
921 proceeds shall be deposited into the General Revenue Fund.

922 However, if the seizing agency is:

923 (1) The Division of Criminal Investigations ~~Investigative~~
924 ~~and Forensic Services~~ in the Department of Financial Services,
925 the proceeds accrued under the Florida Contraband Forfeiture Act
926 shall be deposited into the Insurance Regulatory Trust Fund to
927 be used for the purposes of arson suppression, arson
928 investigation, and the funding of anti-arson rewards.

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929 (m) The Division of Criminal Investigations ~~Investigative~~
930 ~~and Forensic Services~~ of the Department of Financial Services,
931 the proceeds accrued pursuant to the Florida Contraband
932 Forfeiture Act shall be deposited into the Insurance Regulatory
933 Trust Fund as provided in s. 626.9893 or into the Department of
934 Financial Services' Federal Law Enforcement Trust Fund as
935 provided in s. 17.43, as applicable.

936 Reviser's note.—Amended pursuant to the directive of the
937 Legislature in s. 63, ch. 2024-140, Laws of Florida, to the
938 Division of Law Revision to prepare a reviser's bill for
939 the 2025 Regular Session of the Legislature to change the
940 term "Division of Investigative and Forensic Services" to
941 "Division of Criminal Investigations" wherever it appears
942 in the Florida Statutes.

943 Section 29. This act shall take effect on the 60th day
944 after adjournment sine die of the session of the Legislature in
945 which enacted.