

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  
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  
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,  
 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  
 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  
 140 the 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  
 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**  
162 **to 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  
174 improper payments.—

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  
196 Criminal Investigations ~~Investigative and Forensic Services~~;  
197 compliance; immunity; confidential information; reports to  
198 division; 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  
 203 to be presented, or prepares with knowledge or belief that it  
 204 will be presented, to or by an insurer, self-insurer, self-  
 205 insurance fund, servicing corporation, purported insurer,  
 206 broker, or any agent thereof, any written statement as part of,  
 207 or in support of, an application for the issuance of, or the  
 208 rating of, any insurance policy, or a claim for payment or other  
 209 benefit pursuant to any insurance policy, which the person knows  
 210 to 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.

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  
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  
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  
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  
332 any common-law or statutory privilege or immunity heretofore  
333 enjoyed 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  
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.

359 Further, such papers, documents, reports, or evidence relative

360 to the subject of an investigation under this section shall not

361 be 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  
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  
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;  
411 | or

412 |       2. Declined.

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

426 appointment exemption requirements of s. 943.131 until  
427 certified.

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

433 (9) In recognition of the complementary roles of  
434 investigating instances of workers' compensation fraud and  
435 enforcing compliance with the workers' compensation coverage  
436 requirements under chapter 440, the Department of Financial  
437 Services shall prepare and submit a joint performance report to  
438 the President of the Senate and the Speaker of the House of  
439 Representatives by January 1 of each year. The annual report  
440 must include, but need not be limited to:

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

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

449 (c) The number of investigations undertaken by the Bureau  
450 of Workers' Compensation Insurance Fraud which were not the

451 result of a referral from an insurer or the Division of Workers'  
 452 Compensation.

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

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

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

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

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

472 (10) The Bureau of Insurance Fraud of the Division of  
 473 Criminal Investigations ~~Investigative and Forensic Services~~  
 474 shall prepare and submit a performance report to the President  
 475 of the Senate and the Speaker of the House of Representatives by

476 September 1 of each year. The annual report must include, but  
 477 need not be limited to:

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

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

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

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

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

496 (f) A summary of the annual report required under s.  
 497 626.9896.

498 (g) The total number of employees assigned to the Bureau  
 499 of Insurance Fraud, delineated by location of staff assigned,  
 500 and the number and location of employees assigned to the Bureau

501 of Insurance Fraud who were assigned to work other types of  
502 fraud cases.

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

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

507 **Section 12. Paragraph (d) of subsection (2), paragraph (b)**  
508 **of subsection (3), paragraphs (h) and (k) of subsection (5),**  
509 **paragraph (c) of subsection (6), and subsection (9) of section**  
510 **626.9891, Florida Statutes, are amended to read:**

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

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

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

522

523 An insurer must include the additional cost incurred in creating  
524 a distinct unit or division, hiring additional employees, or  
525 contracting with another entity to fulfill the requirements of

526 | this section, as an administrative expense for ratemaking  
 527 | purposes.

528 | (3) Each anti-fraud plan must include:

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

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

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

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

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

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

551           (9) ~~On or before December 31, 2018,~~ The Division of  
552 Criminal Investigations ~~Investigative and Forensic Services~~  
553 shall create a report detailing best practices for the  
554 detection, investigation, prevention, and reporting of insurance  
555 fraud and other fraudulent insurance acts. The report must be  
556 updated as necessary but at least every 2 years. The report must  
557 provide:

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

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

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

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

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

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

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

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

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

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

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

591           626.9894   Gifts and grants.—

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

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



601           626.9896 Dedicated insurance fraud prosecutors.—

602           (1) The department shall collect data from each state  
603 attorney office that receives an appropriation to fund attorneys  
604 and paralegals dedicated solely to the prosecution of insurance  
605 fraud cases and report on the use of such funds. The data must  
606 be submitted by the state attorneys to the Division of Criminal  
607 Investigations ~~Investigative and Forensic Services~~ on the last  
608 day of each calendar quarter beginning September 30, ~~2017, and~~  
609 ~~quarterly thereafter~~. Data must be submitted for each attorney  
610 funded by the appropriation and grouped by case type, including  
611 Division of Criminal Investigations ~~Investigative and Forensic~~  
612 ~~Services~~ insurance fraud cases, other insurance fraud cases, and  
613 cases not involving insurance fraud. For each type of case, the  
614 data must include the number of cases in which an information  
615 has been filed; the number of cases pending at pretrial or  
616 intake; the number of cases in which the attorney is assisting  
617 in the investigation; the number of cases closed or disposed of  
618 during the prior quarter; the disposition of the cases closed  
619 during the prior quarter; and the number of cases currently  
620 pending in a pretrial diversion program.

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

626 ~~2018, and annually thereafter.~~

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

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

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

639 (2) A description of the procedures for the mandatory  
640 reporting of possible fraudulent insurance acts and prohibited  
641 practices set forth in s. 626.99275 to the Division of Criminal  
642 Investigations ~~Investigative and Forensic Services~~ of the  
643 department.

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

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

651 insurance applications.

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

656 **Section 17. Paragraph (k) of subsection (6) of section**  
657 **627.351, Florida Statutes, is amended to read:**

658 627.351 Insurance risk apportionment plans.—

659 (6) CITIZENS PROPERTY INSURANCE CORPORATION.—

660 (k)1. The corporation shall establish and maintain a unit  
661 or division to investigate possible fraudulent claims by  
662 insureds or by persons making claims for services or repairs  
663 against policies held by insureds; or it may contract with  
664 others to investigate possible fraudulent claims for services or  
665 repairs against policies held by the corporation pursuant to s.  
666 626.9891. The corporation must comply with reporting  
667 requirements of s. 626.9891. An employee of the corporation  
668 shall notify the corporation's Office of the Inspector General  
669 and the Division of Criminal Investigations ~~Investigative and~~  
670 ~~Forensic Services~~ within 48 hours after having information that  
671 would lead a reasonable person to suspect that fraud may have  
672 been committed by any employee of the corporation.

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

676 manager of the corporation.

677 **Section 18. Subsection (7) of section 627.711, Florida**  
678 **Statutes, is amended to read:**

679 627.711 Notice of premium discounts for hurricane loss  
680 mitigation; uniform mitigation verification inspection form.—

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

701 Criminal Investigations ~~Investigative and Forensic Services~~  
702 shall send a copy of the investigative report to the office and  
703 a copy to the agency responsible for the professional licensure  
704 of the authorized mitigation inspector, whether or not a  
705 prosecutor takes action based upon the report.

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

708 627.736 Required personal injury protection benefits;  
709 exclusions; priority; claims.—

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

725 (i) If an insurer has a reasonable belief that a

726 fraudulent insurance act, for the purposes of s. 626.989 or s.  
727 817.234, has been committed, the insurer shall notify the  
728 claimant, in writing, within 30 days after submission of the  
729 claim that the claim is being investigated for suspected fraud.  
730 Beginning at the end of the initial 30-day period, the insurer  
731 has an additional 60 days to conduct its fraud investigation.  
732 Notwithstanding subsection (10), no later than 90 days after the  
733 submission of the claim, the insurer must deny the claim or pay  
734 the claim with simple interest as provided in paragraph (d).  
735 Interest shall be assessed from the day the claim was submitted  
736 until the day the claim is paid. All claims denied for suspected  
737 fraudulent insurance acts shall be reported to the Division of  
738 Criminal Investigations ~~Investigative and Forensic Services~~.

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

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

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

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

760 627.7401 Notification of insured's rights.—

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

765 (b) An advisory informing insureds that:

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

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

776 insured's motor vehicle insurer.

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

784 **Section 21. Subsection (2) of section 631.156, Florida**  
785 **Statutes, is amended to read:**

786 631.156 Investigation by the department; scope of  
787 authority; sharing of materials.—

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

795 **Section 22. Subsection (1) of section 633.114, Florida**  
796 **Statutes, is amended to read:**

797 633.114 State Fire Marshal agents; authority; duties;  
798 compensation.—

799 (1) The State Fire Marshal shall appoint such agents,  
800 including agents of the Division of Criminal Investigations



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

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

813 633.126 Investigation of fraudulent insurance claims and  
814 crimes; immunity of insurance companies supplying information.—

815 (1)

816 (b) The State Fire Marshal or an agent appointed pursuant  
817 to s. 633.114, an agent of the Division of Criminal  
818 Investigations ~~Investigative and Forensic Services~~, any law  
819 enforcement officer as defined in s. 111.065, any law  
820 enforcement officer of a federal agency, or any fire service  
821 provider official who is engaged in the investigation of a fire  
822 or explosion loss may request any insurance company or its  
823 agent, adjuster, employee, or attorney, investigating a claim  
824 under an insurance policy or contract with respect to a fire or  
825 explosion to release any information whatsoever in the

826 possession of the insurance company or its agent, adjuster,  
827 employee, or attorney relative to a loss from that fire or  
828 explosion. The insurance company shall release the available  
829 information to and cooperate with any official authorized to  
830 request such information pursuant to this section. The  
831 information shall include, but shall not be limited to:

832 1. Any insurance policy relevant to a loss under  
833 investigation and any application for such a policy.

834 2. Any policy premium payment records.

835 3. The records, reports, and all material pertaining to  
836 any previous claims made by the insured with the reporting  
837 company.

838 4. Material relating to the investigation of the loss,  
839 including statements of a person, proof of loss, and other  
840 relevant evidence.

841 5. Memoranda, notes, and correspondence relating to the  
842 investigation of the loss in the possession of the insurance  
843 company or its agents, adjusters, employees, or attorneys.

844 (10) The Division of Criminal Investigations ~~Investigative~~  
845 ~~and Forensic Services~~ may adopt reasonable rules as are  
846 necessary to administer this section. Such rules must meet all  
847 of the following requirements:

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

850 (b) They must identify specific factors that determine the

851 grades of penalty.

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

854 **Section 24. Subsection (4) of section 641.30, Florida**  
855 **Statutes, is amended to read:**

856 641.30 Construction and relationship to other laws.—

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

861 **Section 25. Subsection (3) of section 791.013, Florida**  
862 **Statutes, is amended to read:**

863 791.013 Testing and approval of sparklers; penalties.—

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

872 **Section 26. Paragraph (b) of subsection (5) of section**  
873 **817.234, Florida Statutes, is amended to read:**

874 817.234 False and fraudulent insurance claims.—

875 (5)

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

884 **Section 27. Section 843.08, Florida Statutes, is amended**  
885 **to read:**

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

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

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

922 932.7055 Disposition of liens and forfeited property.—

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

925 However, if the seizing agency is:

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

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

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

946 **Section 29.** This act shall take effect on the 60th day  
 947 after adjournment sine die of the session of the Legislature in  
 948 which enacted.