



391660

LEGISLATIVE ACTION

Senate

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House

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Floor: WD/2R

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04/29/2010 05:56 PM

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Senator Baker moved the following:

Senate Amendment (with title amendment)

Between lines 2228 and 2229

insert:

Section 47. Subsection (9) of section 627.736, Florida Statutes, is amended to read:

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

(9) An insurer may negotiate and enter into contracts with licensed health care providers for the benefits described in this section, referred to in this section as "preferred providers," which shall include health care providers licensed under chapters 458, 459, 460, 461, and 463. The insurer may



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14 provide an option to an insured to use a preferred provider at
15 the time of purchase of the policy for personal injury
16 protection benefits, if the requirements of this subsection are
17 met. If the insured elects to use a provider who is not a
18 preferred provider, whether the insured purchased a preferred
19 provider policy or a nonpreferred provider policy, the medical
20 benefits provided by the insurer shall be as required by this
21 section. If the insured elects to use a provider who is a
22 preferred provider, the insurer may pay medical benefits in
23 excess of the benefits required by this section and may waive or
24 lower the amount of any deductible that applies to such medical
25 benefits. Alternatively, or in addition to such benefits or
26 waiver, the insurer may provide an actuarially appropriate
27 premium discount as specified in an approved rate filing to a
28 policyholder who selects the preferred provider option. If the
29 preferred provider option provides for a premium discount, the
30 policy may provide that charges for nonemergency services
31 provided within this state are payable only if provided by
32 members of the preferred provider network, except where there is
33 no member of the preferred provider network whose scope of
34 practice includes the required services is located within 15
35 miles of the insured's place of residence. If the insurer offers
36 a preferred provider policy to a policyholder or applicant, it
37 must also offer a nonpreferred provider policy. The insurer
38 shall provide each policyholder with a current roster of
39 preferred providers in the county in which the insured resides
40 at the time of purchase of such policy, and shall make such list
41 available for public inspection during regular business hours at
42 the principal office of the insurer within the state. The



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43 insurer may contract with a health insurer for the right to use
44 an existing preferred provider network to implement the
45 preferred provider option. If the insurer enters into such
46 contract, the health insurer must notify all members of the
47 network and provide them with an opportunity to opt out of the
48 network for purposes of treatment or services under this
49 section. Any other arrangement is subject to the approval of the
50 Office of Insurance Regulation.

51
52 ===== T I T L E A M E N D M E N T =====

53 And the title is amended as follows:

54 Delete line 223

55 and insert:

56 participate for medical reasons; amending s. 627.736,
57 F.S.; revising provisions relating to preferred
58 provider arrangements to provide for premium
59 discounts; providing an effective