CHAMBER ACTION

Senate House

Representative Nelson offered the following:

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Amendment to Amendment (951461) (with title amendment)

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Between lines 3518 and 3519, insert:

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Section 29. Paragraph (a) of subsection (1) of section 627.736, Florida Statutes, is amended to read:

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

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with the security requirements of s. 627.733 shall provide personal injury protection to the named insured, relatives

REQUIRED BENEFITS.—Every insurance policy complying

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residing in the same household, persons operating the insured motor vehicle, passengers in such motor vehicle, and other

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persons struck by such motor vehicle and suffering bodily injury

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while not an occupant of a self-propelled vehicle, subject to

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the provisions of subsection (2) and paragraph (4)(e), to a 872013

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limit of \$10,000 for loss sustained by any such person as a result of bodily injury, sickness, disease, or death arising out of the ownership, maintenance, or use of a motor vehicle as follows:

- (a) Medical benefits.—Eighty percent of all reasonable expenses for medically necessary medical, surgical, X-ray, dental, and rehabilitative services, including prosthetic devices, and medically necessary ambulance, hospital, and nursing services. However, the medical benefits shall provide reimbursement only for such services and care that are lawfully provided, supervised, ordered, or prescribed by a physician licensed under chapter 458 or chapter 459, a dentist licensed under chapter 466, or a chiropractic physician licensed under chapter 460 or that are provided by any of the following persons or entities:
- 1. A hospital or ambulatory surgical center licensed under chapter 395.
- 2. A person or entity licensed under ss. 401.2101-401.45 that provides emergency transportation and treatment.
- 3. An entity wholly owned by one or more physicians licensed under chapter 458 or chapter 459, chiropractic physicians licensed under chapter 460, or dentists licensed under chapter 466 or by such practitioner or practitioners and the spouse, parent, child, or sibling of that practitioner or those practitioners.
- 4. An entity wholly owned, directly or indirectly, by a hospital or hospitals.

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- 5. A health care clinic licensed under ss. 400.990-400.995 that is:
 - a. Accredited by the Joint Commission on Accreditation of Healthcare Organizations, the American Osteopathic Association, the Commission on Accreditation of Rehabilitation Facilities, or the Accreditation Association for Ambulatory Health Care, Inc.; or
 - b. A health care clinic that:
 - (I) Has a medical director licensed under chapter 458, chapter 459, or chapter 460;
 - (II) Has been continuously licensed for more than 3 years or is a publicly traded corporation that issues securities traded on an exchange registered with the United States Securities and Exchange Commission as a national securities exchange; and
 - (III) Provides at least four of the following medical specialties:
 - (A) General medicine.
 - (B) Radiography.
 - (C) Orthopedic medicine.
 - (D) Physical medicine.
 - (E) Physical therapy.
 - (F) Physical rehabilitation.
 - (G) Prescribing or dispensing outpatient prescription medication.
 - (H) Laboratory services.

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When any services under this paragraph are provided by an entity or clinic described in subparagraph 3., subparagraph 4., or subparagraph 5., the medical benefits shall provide reimbursement for such services only if the entity or clinic provides to the insurer a sworn statement or affidavit on a form adopted by rule of the Financial Services Commission that states that the entity or clinic meets the criteria of subparagraph 3., subparagraph 4., or subparagraph 5. Where the entity or clinic submits more than one charge with respect to services provided a particular individual with respect to a particular crash, the form may be submitted with the first charge and need not be submitted with respect to the other charges. The Financial Services Commission shall adopt by rule the form that must be used by an insurer and a health care provider specified in subparagraph 3., subparagraph 4., or subparagraph 5. to document that the health care provider meets the criteria of this paragraph, which rule must include a requirement for a sworn statement or affidavit. Only insurers writing motor vehicle liability insurance in this state may provide the required benefits of this section, and no such insurer shall require the purchase of any other motor vehicle coverage other than the purchase of property damage liability coverage as required by s. 627.7275 as a condition for providing such required benefits. Insurers may not require that property damage liability insurance in an amount greater than \$10,000 be purchased in conjunction with personal injury protection. Such insurers shall make benefits and required property damage liability insurance coverage available through normal marketing channels. Any

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insurer writing motor vehicle liability insurance in this state who fails to comply with such availability requirement as a general business practice shall be deemed to have violated part IX of chapter 626, and such violation shall constitute an unfair method of competition or an unfair or deceptive act or practice involving the business of insurance; and any such insurer committing such violation shall be subject to the penalties afforded in such part, as well as those which may be afforded elsewhere in the insurance code.

TITLE AMENDMENT

Remove line 4754 and insert:

verification of uniform mitigation verification forms; amending s. 627.736, F.S.; revising requirements for the form that must be submitted by health care clinics and other facilities along with invoices for payment of personal injury protection medical benefits; creating