1	A bill to be entitled
2	An act relating to attorney fees and costs for motor
3	vehicle personal injury protection benefits; amending
4	s. 627.736, F.S.; providing that prevailing parties in
5	suits by certain health care providers for overdue
6	medical benefits under motor vehicle personal injury
7	protection policies are entitled to reasonable
8	attorney fees and costs; providing an effective date.
9	
10	Be It Enacted by the Legislature of the State of Florida:
11	
12	Section 1. Paragraph (f) is added to subsection (10) of
13	section 627.736, Florida Statutes, and paragraph (a) of
14	subsection (1) of that section is republished, to read:
15	627.736 Required personal injury protection benefits;
16	exclusions; priority; claims
17	(1) REQUIRED BENEFITS.—An insurance policy complying with
18	the security requirements of s. 627.733 must provide personal
19	injury protection to the named insured, relatives residing in
20	the same household unless excluded under s. 627.747, persons
21	operating the insured motor vehicle, passengers in the motor
22	vehicle, and other persons struck by the motor vehicle and
23	suffering bodily injury while not an occupant of a self-
24	propelled vehicle, subject to subsection (2) and paragraph
25	(4)(e), to a limit of \$10,000 in medical and disability benefits
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and \$5,000 in death benefits resulting from bodily injury, sickness, disease, or death arising out of the ownership, maintenance, or use of a motor vehicle as follows:

Medical benefits.-Eighty percent of all reasonable 29 (a) 30 expenses for medically necessary medical, surgical, X-ray, dental, and rehabilitative services, including prosthetic 31 32 devices and medically necessary ambulance, hospital, and nursing services if the individual receives initial services and care 33 pursuant to subparagraph 1. within 14 days after the motor 34 35 vehicle accident. The medical benefits provide reimbursement 36 only for:

37 1. Initial services and care that are lawfully provided, 38 supervised, ordered, or prescribed by a physician licensed under 39 chapter 458 or chapter 459, a dentist licensed under chapter 466, a chiropractic physician licensed under chapter 460, or an 40 advanced practice registered nurse registered under s. 464.0123 41 42 or that are provided in a hospital or in a facility that owns, 43 or is wholly owned by, a hospital. Initial services and care may also be provided by a person or entity licensed under part III 44 45 of chapter 401 which provides emergency transportation and 46 treatment.

Upon referral by a provider described in subparagraph
followup services and care consistent with the underlying
medical diagnosis rendered pursuant to subparagraph 1. which may
be provided, supervised, ordered, or prescribed only by a

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physician licensed under chapter 458 or chapter 459, a 51 52 chiropractic physician licensed under chapter 460, a dentist 53 licensed under chapter 466, or an advanced practice registered nurse registered under s. 464.0123, or, to the extent permitted 54 55 by applicable law and under the supervision of such physician, osteopathic physician, chiropractic physician, or dentist, by a 56 physician assistant licensed under chapter 458 or chapter 459 or 57 58 an advanced practice registered nurse licensed under chapter 59 464. Followup services and care may also be provided by the 60 following persons or entities:

a. A hospital or ambulatory surgical center licensed underchapter 395.

b. An entity wholly owned by one or more physicians
licensed under chapter 458 or chapter 459, chiropractic
physicians licensed under chapter 460, advanced practice
registered nurses registered under s. 464.0123, or dentists
licensed under chapter 466 or by such practitioners and the
spouse, parent, child, or sibling of such practitioners.

c. An entity that owns or is wholly owned, directly orindirectly, by a hospital or hospitals.

d. A physical therapist licensed under chapter 486, basedupon a referral by a provider described in this subparagraph.

e. A health care clinic licensed under part X of chapter
400 which is accredited by an accrediting organization whose
standards incorporate comparable regulations required by this

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76 state, or 77 Has a medical director licensed under chapter 458, (I) 78 chapter 459, or chapter 460; 79 Has been continuously licensed for more than 3 years (II)80 or is a publicly traded corporation that issues securities 81 traded on an exchange registered with the United States 82 Securities and Exchange Commission as a national securities 83 exchange; and 84 (III) Provides at least four of the following medical 85 specialties: General medicine. 86 (A) 87 (B) Radiography. (C) Orthopedic medicine. 88 89 Physical medicine. (D) 90 (E) Physical therapy. Physical rehabilitation. 91 (F) 92 (G) Prescribing or dispensing outpatient prescription 93 medication. 94 Laboratory services. (H) 95 Reimbursement for services and care provided in 3. 96 subparagraph 1. or subparagraph 2. up to \$10,000 if a physician 97 licensed under chapter 458 or chapter 459, a dentist licensed 98 under chapter 466, a physician assistant licensed under chapter 458 or chapter 459, or an advanced practice registered nurse 99 licensed under chapter 464 has determined that the injured 100

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101 person had an emergency medical condition.

4. Reimbursement for services and care provided in subparagraph 1. or subparagraph 2. is limited to \$2,500 if a provider listed in subparagraph 1. or subparagraph 2. determines that the injured person did not have an emergency medical condition.

107 5. Medical benefits do not include massage therapy as 108 defined in s. 480.033 or acupuncture as defined in s. 457.102, 109 regardless of the person, entity, or licensee providing massage 110 therapy or acupuncture, and a licensed massage therapist or 111 licensed acupuncturist may not be reimbursed for medical 112 benefits under this section.

6. The Financial Services Commission shall adopt by rule the form that must be used by an insurer and a health care provider specified in sub-subparagraph 2.b., sub-subparagraph 2.c., or sub-subparagraph 2.e. to document that the health care provider meets the criteria of this paragraph. Such 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 such insurer may not 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 benefits. Insurers may not require that property

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126 damage liability insurance in an amount greater than \$10,000 be 127 purchased in conjunction with personal injury protection. Such 128 insurers shall make benefits and required property damage 129 liability insurance coverage available through normal marketing 130 channels. An insurer writing motor vehicle liability insurance 131 in this state who fails to comply with such availability 132 requirement as a general business practice violates part IX of 133 chapter 626, and such violation constitutes an unfair method of 134 competition or an unfair or deceptive act or practice involving 135 the business of insurance. An insurer committing such violation is subject to the penalties provided under that part, as well as 136 137 those provided elsewhere in the insurance code. DEMAND LETTER; ATTORNEY FEES AND COSTS.-138 (10)139 (f) If the insurer fails to pay an overdue medical benefit 140 for any service or care described in subparagraph (1)(a)1. or

141 <u>subparagraph (1)(a)2. and the provider who rendered the service</u>

142 or care files a lawsuit, the prevailing party, by judgment or

143 decree at the trial or appellate court, is entitled to

144 reasonable attorney fees and costs.

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Section 2. This act shall take effect July 1, 2025.

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