Senator Bennett moved the following:

**Senate Amendment (with title amendment)**

Delete lines 512 - 581 and insert:

(1) REQUIRED BENEFITS.—An insurance policy complying with the security requirements of s. 627.733 must provide personal injury protection to the named insured, relatives residing in the same household, persons operating the insured motor vehicle, passengers in the such motor vehicle, and other persons struck by the such motor vehicle and suffering bodily injury while not an occupant of a self-propelled vehicle, subject to the provisions of subsection (2) and paragraph (4)(e), to a limit of $10,000 in medical and disability benefits.
and $5,000 in death benefits resulting from 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, if the individual receives initial services and care pursuant to subparagraph 1. within 14 days after the motor vehicle accident. However, The medical benefits shall provide reimbursement only for:

1. Initial services and care that are lawfully provided, supervised, ordered, or prescribed by a physician licensed under chapter 458 or chapter 459, by a chiropractic physician licensed under chapter 460, or by a dentist licensed under chapter 466, or a chiropractic physician licensed under chapter 460 or that are provided in a hospital or in a facility that owns, or is wholly owned by, a hospital. Initial services and care may also be provided by a person or entity licensed under part III of chapter 401 which provides emergency transportation and treatment.

2. 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 physician licensed under chapter 458 or chapter 459, a chiropractic physician licensed under chapter 460, a dentist licensed under chapter 466, or, to the extent permitted by applicable law and under the supervision of such physician,
osteopathic physician, chiropractic physician, or dentist, by a
physician assistant licensed under chapter 458 or chapter 459 or
an advanced registered nurse practitioner licensed under chapter
464. Followup services and care may also be provided by any of
the following persons or entities:

a. A hospital or ambulatory surgical center licensed
under chapter 395.

b. A person or entity licensed under ss. 401.2101-401.45
that provides emergency transportation and treatment.

c. 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 such practitioner
or those practitioners.

d. A physical therapist licensed under chapter 486.

e. A health care clinic licensed under part X of chapter
400 which 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.

3. Reimbursement for services and care provided by each type of licensed medical provider authorized to render such services and care is limited to the lesser of 24 treatments or to services or care rendered within 12 weeks after the date of the initial treatment, unless the insurer authorizes additional services or care.

4. A physician licensed under chapter 458 or chapter 459, a chiropractic physician licensed under chapter 460, or a dentist licensed under chapter 466 who supervises services and care pursuant to this subsection must be on the premises where the services and care are being provided and the supervising physician must provide his or her medical license number and the times such treatment was rendered on all statements and bills for such services and care. A supervising physician who submits
5. 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, which rule must include a requirement for a sworn statement or affidavit.

And the title is amended as follows:

Delete lines 45 - 47 and insert:

627.736, F.S.; revising the cap on benefits to provide that death benefits are in addition to medical and disability benefits; revising medical benefits; distinguishing between initial and followup services and specifying who may provide such services; requiring physicians who supervise services and care to be on the premises when supervised services are provided and to include their license number on all bills for services; providing that a physician who submits a fraudulent statement commits insurance fraud; requiring that an insurer