1 A bill to be entitled 2 An act relating to motor vehicle insurance coverage 3 exclusions; creating s. 627.747, F.S.; providing that private passenger motor vehicle policies may exclude 4 5 certain identified individuals from specified 6 coverages under certain circumstances; providing that 7 such policies may not exclude coverage under certain 8 circumstances; amending ss. 324.151, 627.736, and 9 627.7407, F.S.; conforming provisions to changes made 10 by the act; providing an effective date. 11 12 Be It Enacted by the Legislature of the State of Florida: 13 14 Section 1. Section 627.747, Florida Statutes, is created to read: 15 16 627.747 Named driver exclusion.-17 (1) A private passenger motor vehicle policy may exclude 18 an identified individual who is not a named insured from the 19 following coverages while the identified individual is operating 20 a motor vehicle, provided the identified individual is named on the declarations page or by endorsement, and a named insured 21 22 consents in writing to such exclusion: 23 (a) Notwithstanding the Florida Motor Vehicle No-Fault

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applicable to the identified individual's injuries, lost wages,

Law, the personal injury protection coverage specifically

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26	and death benefits.
27	(b) Property damage liability coverage.
28	(c) Bodily injury liability coverage, if required by law
29	and purchased by the named insured.
30	(d) Uninsured motorist coverage for any damages sustained
31	by the identified excluded individual, if the named insured has
32	purchased such coverage.
33	(e) Any coverage the named insured is not required by law
34	to purchase.
35	(2) A private passenger motor vehicle policy may not
36	exclude coverage when:
37	(a) The identified individual is injured while not
88	operating a motor vehicle;
39	(b) The exclusion is unfairly discriminatory under the
10	Florida Insurance Code, as determined by the office; or
11	(c) The exclusion is inconsistent with the underwriting
12	rules filed by the insurer pursuant to s. 627.0651(13)(a).
13	Section 2. Paragraph (a) of subsection (1) of section
14	324.151, Florida Statutes, is amended to read:
15	324.151 Motor vehicle liability policies; required
16	provisions.—
17	(1) A motor vehicle liability policy to be proof of
18	financial responsibility under s. $324.031(1)$, shall be issued to
19	owners or operators under the following provisions:
50	(a) An owner's liability insurance policy <u>must</u> shall

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designate by explicit description or by appropriate reference all motor vehicles with respect to which coverage is thereby granted, must and shall insure the owner named therein, and, except for a named driver excluded under s. 627.747, must insure any other person as operator using such motor vehicle or motor vehicles with the express or implied permission of such owner against loss from the liability imposed by law for damage arising out of the ownership, maintenance, or use of such motor vehicle or motor vehicles within the United States or the Dominion of Canada, subject to limits, exclusive of interest and costs with respect to each such motor vehicle as is provided for under s. 324.021(7). Insurers may make available, with respect to property damage liability coverage, a deductible amount not to exceed \$500. In the event of a property damage loss covered by a policy containing a property damage deductible provision, the insurer shall pay to the third-party claimant the amount of any property damage liability settlement or judgment, subject to policy limits, as if no deductible existed.

Section 3. Subsection (1) of section 627.736, Florida Statutes, is amended to read:

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

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the same household <u>unless excluded under s. 627.747</u>, persons operating the insured motor vehicle, passengers in the motor vehicle, and other persons struck by the motor vehicle and suffering bodily injury while not an occupant of a self-propelled vehicle, subject to 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 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. The medical benefits 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, 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

101 treatment.

- 2. Upon referral by a provider described in subparagraph 1., 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 the following persons or entities:
- a. A hospital or ambulatory surgical center licensed under chapter 395.
- b. 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 practitioners and the spouse, parent, child, or sibling of such practitioners.
- c. An entity that owns or is wholly owned, directly or indirectly, by a hospital or hospitals.
- d. A physical therapist licensed under chapter 486, based upon a referral by a provider described in this subparagraph.

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L26	e. A health care clinic licensed under part X of chapter
L27	400 which is accredited by an accrediting organization whose
L28	standards incorporate comparable regulations required by this
L29	state, or
L30	(I) Has a medical director licensed under chapter 458,
L31	chapter 459, or chapter 460;
L32	(II) Has been continuously licensed for more than 3 years
L33	or is a publicly traded corporation that issues securities
L34	traded on an exchange registered with the United States
L35	Securities and Exchange Commission as a national securities
L36	exchange; and
L37	(III) Provides at least four of the following medical
L38	specialties:
L39	(A) General medicine.
L40	(B) Radiography.
L41	(C) Orthopedic medicine.
142	(D) Physical medicine.
L43	(E) Physical therapy.
L44	(F) Physical rehabilitation.
L45	(G) Prescribing or dispensing outpatient prescription
L46	medication.
L47	(H) Laboratory services.
L48	3. Reimbursement for services and care provided in

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subparagraph 1. or subparagraph 2. up to \$10,000 if a physician

licensed under chapter 458 or chapter 459, a dentist licensed

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under chapter 466, a physician assistant licensed under chapter
458 or chapter 459, or an advanced registered nurse practitioner
licensed under chapter 464 has determined that the injured
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.
- 5. Medical benefits do not include massage as defined in s. 480.033 or acupuncture as defined in s. 457.102, regardless of the person, entity, or licensee providing massage or acupuncture, and a licensed massage therapist or licensed acupuncturist may not be reimbursed for medical 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.
- (b) Disability benefits.—Sixty percent of any loss of gross income and loss of earning capacity per individual from inability to work proximately caused by the injury sustained by the injured person, plus all expenses reasonably incurred in

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obtaining from others ordinary and necessary services in lieu of those that, but for the injury, the injured person would have performed without income for the benefit of his or her household. All disability benefits payable under this provision must be paid at least every 2 weeks.

(c) Death benefits.—Death benefits of \$5,000 per individual. Death benefits are in addition to the medical and disability benefits provided under the insurance policy. The insurer may pay death benefits to the executor or administrator of the deceased, to any of the deceased's relatives by blood, legal adoption, or marriage, or to any person appearing to the insurer to be equitably entitled to such benefits.

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 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. An insurer writing motor vehicle liability insurance in this state who fails to comply with such availability

requirement as a general business practice violates part IX of chapter 626, and such violation constitutes an unfair method of competition or an unfair or deceptive act or practice involving the business of insurance. An insurer committing such violation is subject to the penalties provided under that part, as well as those provided elsewhere in the insurance code.

Section 4. Paragraph (a) of subsection (5) of section 627.7407, Florida Statutes, is amended to read:

627.7407 Application of the Florida Motor Vehicle No-Fault Law.—

- (5) No later than November 15, 2007, each motor vehicle insurer shall provide notice of the provisions of this section to each motor vehicle insured who is subject to subsection (1). The notice is not subject to approval by the Office of Insurance Regulation. The notice must clearly inform the policyholder:
- (a) That beginning on January 1, 2008, Florida law requires the policyholder to maintain personal injury protection ("PIP") insurance coverage and that this insurance pays covered medical expenses for injuries sustained in a motor vehicle crash by the policyholder, passengers, and relatives residing in the policyholder's household <u>unless excluded under s. 627.747</u>.
 - Section 5. This act shall take effect July 1, 2018.

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