33-602A-98

1	A bill to be entitled
2	An act relating to motor vehicle financial
3	responsibility; amending s. 316.646, F.S.;
4	conforming provisions; amending s. 324.021,
5	F.S.; redefining the term "motor vehicle";
6	increasing financial responsibility
7	requirements; creating s. 324.023, F.S.;
8	establishing mandatory financial responsibility
9	requirements; amending s. 324.031, F.S.;
10	increasing financial responsibility
11	requirements for certain commercial vehicles
12	for hire; amending s. 324.161, F.S.; increasing
13	surety bond or deposit requirements; amending
14	s. 324.171, F.S.; increasing limits for
15	self-insurers; amending s. 627.733, F.S.;
16	conforming provisions; amending s. 627.736,
17	F.S.; specifying the percentage of medical
18	benefits payable; deleting an insured's right
19	to recovery of special damages; repealing s.
20	627.737, F.S., relating to tort exemption for
21	damages due to bodily injury; providing an
22	effective date.
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24	Be It Enacted by the Legislature of the State of Florida:
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26	Section 1. Subsections (1) and (3) of section 316.646,
27	Florida Statutes, are amended to read:
28	316.646 Security required; proof of security and
29	display thereof; dismissal of cases
30	(1) Any person required by s. 627.733 to maintain
31	personal injury protection security on a motor vehicle $\underline{\text{or}}$

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CODING: Words stricken are deletions; words underlined are additions.

 required by s. 324.023 to maintain liability coverage for bodily injury or death shall have in his or her immediate possession at all times while operating such motor vehicle proper proof of maintenance of the security required by s. 627.733 or s. 324.023. Such proof shall be either a uniform proof-of-insurance card in a form prescribed by the department, a valid insurance policy, an insurance policy binder, a certificate of insurance, or such other proof as may be prescribed by the department.

(3) Any person who violates this section is guilty of a nonmoving traffic infraction subject to the penalty provided in chapter 318 and shall be required to furnish proof of security as provided in this section. If any person charged with a violation of this section fails to furnish proof, at or before the scheduled court appearance date, that security was in effect at the time of the violation, the court may immediately suspend the registration and driver's license of such person. Such license and registration may only be reinstated as provided in s. 627.733 or s. 324.023.

Section 2. Subsections (1) and (7) of section 324.021, Florida Statutes, are amended to read:

324.021 Definitions; minimum insurance required.--The following words and phrases when used in this chapter shall, for the purpose of this chapter, have the meanings respectively ascribed to them in this section, except in those instances where the context clearly indicates a different meaning:

(1) MOTOR VEHICLE.--Every self-propelled vehicle which is designed and required to be licensed for use upon a highway, including trailers and semitrailers designed for use with such vehicles, except traction engines, road rollers,

farm tractors, power shovels, and well drillers, and every vehicle which is propelled by electric power obtained from overhead wires but not operated upon rails, but not including any bicycle or moped. However, the term "motor vehicle" shall not include any motor vehicle as defined in s. 627.732(1) when the owner of such vehicle has complied with the requirements of ss. 627.730-627.7405, inclusive, unless the provisions of s. 324.051 apply; and, in such case, the applicable proof of insurance provisions of s. 320.02 apply.

- (7) PROOF OF FINANCIAL RESPONSIBILITY. -- That proof of ability to respond in damages for liability on account of accidents arising out of the use of a motor vehicle:
- (a) In the amount of \$25,000\$ + 10,000 because of bodily injury to, or death of, one person in any one accident;
- (b) Subject to such limits for one person, in the amount of \$50,000\$ because of bodily injury to, or death of, two or more persons in any one accident;
- (c) In the amount of \$10,000 because of injury to, or destruction of, property of others in any one accident; and
- (d) With respect to commercial motor vehicles and nonpublic sector buses, in the amounts specified in ss. 627.7415 and 627.742, respectively.

Section 3. Section 324.023, Florida Statutes, is created to read:

324.023 Financial responsibility for bodily injury or death.—The owner of a motor vehicle that is required to be registered in this state or located within this state shall, by one of the methods in s. 324.031, establish and maintain the ability to respond in damages for liability resulting from accidents arising out of the use of the motor vehicle in the amounts prescribed in s. 324.021(7)(a) and (b).

1 Section 4. Section 324.031, Florida Statutes, is 2 amended to read: 3 324.031 Manner of proving financial 4 responsibility. -- The owner or operator of a taxicab, 5 limousine, jitney, or any other for-hire passenger 6 transportation vehicle may prove financial responsibility by 7 providing satisfactory evidence of holding a motor vehicle 8 liability policy as defined in s. 324.021(8) or s. 324.151, 9 which policy is issued by an insurance carrier which is a 10 member of the Florida Insurance Guaranty Association. The 11 operator or owner of any other vehicle may prove his or her financial responsibility by: 12 13 (1) Furnishing satisfactory evidence of holding a 14 motor vehicle liability policy as defined in ss. 324.021(8) and 324.151; 15 (2) Posting with the department a satisfactory bond of 16 17 a surety company authorized to do business in this state, 18 conditioned for payment of the amount specified in s. 19 324.021(7); 20 (3) Furnishing a certificate of the department showing a deposit of cash or securities in accordance with s. 324.161; 21 22 or (4) Furnishing a certificate of self-insurance issued 23 24 by the department in accordance with s. 324.171. 25 Any person, including any firm, partnership, association, 26 corporation, or other person, other than a natural person, 27 28 electing to use the method of proof specified in subsection 29 (2) or subsection (3) shall post a bond or deposit equal to the number of vehicles owned times\$60,000\$30,000, to a 30

maximum of\$240,000\$120,000; in addition, any such person,

other than a natural person, shall maintain insurance providing coverage in excess of limits of \$25,000/50,000/10,000\$\frac{\$10,000/20,000/10,000}\$ or \$60,000\$\frac{\$30,000}\$ combined single limits, and such excess insurance shall provide minimum limits of \$100,000/300,000/50,000

\$50,000/100,000/50,000 or \$350,000\$\frac{\$150,000}{\$150,000}\$ combined single limits.

Section 5. Section 324.161, Florida Statutes, is amended to read:

324.161 Proof of financial responsibility; surety bond or deposit.—The certificate of the department of a deposit may be obtained by depositing with it\$60,000\$30,000 cash or securities such as may be legally purchased by savings banks or for trust funds, of a market value of\$60,000\$30,000 and which deposit shall be held by the department to satisfy, in accordance with the provisions of this chapter, any execution on a judgment issued against such person making the deposit, for damages because of bodily injury to or death of any person or for damages because of injury to or destruction of property resulting from the use or operation of any motor vehicle occurring after such deposit was made. Money or securities so deposited shall not be subject to attachment or execution unless such attachment or execution shall arise out of a suit for damages as aforesaid.

Section 6. Subsection (1) of section 324.171, Florida Statutes, is amended to read:

324.171 Self-insurer.--

(1) Any person may qualify as a self-insurer by obtaining a certificate of self-insurance from the department which may, in its discretion and upon application of such a person, issue said certificate of self-insurance when such

person has satisfied the requirements of this section to qualify as a self-insurer under this section:

- (a) A private individual with private passenger vehicles shall possess a net unencumbered worth of at least \$60,000\$40,000.
- (b) A person, including any firm, partnership, association, corporation, or other person, other than a natural person, shall:
- 1. Possess a net unencumbered worth of at least \$60,000\\$40,000 for the first motor vehicle and\\$60,000 \\$20,000 for each additional motor vehicle; or
- 2. Maintain sufficient net worth, as determined annually by the department, pursuant to rules promulgated by the department, with the assistance of the Department of Insurance, to be financially responsible for potential losses. The rules shall take into consideration excess insurance carried by the applicant. The department's determination shall be based upon reasonable actuarial principles considering the frequency, severity, and loss development of claims incurred by casualty insurers writing coverage on the type of motor vehicles for which a certificate of self-insurance is desired.
- (c) The owner of a commercial motor vehicle, as defined in s. 207.002(2) or s. 320.01, may qualify as a self-insurer subject to the standards provided for in subparagraph (b)2.
- Section 7. Paragraph (a) of subsection (7) of section 627.733, Florida Statutes, is amended to read:
 - 627.733 Required security.--
- (7)(a) Any operator or owner whose driver's license or registration has been suspended pursuant to this section or s.

316.646 may effect its reinstatement upon compliance with the 2 requirements of this section and upon payment to the 3 Department of Highway Safety and Motor Vehicles of a nonrefundable reinstatement fee of \$150 for the first 4 5 reinstatement. Such reinstatement fee shall be \$250 for the 6 second reinstatement and \$500 for each subsequent 7 reinstatement during the 3 years following the first reinstatement. Any person reinstating her or his insurance 9 under this subsection must also secure noncancelable coverage as described in s. 627.7275(2) or s. 324.021(8) and present to 10 11 the appropriate person proof that the coverage is in force on a form promulgated by the Department of Highway Safety and 12 13 Motor Vehicles, such proof to be maintained for 2 years. If the person does not have a second reinstatement within 3 years 14 after her or his initial reinstatement, the reinstatement fee 15 shall be \$150 for the first reinstatement after that 3-year 16 17 period. In the event that a person's license and registration 18 are suspended pursuant to this section or s. 316.646, only one 19 reinstatement fee shall be paid to reinstate the license and the registration. All fees shall be collected by the 20 Department of Highway Safety and Motor Vehicles at the time of 21 reinstatement. The Department of Highway Safety and Motor 22 Vehicles shall issue proper receipts for such fees and shall 23 24 promptly deposit those fees in the Highway Safety Operating Trust Fund. One-third of the fee collected under this 25 subsection shall be distributed from the Highway Safety 26 Operating Trust Fund to the local government entity or state 27 28 agency which employed the law enforcement officer or the 29 recovery agent who seizes a license plate pursuant to s. 30 324.201 or to s. 324.202. Such funds may be used by the local 31 government entity or state agency for any authorized purpose.

 Section 8. Section 627.736, Florida Statutes, is amended to read:

627.736 Required personal injury protection benefits; exclusions; priority.--

- (1) REQUIRED BENEFITS.--Every insurance policy complying with the security requirements of s. 627.733 shall provide personal injury protection to the named insured, relatives residing in the same household, persons operating the insured motor vehicle, passengers in such motor vehicle, and other persons struck by 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)(d), to a 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.--One hundred Eighty percent of all reasonable expenses for necessary medical, surgical, X-ray, dental, and rehabilitative services, including prosthetic devices, and necessary ambulance, hospital, and nursing services. Such benefits shall also include necessary remedial treatment and services recognized and permitted under the laws of the state for an injured person who relies upon spiritual means through prayer alone for healing, in accordance with his or her religious beliefs.
- (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 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 shall be paid not less than every 2 weeks.

(c) Death benefits.--Death benefits of \$5,000 per individual. The insurer may pay such benefits to the executor or administrator of the deceased, to any of the deceased's relatives by blood or legal adoption or connection by marriage, or to any person appearing to the insurer to be equitably entitled thereto.

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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 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 X 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.

- (2) AUTHORIZED EXCLUSIONS.--Any insurer may exclude benefits:
- (a) For injury sustained by the named insured and relatives residing in the same household while occupying another motor vehicle owned by the named insured and not insured under the policy or for injury sustained by any person operating the insured motor vehicle without the express or implied consent of the insured.
- (b) To any injured person, if such person's conduct contributed to his or her injury under any of the following circumstances:
- Causing injury to himself or herself intentionally;
 - 2. Being injured while committing a felony.

Whenever an insured is charged with conduct as set forth in subparagraph 2., the 30-day payment provision of paragraph (4)(b) shall be held in abeyance, and the insurer shall withhold payment of any personal injury protection benefits pending the outcome of the case at the trial level. If the charge is nolle prossed or dismissed or the insured is acquitted, the 30-day payment provision shall run from the date the insurer is notified of such action.

(3) INSURED'S RIGHTS TO RECOVERY OF SPECIAL DAMAGES IN
TORT CLAIMS. -- No insurer shall have a lien on any recovery in
tort by judgment, settlement, or otherwise for personal injury
protection benefits, whether suit has been filed or settlement
has been reached without suit. An injured party who is

entitled to bring suit under the provisions of ss. 627.730-627.7405, or his or her legal representative, shall

have no right to recover any damages for which personal injury

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protection benefits are paid or payable. The plaintiff may prove all of his or her special damages notwithstanding this limitation, but if special damages are introduced in evidence, the trier of facts, whether judge or jury, shall not award damages for personal injury protection benefits paid or payable. In all cases in which a jury is required to fix damages, the court shall instruct the jury that the plaintiff shall not recover such special damages for personal injury protection benefits paid or payable.

- (3)(4) BENEFITS; WHEN DUE.--Benefits due from an insurer under ss. 627.730-627.7405 shall be primary, except that benefits received under any workers' compensation law shall be credited against the benefits provided by subsection (1) and shall be due and payable as loss accrues, upon receipt of reasonable proof of such loss and the amount of expenses and loss incurred which are covered by the policy issued under ss. 627.730-627.7405. When the Department of Health and Rehabilitative Services provides, pays, or becomes liable for medical assistance under the Medicaid program related to injury, sickness, disease, or death arising out of the ownership, maintenance, or use of a motor vehicle, benefits under ss. 627.730-627.7405 shall be subject to the provisions of the Medicaid program.
- (a) An insurer may require written notice to be given as soon as practicable after an accident involving a motor vehicle with respect to which the policy affords the security required by ss. 627.730-627.7405.
- (b) Personal injury protection insurance benefits paid pursuant to this section shall be overdue if not paid within 30 days after the insurer is furnished written notice of the fact of a covered loss and of the amount of same. If such

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30 31 written notice is not furnished to the insurer as to the entire claim, any partial amount supported by written notice is overdue if not paid within 30 days after such written notice is furnished to the insurer. Any part or all of the remainder of the claim that is subsequently supported by written notice is overdue if not paid within 30 days after such written notice is furnished to the insurer. However, any payment shall not be deemed overdue when the insurer has reasonable proof to establish that the insurer is not responsible for the payment, notwithstanding that written notice has been furnished to the insurer. For the purpose of calculating the extent to which any benefits are overdue, payment shall be treated as being made on the date a draft or other valid instrument which is equivalent to payment was placed in the United States mail in a properly addressed, postpaid envelope or, if not so posted, on the date of delivery.

- (c) All overdue payments shall bear simple interest at the rate of 10 percent per year.
- (d) The insurer of the owner of a motor vehicle shall pay personal injury protection benefits for:
- 1. Accidental bodily injury sustained in this state by the owner while occupying a motor vehicle, or while not an occupant of a self-propelled vehicle if the injury is caused by physical contact with a motor vehicle.
- 2. Accidental bodily injury sustained outside this state, but within the United States of America or its territories or possessions or Canada, by the owner while occupying the owner's motor vehicle.
- 3. Accidental bodily injury sustained by a relative of the owner residing in the same household, under the

circumstances described in subparagraph 1. or subparagraph 2., provided the relative at the time of the accident is domiciled in the owner's household and is not himself or herself the owner of a motor vehicle with respect to which security is required under ss. 627.730-627.7405.

- 4. Accidental bodily injury sustained in this state by any other person while occupying the owner's motor vehicle or, if a resident of this state, while not an occupant of a self-propelled vehicle, if the injury is caused by physical contact with such motor vehicle, provided the injured person is not himself or herself:
- a. The owner of a motor vehicle with respect to which security is required under ss. 627.730-627.7405; or
- b. Entitled to personal injury benefits from the insurer of the owner or owners of such a motor vehicle.
- (e) If two or more insurers are liable to pay personal injury protection benefits for the same injury to any one person, the maximum payable shall be as specified in subsection (1), and any insurer paying the benefits shall be entitled to recover from each of the other insurers an equitable pro rata share of the benefits paid and expenses incurred in processing the claim.
- (f) Medical payments insurance, if available in a policy of motor vehicle insurance, shall pay the portion of any claim for personal injury protection medical benefits which is otherwise covered but is not payable due to the coinsurance provision of paragraph (1)(a), regardless of whether the full amount of personal injury protection coverage has been exhausted. The benefits shall not be payable for the amount of any deductible which has been selected.

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(g) It is a violation of the insurance code for an insurer to fail to timely provide benefits as required by this section with such frequency as to constitute a general business practice.

(4)(5) CHARGES FOR TREATMENT OF INJURED PERSONS. -- Any physician, hospital, clinic, or other person or institution lawfully rendering treatment to an injured person for a bodily injury covered by personal injury protection insurance may charge only a reasonable amount for the products, services, and accommodations rendered, and the insurer providing such coverage may pay for such charges directly to such person or institution lawfully rendering such treatment, if the insured receiving such treatment or his or her guardian has countersigned the invoice, bill, or claim form approved by the Department of Insurance upon which such charges are to be paid for as having actually been rendered, to the best knowledge of the insured or his or her guardian. In no event, however, may such a charge be in excess of the amount the person or institution customarily charges for like products, services, or accommodations in cases involving no insurance, provided that charges for cephalic thermograms and peripheral thermograms shall not exceed the maximum reimbursement allowance for such procedures as set forth in the applicable fee schedule established pursuant to s. 440.13. Every insurer shall include a provision in its policy for personal injury protection benefits for binding arbitration of any claims dispute involving medical benefits arising between the insurer and any person providing medical services or supplies if that person has agreed to accept assignment of personal injury protection benefits. The provision shall specify that the provisions of chapter 682 relating to arbitration shall apply.

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The prevailing party shall be entitled to attorney's fees and costs.

(5)(6) DISCOVERY OF FACTS ABOUT AN INJURED PERSON; DISPUTES.--

- (a) Every employer shall, if a request is made by an insurer providing personal injury protection benefits under ss. 627.730-627.7405 against whom a claim has been made, furnish forthwith, in a form approved by the department, a sworn statement of the earnings, since the time of the bodily injury and for a reasonable period before the injury, of the person upon whose injury the claim is based.
- Every physician, hospital, clinic, or other medical institution providing, before or after bodily injury upon which a claim for personal injury protection insurance benefits is based, any products, services, or accommodations in relation to that or any other injury, or in relation to a condition claimed to be connected with that or any other injury, shall, if requested to do so by the insurer against whom the claim has been made, furnish forthwith a written report of the history, condition, treatment, dates, and costs of such treatment of the injured person, together with a sworn statement that the treatment or services rendered were reasonable and necessary with respect to the bodily injury sustained and identifying which portion of the expenses for such treatment or services was incurred as a result of such bodily injury, and produce forthwith, and permit the inspection and copying of, his or her or its records regarding such history, condition, treatment, dates, and costs of treatment. Such sworn statement shall read as follows: "Under penalty of perjury, I declare that I have read the foregoing, and the facts alleged are true, to the best of my knowledge

and belief." No cause of action for violation of the physician-patient privilege or invasion of the right of privacy shall be permitted against any physician, hospital, clinic, or other medical institution complying with the provisions of this section. The person requesting such records and such sworn statement shall pay all reasonable costs connected therewith.

- (c) In the event of any dispute regarding an insurer's right to discovery of facts about an injured person's earnings or about his or her history, condition, or treatment, or the dates and costs of such treatment, the insurer may petition a court of competent jurisdiction to enter an order permitting such discovery. The order may be made only on motion for good cause shown and upon notice to all persons having an interest, and it shall specify the time, place, manner, conditions, and scope of the discovery. Such court may, in order to protect against annoyance, embarrassment, or oppression, as justice requires, enter an order refusing discovery or specifying conditions of discovery and may order payments of costs and expenses of the proceeding, including reasonable fees for the appearance of attorneys at the proceedings, as justice requires.
- (d) The injured person shall be furnished, upon request, a copy of all information obtained by the insurer under the provisions of this section, and shall pay a reasonable charge, if required by the insurer.
- (e) Notice to an insurer of the existence of a claim shall not be unreasonably withheld by an insured.
- $\underline{(6)}$ (7) MENTAL AND PHYSICAL EXAMINATION OF INJURED PERSON; REPORTS.--

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- Whenever the mental or physical condition of an injured person covered by personal injury protection is material to any claim that has been or may be made for past or future personal injury protection insurance benefits, such person shall, upon the request of an insurer, submit to mental or physical examination by a physician or physicians. costs of any examinations requested by an insurer shall be borne entirely by the insurer. Such examination shall be conducted within the municipality of residence of the insured or in the municipality where the insured is receiving treatment. If the examination is to be conducted within the municipality of residence of the insured and if there is no qualified physician to conduct the examination within such municipality, then such examination shall be conducted in an area of the closest proximity to the insured's residence. Personal protection insurers are authorized to include reasonable provisions in personal injury protection insurance policies for mental and physical examination of those claiming personal injury protection insurance benefits. An insurer may not withdraw payment of a treating physician without the consent of the injured person covered by the personal injury protection, unless the insurer first obtains a report by a physician licensed under the same chapter as the treating physician whose treatment authorization is sought to be withdrawn, stating that treatment was not reasonable, related, or necessary.
- (b) If requested by the person examined, a party causing an examination to be made shall deliver to him or her a copy of every written report concerning the examination rendered by an examining physician, at least one of which reports must set out the examining physician's findings and

conclusions in detail. After such request and delivery, the party causing the examination to be made is entitled, upon request, to receive from the person examined every written report available to him or her or his or her representative concerning any examination, previously or thereafter made, of the same mental or physical condition. By requesting and obtaining a report of the examination so ordered, or by taking the deposition of the examiner, the person examined waives any privilege he or she may have, in relation to the claim for benefits, regarding the testimony of every other person who has examined, or may thereafter examine, him or her in respect to the same mental or physical condition. If a person unreasonably refuses to submit to an examination, the personal injury protection carrier is no longer liable for subsequent personal injury protection benefits.

(7)(8) APPLICABILITY OF PROVISION REGULATING ATTORNEY'S FEES.--With respect to any dispute under the provisions of ss. 627.730-627.7405 between the insured and the insurer, the provisions of s. 627.428 shall apply.

(8) (9) REPORTS AND NOTIFICATION. --

(a) Each insurer which has issued a policy providing personal injury protection benefits shall report the renewal, cancellation, or nonrenewal thereof to the Department of Highway Safety and Motor Vehicles within 45 days from the effective date of the renewal, cancellation, or nonrenewal. Upon the issuance of a policy providing personal injury protection benefits to a named insured not previously insured by the insurer thereof during that calendar year, the insurer shall report the issuance of the new policy to the Department of Highway Safety and Motor Vehicles within 30 days. The report shall be in such form and format and contain such

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information as may be required by the Department of Highway 2 Safety and Motor Vehicles which shall include a format 3 compatible with the data processing capabilities of said 4 department, and the Department of Highway Safety and Motor 5 Vehicles is authorized to adopt rules necessary with respect 6 thereto. Failure by an insurer to file proper reports with the 7 Department of Highway Safety and Motor Vehicles as required by this subsection or rules adopted with respect to the requirements of this subsection constitutes a violation of the 9 10 Florida Insurance Code. Reports of cancellations and policy 11 renewals and reports of the issuance of new policies received by the Department of Highway Safety and Motor Vehicles are 12 13 confidential and exempt from the provisions of s. 119.07(1). These records are to be used for enforcement and regulatory 14 15 purposes only, including the generation by the department of data regarding compliance by owners of motor vehicles with 16 17 financial responsibility coverage requirements. In addition, 18 the Department of Highway Safety and Motor Vehicles shall 19 release, upon a written request by a person involved in a 20 motor vehicle accident, by the person's attorney, or by a 21 representative of the person's motor vehicle insurer, the name of the insurance company and the policy number for the policy 22 covering the vehicle named by the requesting party. 23 24 written request must include a copy of the appropriate 25 accident form as provided in s. 316.065, s. 316.066, or s. 316.068. 26 27 (b) Every insurer with respect to each insurance 28 policy providing personal injury protection benefits shall notify the named insured or in the case of a commercial fleet 29

cancellation or nonrenewal of the policy will be reported by

policy, the first named insured in writing that any

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the insurer to the Department of Highway Safety and Motor Vehicles. The notice shall also inform the named insured that failure to maintain personal injury protection and property damage liability insurance on a motor vehicle when required by law may result in the loss of registration and driving privileges in this state, and the notice shall inform the named insured of the amount of the reinstatement fees required by s. 627.733(7). This notice is for informational purposes only, and no civil liability shall attach to an insurer due to failure to provide this notice.

(9)(10) NEGOTIATIONS WITH PREFERRED PROVIDERS.--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 provide an option to an insured to use a preferred provider at the time of purchase of the policy for personal injury protection benefits, if the requirements of this subsection are met. the insured elects to use a provider who is not a preferred provider, whether the insured purchased a preferred provider policy or a nonpreferred provider policy, the medical benefits provided by the insurer shall be as required by this section. If the insured elects to use a provider who is a preferred provider, the insurer may pay medical benefits in excess of the benefits required by this section and may waive or lower the amount of any deductible that applies to such medical benefits. If the insurer offers a preferred provider policy to a policyholder or applicant, it must also offer a nonpreferred provider policy. The insurer shall provide each policyholder with a current roster of preferred providers in

the county in which the insured resides at the time of purchase of such policy, and shall make such list available for public inspection during regular business hours at the principal office of the insurer within the state. Section 9. Section 627.737, Florida Statutes, is repealed. Section 10. This act shall take effect upon becoming a law. SENATE SUMMARY Establishes mandatory financial responsibility requirements for certain motor vehicles. Increases the minimum financial responsibility limits required on motor vehicles. Increases percentage of medical benefits payable to 100 percent. Deletes insured's right to recovery of special damages. Repeals s. 627.737, F.S., relating to tort exemption for damages due to bodily injury. (See bill for details.)