HB 0945 2004 A bill to be entitled

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An act relating to personal injury protection insurance; amending ss. 324.021, 627.7295, 627.736, and 627.739,

F.S.; providing an additional personal injury protection financial requirement for certain emergency services and care; providing an effective date.

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Be It Enacted by the Legislature of the State of Florida:

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Section 1. Subsection (7) of section 324.021, Florida Statutes, is amended to read:

12 324.021 Definitions; minimum insurance required.--The 13 following words and phrases when used in this chapter shall, for 14 the purpose of this chapter, have the meanings respectively 15 ascribed to them in this section, except in those instances

- where the context clearly indicates a different meaning:
- PROOF OF FINANCIAL RESPONSIBILITY. -- That proof of ability to respond in damages for liability on account of crashes arising out of the use of a motor vehicle:
- In the amount of \$10,000 because of bodily injury to, or death of, one person in any one crash.
- Subject to such limits for one person, in the amount of \$20,000 because of bodily injury to, or death of, two or more persons in any one crash. ÷
- (c) In the amount of \$30,000 of total benefits for emergency services and care as defined in s. 395.002 provided in or by a hospital as defined in s. 395.002.
- (d)(e) In the amount of \$10,000 because of injury to, or destruction of, property of others in any one crash.; and

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 $\underline{\text{(e)}(d)}$ With respect to commercial motor vehicles and nonpublic sector buses, in the amounts specified in ss. 627.7415 and 627.742, respectively.

Section 2. Subsection (7) of section 627.7295, Florida Statutes, is amended to read:

627.7295 Motor vehicle insurance contracts.--

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A policy of private passenger motor vehicle insurance or a binder for such a policy may be initially issued in this state only if the insurer or agent has collected from the insured an amount equal to 2 months' premium. An insurer, agent, or premium finance company may not directly or indirectly take any action resulting in the insured having paid from the insured's own funds an amount less than the 2 months' premium required by this subsection. This subsection applies without regard to whether the premium is financed by a premium finance company or is paid pursuant to a periodic payment plan of an insurer or an insurance agent. This subsection does not apply if an insured or member of the insured's family is renewing or replacing a policy or a binder for such policy written by the same insurer or a member of the same insurer group. This subsection does not apply to an insurer that issues private passenger motor vehicle coverage primarily to active duty or former military personnel or their dependents. This subsection does not apply if all policy payments are paid pursuant to a payroll deduction plan or an automatic electronic funds transfer payment plan from the policyholder, provided that the first policy payment is made by cash, cashier's check, check, or a money order. This subsection and subsection (4) do not apply if all policy payments to an insurer are paid pursuant to an

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automatic electronic funds transfer payment plan from an agent or a managing general agent and if the policy includes, at a minimum, personal injury protection pursuant to ss. 627.730-627.7405; motor vehicle property damage liability pursuant to s. 627.7275; and bodily injury liability in at least the amount of \$10,000 because of bodily injury to, or death of, one person in any one accident, and in the amount of \$20,000 because of bodily injury to, or death of, two or more persons in any one accident, and in the amount of \$30,000 of total benefits for emergency services and care as defined in s. 395.002 provided in or by a hospital as defined in s. 395.002. This subsection and subsection (4) do not apply if an insured has had a policy in effect for at least 6 months, the insured's agent is terminated by the insurer that issued the policy, and the insured obtains coverage on the policy's renewal date with a new company through the terminated agent.

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.--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

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result of bodily injury, sickness, disease, or death arising out of the ownership, maintenance, or use of a motor vehicle, and to a limit of \$30,000 of total benefits for emergency services and care as defined in s. 395.002 provided in or by a hospital as defined in s. 395.002, 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. 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; however, this sentence does not affect the determination of what other services or procedures are medically necessary.
- (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,

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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 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.

Section 4. Subsection (2) of section 627.739, Florida Statutes, is amended to read:

627.739 Personal injury protection; optional limitations; deductibles.--

(2) Insurers shall offer to each applicant and to each policyholder, upon the renewal of an existing policy, deductibles, in amounts of \$250, \$500, and \$1,000. The

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deductible amount must be applied to 100 percent of the expenses and losses described in s. 627.736. After the deductible is met, each insured is eligible to receive up to \$30,000\$ \$10,000 in total benefits as described in s. 627.736(1). However, this subsection shall not be applied to reduce the amount of any benefits received in accordance with s. 627.736(1)(c).

Section 5. This act shall take effect upon becoming a law.

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