

Amendment No.

CHAMBER ACTION

Senate

House

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1 Representative(s) Bogdanoff offered the following:

3 **Amendment (with title amendment)**

4 Remove everything after the enacting clause and insert:

5 Remove everything after the enacting clause and insert:

6 Section 1. Subsections (1) and (3) of section 316.646,
7 Florida Statutes, are amended to read:

8 316.646 Security required; proof of security and display
9 thereof; dismissal of cases.--

10 (1) Any person required by s. 324.022 to maintain property
11 damage liability security, required by s. 324.023 to maintain
12 liability security for bodily injury or death, or ~~any person~~
13 required by s. 627.733 to maintain personal injury protection
14 security on a motor vehicle shall have in his or her immediate
15 possession at all times while operating such motor vehicle
16 proper proof of maintenance of the required security. Such proof

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17 shall be ~~either~~ a uniform proof-of-insurance card in a form
18 prescribed by the department, a valid insurance policy, an
19 insurance policy binder, a certificate of insurance, or such
20 other proof as may be prescribed by the department.

21 (3) Any person who violates this section commits a
22 nonmoving traffic infraction subject to the penalty provided in
23 chapter 318 and shall be required to furnish proof of security
24 as provided in this section. If any person charged with a
25 violation of this section fails to furnish proof, at or before
26 the scheduled court appearance date, that security was in effect
27 at the time of the violation, the court may immediately suspend
28 the registration and driver's license of such person. Such
29 license and registration may ~~only~~ be reinstated only as provided
30 in s. 324.0221 ~~627.733~~.

31 Section 2. Paragraphs (a) and (d) of subsection (5) of
32 section 320.02, Florida Statutes, are amended to read:

33 320.02 Registration required; application for
34 registration; forms.--

35 (5)(a) Proof that personal injury protection benefits have
36 been purchased when required under s. 627.733, that property
37 damage liability coverage has been purchased as required under
38 s. 324.022, that bodily injury or death coverage has been
39 purchased if required under s. 324.023, and that combined bodily
40 liability insurance and property damage liability insurance have
41 been purchased when required under s. 627.7415 shall be provided
42 in the manner prescribed by law by the applicant at the time of
43 application for registration of any motor vehicle that is
44 subject to such requirements ~~owned as defined in s. 627.732~~. The
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45 issuing agent shall refuse to issue registration if such proof
46 of purchase is not provided. Insurers shall furnish uniform
47 proof-of-purchase cards in a form prescribed by the department
48 and shall include the name of the insured's insurance company,
49 the coverage identification number, and the make, year, and
50 vehicle identification number of the vehicle insured. The card
51 shall contain a statement notifying the applicant of the penalty
52 specified in s. 316.646(4). The card or insurance policy,
53 insurance policy binder, or certificate of insurance or a
54 photocopy of any of these; an affidavit containing the name of
55 the insured's insurance company, the insured's policy number,
56 and the make and year of the vehicle insured; or such other
57 proof as may be prescribed by the department shall constitute
58 sufficient proof of purchase. If an affidavit is provided as
59 proof, it shall be in substantially the following form:

60
61 Under penalty of perjury, I (Name of insured) do hereby
62 certify that I have (Personal Injury Protection, Property
63 Damage Liability, and, when required, Bodily Injury Liability)
64 Insurance currently in effect with (Name of insurance company)
65 under (policy number) covering (make, year, and vehicle
66 identification number of vehicle) . (Signature of Insured)

67
68 Such affidavit shall include the following warning:

69
70 WARNING: GIVING FALSE INFORMATION IN ORDER TO OBTAIN A VEHICLE
71 REGISTRATION CERTIFICATE IS A CRIMINAL OFFENSE UNDER FLORIDA

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72 LAW. ANYONE GIVING FALSE INFORMATION ON THIS AFFIDAVIT IS
73 SUBJECT TO PROSECUTION.

74
75 When an application is made through a licensed motor vehicle
76 dealer as required in s. 319.23, the original or a photostatic
77 copy of such card, insurance policy, insurance policy binder, or
78 certificate of insurance or the original affidavit from the
79 insured shall be forwarded by the dealer to the tax collector of
80 the county or the Department of Highway Safety and Motor
81 Vehicles for processing. By executing the aforesaid affidavit,
82 no licensed motor vehicle dealer will be liable in damages for
83 any inadequacy, insufficiency, or falsification of any statement
84 contained therein. A card shall also indicate the existence of
85 any bodily injury liability insurance voluntarily purchased.

86 (d) The verifying of proof of personal injury protection
87 insurance, proof of property damage liability insurance, proof
88 of combined bodily liability insurance and property damage
89 liability insurance, or proof of financial responsibility
90 insurance and the issuance or failure to issue the motor vehicle
91 registration under the provisions of this chapter may not be
92 construed in any court as a warranty of the reliability or
93 accuracy of the evidence of such proof. Neither the department
94 nor any tax collector is liable in damages for any inadequacy,
95 insufficiency, falsification, or unauthorized modification of
96 any item of the proof of personal injury protection insurance,
97 proof of property damage liability insurance, proof of combined
98 bodily liability insurance and property damage liability
99 insurance, or proof of financial responsibility insurance ~~either~~

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100 prior to, during, or subsequent to the verification of the
101 proof. The issuance of a motor vehicle registration does not
102 constitute prima facie evidence or a presumption of insurance
103 coverage.

104 Section 3. Section 321.245, Florida Statutes, is amended
105 to read:

106 321.245 Disposition of certain funds in the Highway Safety
107 Operating Trust Fund.--The director of the Florida Highway
108 Patrol, after receiving recommendations from the commander of
109 the auxiliary, is authorized to purchase uniforms and equipment
110 for auxiliary law enforcement officers as defined in s. 321.24
111 from funds described in s. 324.0221(3) ~~627.733(7)~~. The amounts
112 expended under this section shall not exceed \$50,000 in any one
113 fiscal year.

114 Section 4. Section 324.022, Florida Statutes, is amended
115 to read:

116 324.022 Financial responsibility for property damage.--

117 (1) Every owner or operator of a motor vehicle, ~~which~~
118 ~~motor vehicle is subject to the requirements of ss. 627.730-~~
119 ~~627.7405 and required to be registered in this state, shall, by~~
120 ~~one of the methods established in s. 324.031 or by having a~~
121 ~~policy that complies with s. 627.7275,~~ establish and maintain
122 the ability to respond in damages for liability on account of
123 accidents arising out of the use of the motor vehicle in the
124 amount of \$10,000 because of damage to, or destruction of,
125 property of others in any one crash. The requirements of this
126 section may be met by one of the methods established in s.
127 324.031; by self-insuring as authorized by s. 768.28(16); or by

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128 maintaining an insurance policy providing coverage for property
129 damage liability in the amount of at least \$10,000 because of
130 damage to, or destruction of, property of others in any one
131 accident arising out of the use of the motor vehicle. The
132 requirements of this section may also be met by having a policy
133 which provides coverage in the amount of at least \$30,000 for
134 combined property damage liability and bodily injury liability
135 for any one crash arising out of the use of the motor vehicle.
136 The policy, with respect to coverage for property damage
137 liability, must meet the applicable requirements of s. 324.151,
138 subject to the usual policy exclusions that have been approved
139 in policy forms by the Office of Insurance Regulation. No
140 insurer shall have any duty to defend uncovered claims
141 irrespective of their joinder with covered claims.

142 (2) As used in this section, the term:

143 (a) "Motor vehicle" means any self-propelled vehicle that
144 has four or more wheels and that is of a type designed and
145 required to be licensed for use on the highways of this state,
146 and any trailer or semitrailer designed for use with such
147 vehicle. The term does not include:

148 1. A mobile home.

149 2. A motor vehicle that is used in mass transit and
150 designed to transport more than five passengers, exclusive of
151 the operator of the motor vehicle, and that is owned by a
152 municipality, transit authority, or political subdivision of the
153 state.

154 3. A school bus as defined in s. 1006.25.

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155 4. A vehicle providing for-hire transportation that is
156 subject to the provisions of s. 324.031. A taxicab shall
157 maintain security as required under s. 324.032(1).

158 (b) "Owner" means the person who holds legal title to a
159 motor vehicle or the debtor or lessee who has the right to
160 possession of a motor vehicle that is the subject of a security
161 agreement or lease with an option to purchase.

162 (3) Each nonresident owner or registrant of a motor
163 vehicle that, whether operated or not, has been physically
164 present within this state for more than 90 days during the
165 preceding 365 days shall maintain security as required by
166 subsection (1) that is in effect continuously throughout the
167 period the motor vehicle remains within this state.

168 (4) The owner or registrant of a motor vehicle is exempt
169 from the requirements of this section if she or he is a member
170 of the United States Armed Forces and is called to or on active
171 duty outside the United States in an emergency situation. The
172 exemption provided by this subsection applies only as long as
173 the member of the Armed Forces is on such active duty outside
174 the United States and applies only while the vehicle is not
175 operated by any person. Upon receipt of a written request by the
176 insured to whom the exemption provided in this subsection
177 applies, the insurer shall cancel the coverages and return any
178 unearned premium or suspend the security required by this
179 section. Notwithstanding s. 324.0221(3), the department may not
180 suspend the registration or operator's license of any owner or
181 registrant of a motor vehicle during the time she or he
182 qualifies for an exemption under this subsection. Any owner or
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183 registrant of a motor vehicle who qualifies for an exemption
184 under this subsection shall immediately notify the department
185 prior to and at the end of the expiration of the exemption.

186 Section 5. Section 324.0221, Florida Statutes, is created
187 to read:

188 324.0221 Reports by insurers to the department; suspension
189 of driver's license and vehicle registrations; reinstatement.--

190 (1)(a) Each insurer that has issued a policy providing
191 personal injury protection coverage or property damage liability
192 coverage shall report the renewal, cancellation, or nonrenewal
193 thereof to the department within 45 days after the effective
194 date of each renewal, cancellation, or nonrenewal. Upon the
195 issuance of a policy providing personal injury protection
196 coverage or property damage liability coverage to a named
197 insured not previously insured by the insurer during that
198 calendar year, the insurer shall report the issuance of the new
199 policy to the department within 30 days. The report shall be in
200 the form and format and contain any information required by the
201 department and must be provided in a format that is compatible
202 with the data-processing capabilities of the department. The
203 department may adopt rules regarding the form and documentation
204 required. Failure by an insurer to file proper reports with the
205 department as required by this subsection or rules adopted with
206 respect to the requirements of this subsection constitutes a
207 violation of the Florida Insurance Code. These records shall be
208 used by the department only for enforcement and regulatory
209 purposes, including the generation by the department of data

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210 regarding compliance by owners of motor vehicles with the
211 requirements for financial responsibility coverage.

212 (b) With respect to an insurance policy providing personal
213 injury protection coverage or property damage liability
214 coverage, each insurer shall notify the named insured, or the
215 first-named insured in the case of a commercial fleet policy, in
216 writing that any cancellation or nonrenewal of the policy will
217 be reported by the insurer to the department. The notice must
218 also inform the named insured that failure to maintain personal
219 injury protection coverage and property damage liability
220 coverage on a motor vehicle when required by law may result in
221 the loss of registration and driving privileges in this state
222 and inform the named insured of the amount of the reinstatement
223 fees required by this section. This notice is for informational
224 purposes only, and an insurer is not civilly liable for failing
225 to provide this notice.

226 (2) The department shall suspend, after due notice and an
227 opportunity to be heard, the registration and driver's license
228 of any owner or registrant of a motor vehicle with respect to
229 which security is required under ss. 324.022 and 627.733 upon:

230 (a) The department's records showing that the owner or
231 registrant of such motor vehicle did not have in full force and
232 effect when required security that complies with the
233 requirements of ss. 324.022 and 627.733; or

234 (b) Notification by the insurer to the department, in a
235 form approved by the department, of cancellation or termination
236 of the required security.

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237 (3) An operator or owner whose driver's license or
238 registration has been suspended under this section or s. 316.646
239 may effect its reinstatement upon compliance with the
240 requirements of this section and upon payment to the department
241 of a nonrefundable reinstatement fee of \$150 for the first
242 reinstatement. The reinstatement fee is \$250 for the second
243 reinstatement and \$500 for each subsequent reinstatement during
244 the 3 years following the first reinstatement. A person
245 reinstating her or his insurance under this subsection must also
246 secure noncancelable coverage as described in ss. 324.021(8),
247 324.023, and 627.7275(2) and present to the appropriate person
248 proof that the coverage is in force on a form adopted by the
249 department, and such proof shall be maintained for 2 years. If
250 the person does not have a second reinstatement within 3 years
251 after her or his initial reinstatement, the reinstatement fee is
252 \$150 for the first reinstatement after that 3-year period. If a
253 person's license and registration are suspended under this
254 section or s. 316.646, only one reinstatement fee must be paid
255 to reinstate the license and the registration. All fees shall be
256 collected by the department at the time of reinstatement. The
257 department shall issue proper receipts for such fees and shall
258 promptly deposit those fees in the Highway Safety Operating
259 Trust Fund. One-third of the fees collected under this
260 subsection shall be distributed from the Highway Safety
261 Operating Trust Fund to the local governmental entity or state
262 agency that employed the law enforcement officer seizing the
263 license plate pursuant to s. 324.201. The funds may be used by

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264 the local governmental entity or state agency for any authorized
265 purpose.

266 Section 6. Section 627.7275, Florida Statutes, is amended
267 to read:

268 627.7275 Motor vehicle liability.--

269 (1) A motor vehicle insurance policy providing personal
270 injury protection as set forth in s. 627.736 may not be
271 delivered or issued for delivery in this state with respect to
272 any specifically insured or identified motor vehicle registered
273 or principally garaged in this state unless the policy also
274 provides coverage for property damage liability as required by
275 s. 324.022 ~~in the amount of at least \$10,000 because of damage~~
276 ~~to, or destruction of, property of others in any one accident~~
277 ~~arising out of the use of the motor vehicle or unless the policy~~
278 ~~provides coverage in the amount of at least \$30,000 for combined~~
279 ~~property damage liability and bodily injury liability in any one~~
280 ~~accident arising out of the use of the motor vehicle. The~~
281 ~~policy, as to coverage of property damage liability, must meet~~
282 ~~the applicable requirements of s. 324.151, subject to the usual~~
283 ~~policy exclusions that have been approved in policy forms by the~~
284 ~~office.~~

285 (2) (a) Insurers writing motor vehicle insurance in this
286 state shall make available, subject to the insurers' usual
287 underwriting restrictions:

288 1. Coverage under policies as described in subsection (1)
289 to any applicant for private passenger motor vehicle insurance
290 coverage who is seeking the coverage in order to reinstate the
291 applicant's driving privileges in this state when the driving
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292 | privileges were revoked or suspended pursuant to s. 316.646 or
293 | s. 324.0221 ~~627.733~~ due to the failure of the applicant to
294 | maintain required security.

295 | 2. Coverage under policies as described in subsection (1),
296 | which also provides liability coverage for bodily injury, death,
297 | and property damage arising out of the ownership, maintenance,
298 | or use of the motor vehicle in an amount not less than the
299 | limits described in s. 324.021(7) and conforms to the
300 | requirements of s. 324.151, to any applicant for private
301 | passenger motor vehicle insurance coverage who is seeking the
302 | coverage in order to reinstate the applicant's driving
303 | privileges in this state after such privileges were revoked or
304 | suspended under s. 316.193 or s. 322.26(2) for driving under the
305 | influence.

306 | (b) The policies described in paragraph (a) shall be
307 | issued for a period of at least 6 months and as to the minimum
308 | coverages required under this section shall not be cancelable by
309 | the insured for any reason or by the insurer after a period not
310 | to exceed 30 days during which the insurer must complete
311 | underwriting of the policy. After the insurer has completed
312 | underwriting the policy within the 30-day period, the insurer
313 | shall notify the Department of Highway Safety and Motor Vehicles
314 | that the policy is in full force and effect and the policy shall
315 | not be cancelable for the remainder of the policy period. A
316 | premium shall be collected and coverage shall be in effect for
317 | the 30-day period during which the insurer is completing the
318 | underwriting of the policy whether or not the person's driver
319 | license, motor vehicle tag, and motor vehicle registration are

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320 in effect. Once the noncancelable provisions of the policy
321 become effective, the coverage or risk shall not be changed
322 during the policy period and the premium shall be nonrefundable.
323 If, during the pendency of the 2-year proof of insurance period
324 required under s. 324.0221 ~~627.733(7)~~ or during the 3-year proof
325 of financial responsibility required under s. 324.131, whichever
326 is applicable, the insured obtains additional coverage or
327 coverage for an additional risk or changes territories, the
328 insured must obtain a new 6-month noncancelable policy in
329 accordance with the provisions of this section. However, if the
330 insured must obtain a new 6-month policy and obtains the policy
331 from the same insurer, the policyholder shall receive credit on
332 the new policy for any premium paid on the previously issued
333 policy.

334 (c) This subsection controls to the extent of any conflict
335 with any other section.

336 (d) An insurer issuing a policy subject to this section
337 may cancel the policy if, during the policy term, the named
338 insured or any other operator, who resides in the same household
339 or customarily operates an automobile insured under the policy,
340 has his or her driver's license suspended or revoked.

341 (e) Nothing in this subsection requires an insurer to
342 offer a policy of insurance to an applicant if such offer would
343 be inconsistent with the insurer's underwriting guidelines and
344 procedures.

345 Section 7. Paragraph (a) of subsection (1) of section
346 627.7295, Florida Statutes, is amended to read:

347 627.7295 Motor vehicle insurance contracts.--

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348 (1) As used in this section, the term:

349 (a) "Policy" means a motor vehicle insurance policy that
350 provides personal injury protection coverage, ~~and~~ property
351 damage liability coverage, or both.

352 Section 8. Notwithstanding the repeal of the Florida Motor
353 Vehicle No-Fault Law, which occurred on October 1, 2007, section
354 627.730, Florida Statutes, is revived and reenacted to read:

355 627.730 Florida Motor Vehicle No-Fault Law.--Sections
356 627.730-627.7405 may be cited and known as the "Florida Motor
357 Vehicle No-Fault Law."

358 Section 9. Notwithstanding the repeal of the Florida Motor
359 Vehicle No-Fault Law, which occurred on October 1, 2007, section
360 627.731, Florida Statutes, is revived and reenacted to read:

361 627.731 Purpose.--The purpose of ss. 627.730-627.7405 is
362 to provide for medical, surgical, funeral, and disability
363 insurance benefits without regard to fault, and to require motor
364 vehicle insurance securing such benefits, for motor vehicles
365 required to be registered in this state and, with respect to
366 motor vehicle accidents, a limitation on the right to claim
367 damages for pain, suffering, mental anguish, and inconvenience.

368 Section 10. Notwithstanding the repeal of the Florida
369 Motor Vehicle No-Fault Law, which occurred on October 1, 2007,
370 section 627.732, Florida Statutes, is revived and reenacted to
371 read:

372 627.732 Definitions.--As used in ss. 627.730-627.7405, the
373 term:

374 (1) "Broker" means any person not possessing a license
375 under chapter 395, chapter 400, chapter 429, chapter 458,
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376 chapter 459, chapter 460, chapter 461, or chapter 641 who
377 charges or receives compensation for any use of medical
378 equipment and is not the 100-percent owner or the 100-percent
379 lessee of such equipment. For purposes of this section, such
380 owner or lessee may be an individual, a corporation, a
381 partnership, or any other entity and any of its 100-percent-
382 owned affiliates and subsidiaries. For purposes of this
383 subsection, the term "lessee" means a long-term lessee under a
384 capital or operating lease, but does not include a part-time
385 lessee. The term "broker" does not include a hospital or
386 physician management company whose medical equipment is
387 ancillary to the practices managed, a debt collection agency, or
388 an entity that has contracted with the insurer to obtain a
389 discounted rate for such services; nor does the term include a
390 management company that has contracted to provide general
391 management services for a licensed physician or health care
392 facility and whose compensation is not materially affected by
393 the usage or frequency of usage of medical equipment or an
394 entity that is 100-percent owned by one or more hospitals or
395 physicians. The term "broker" does not include a person or
396 entity that certifies, upon request of an insurer, that:

- 397 (a) It is a clinic licensed under ss. 400.990-400.995;
398 (b) It is a 100-percent owner of medical equipment; and
399 (c) The owner's only part-time lease of medical equipment
400 for personal injury protection patients is on a temporary basis
401 not to exceed 30 days in a 12-month period, and such lease is
402 solely for the purposes of necessary repair or maintenance of
403 the 100-percent-owned medical equipment or pending the arrival

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404 and installation of the newly purchased or a replacement for the
405 100-percent-owned medical equipment, or for patients for whom,
406 because of physical size or claustrophobia, it is determined by
407 the medical director or clinical director to be medically
408 necessary that the test be performed in medical equipment that
409 is open-style. The leased medical equipment cannot be used by
410 patients who are not patients of the registered clinic for
411 medical treatment of services. Any person or entity making a
412 false certification under this subsection commits insurance
413 fraud as defined in s. 817.234. However, the 30-day period
414 provided in this paragraph may be extended for an additional 60
415 days as applicable to magnetic resonance imaging equipment if
416 the owner certifies that the extension otherwise complies with
417 this paragraph.

418 (2) "Medically necessary" refers to a medical service or
419 supply that a prudent physician would provide for the purpose of
420 preventing, diagnosing, or treating an illness, injury, disease,
421 or symptom in a manner that is:

422 (a) In accordance with generally accepted standards of
423 medical practice;

424 (b) Clinically appropriate in terms of type, frequency,
425 extent, site, and duration; and

426 (c) Not primarily for the convenience of the patient,
427 physician, or other health care provider.

428 (3) "Motor vehicle" means any self-propelled vehicle with
429 four or more wheels which is of a type both designed and
430 required to be licensed for use on the highways of this state

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431 and any trailer or semitrailer designed for use with such
432 vehicle and includes:

433 (a) A "private passenger motor vehicle," which is any
434 motor vehicle which is a sedan, station wagon, or jeep-type
435 vehicle and, if not used primarily for occupational,
436 professional, or business purposes, a motor vehicle of the
437 pickup, panel, van, camper, or motor home type.

438 (b) A "commercial motor vehicle," which is any motor
439 vehicle which is not a private passenger motor vehicle.

440

441 The term "motor vehicle" does not include a mobile home or any
442 motor vehicle which is used in mass transit, other than public
443 school transportation, and designed to transport more than five
444 passengers exclusive of the operator of the motor vehicle and
445 which is owned by a municipality, a transit authority, or a
446 political subdivision of the state.

447 (4) "Named insured" means a person, usually the owner of a
448 vehicle, identified in a policy by name as the insured under the
449 policy.

450 (5) "Owner" means a person who holds the legal title to a
451 motor vehicle; or, in the event a motor vehicle is the subject
452 of a security agreement or lease with an option to purchase with
453 the debtor or lessee having the right to possession, then the
454 debtor or lessee shall be deemed the owner for the purposes of
455 ss. 627.730-627.7405.

456 (6) "Relative residing in the same household" means a
457 relative of any degree by blood or by marriage who usually makes

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458 her or his home in the same family unit, whether or not
459 temporarily living elsewhere.

460 (7) "Certify" means to swear or attest to being true or
461 represented in writing.

462 (8) "Immediate personal supervision," as it relates to the
463 performance of medical services by nonphysicians not in a
464 hospital, means that an individual licensed to perform the
465 medical service or provide the medical supplies must be present
466 within the confines of the physical structure where the medical
467 services are performed or where the medical supplies are
468 provided such that the licensed individual can respond
469 immediately to any emergencies if needed.

470 (9) "Incident," with respect to services considered as
471 incident to a physician's professional service, for a physician
472 licensed under chapter 458, chapter 459, chapter 460, or chapter
473 461, if not furnished in a hospital, means such services must be
474 an integral, even if incidental, part of a covered physician's
475 service.

476 (10) "Knowingly" means that a person, with respect to
477 information, has actual knowledge of the information; acts in
478 deliberate ignorance of the truth or falsity of the information;
479 or acts in reckless disregard of the information, and proof of
480 specific intent to defraud is not required.

481 (11) "Lawful" or "lawfully" means in substantial
482 compliance with all relevant applicable criminal, civil, and
483 administrative requirements of state and federal law related to
484 the provision of medical services or treatment.

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485 (12) "Hospital" means a facility that, at the time
486 services or treatment were rendered, was licensed under chapter
487 395.

488 (13) "Properly completed" means providing truthful,
489 substantially complete, and substantially accurate responses as
490 to all material elements to each applicable request for
491 information or statement by a means that may lawfully be
492 provided and that complies with this section, or as agreed by
493 the parties.

494 (14) "Upcoding" means an action that submits a billing
495 code that would result in payment greater in amount than would
496 be paid using a billing code that accurately describes the
497 services performed. The term does not include an otherwise
498 lawful bill by a magnetic resonance imaging facility, which
499 globally combines both technical and professional components, if
500 the amount of the global bill is not more than the components if
501 billed separately; however, payment of such a bill constitutes
502 payment in full for all components of such service.

503 (15) "Unbundling" means an action that submits a billing
504 code that is properly billed under one billing code, but that
505 has been separated into two or more billing codes, and would
506 result in payment greater in amount than would be paid using one
507 billing code.

508 Section 11. Notwithstanding the repeal of the Florida
509 Motor Vehicle No-Fault Law, which occurred on October 1, 2007,
510 section 627.733, Florida Statutes, is revived, reenacted, and
511 amended to read:

512 627.733 Required security.--

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513 (1) (a) Every owner or registrant of a motor vehicle, other
514 than a motor vehicle used as a school bus as defined in s.
515 1006.25 or limousine, required to be registered and licensed in
516 this state shall maintain security as required by subsection (3)
517 in effect continuously throughout the registration or licensing
518 period.

519 (b) Every owner or registrant of a motor vehicle used as a
520 taxicab shall not be governed by paragraph (1) (a) but shall
521 maintain security as required under s. 324.032(1), and s.
522 627.737 shall not apply to any motor vehicle used as a taxicab.

523 (2) Every nonresident owner or registrant of a motor
524 vehicle which, whether operated or not, has been physically
525 present within this state for more than 90 days during the
526 preceding 365 days shall thereafter maintain security as defined
527 by subsection (3) in effect continuously throughout the period
528 such motor vehicle remains within this state.

529 (3) Such security shall be provided:

530 (a) By an insurance policy delivered or issued for
531 delivery in this state by an authorized or eligible motor
532 vehicle liability insurer which provides the benefits and
533 exemptions contained in ss. 627.730-627.7405. Any policy of
534 insurance represented or sold as providing the security required
535 hereunder shall be deemed to provide insurance for the payment
536 of the required benefits; or

537 (b) By any other method authorized by s. 324.031(2), (3),
538 or (4) and approved by the Department of Highway Safety and
539 Motor Vehicles as affording security equivalent to that afforded
540 by a policy of insurance or by self-insuring as authorized by s.
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541 768.28(16). The person filing such security shall have all of
542 the obligations and rights of an insurer under ss. 627.730-
543 627.7405.

544 (4) An owner of a motor vehicle with respect to which
545 security is required by this section who fails to have such
546 security in effect at the time of an accident shall have no
547 immunity from tort liability, but shall be personally liable for
548 the payment of benefits under s. 627.736. With respect to such
549 benefits, such an owner shall have all of the rights and
550 obligations of an insurer under ss. 627.730-627.7405.

551 (5) In addition to other persons who are not required to
552 provide required security as required under this section and s.
553 324.022, the owner or registrant of a motor vehicle is exempt
554 from such requirements if she or he is a member of the United
555 States Armed Forces and is called to or on active duty outside
556 the United States in an emergency situation. The exemption
557 provided by this subsection applies only as long as the member
558 of the armed forces is on such active duty outside the United
559 States and applies only while the vehicle covered by the
560 security required by this section and s. 324.022 is not operated
561 by any person. Upon receipt of a written request by the insured
562 to whom the exemption provided in this subsection applies, the
563 insurer shall cancel the coverages and return any unearned
564 premium or suspend the security required by this section and s.
565 324.022. Notwithstanding s. 324.0221(2) ~~subsection (6)~~, the
566 Department of Highway Safety and Motor Vehicles may not suspend
567 the registration or operator's license of any owner or
568 registrant of a motor vehicle during the time she or he

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569 | qualifies for an exemption under this subsection. Any owner or
570 | registrant of a motor vehicle who qualifies for an exemption
571 | under this subsection shall immediately notify the department
572 | prior to and at the end of the expiration of the exemption.

573 | ~~(6) The Department of Highway Safety and Motor Vehicles~~
574 | ~~shall suspend, after due notice and an opportunity to be heard,~~
575 | ~~the registration and driver's license of any owner or registrant~~
576 | ~~of a motor vehicle with respect to which security is required~~
577 | ~~under this section and s. 324.022.~~

578 | ~~(a) Upon its records showing that the owner or registrant~~
579 | ~~of such motor vehicle did not have in full force and effect when~~
580 | ~~required security complying with the terms of this section, or~~

581 | ~~(b) Upon notification by the insurer to the Department of~~
582 | ~~Highway Safety and Motor Vehicles, in a form approved by the~~
583 | ~~department, of cancellation or termination of the required~~
584 | ~~security.~~

585 | ~~(7) Any operator or owner whose driver's license or~~
586 | ~~registration has been suspended pursuant to this section or s.~~
587 | ~~316.646 may effect its reinstatement upon compliance with the~~
588 | ~~requirements of this section and upon payment to the Department~~
589 | ~~of Highway Safety and Motor Vehicles of a nonrefundable~~
590 | ~~reinstatement fee of \$150 for the first reinstatement. Such~~
591 | ~~reinstatement fee shall be \$250 for the second reinstatement and~~
592 | ~~\$500 for each subsequent reinstatement during the 3 years~~
593 | ~~following the first reinstatement. Any person reinstating her or~~
594 | ~~his insurance under this subsection must also secure~~
595 | ~~noncancelable coverage as described in ss. 324.021(8), 324.023,~~
596 | ~~and 627.7275(2) and present to the appropriate person proof that~~
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597 ~~the coverage is in force on a form promulgated by the Department~~
598 ~~of Highway Safety and Motor Vehicles, such proof to be~~
599 ~~maintained for 2 years. If the person does not have a second~~
600 ~~reinstatement within 3 years after her or his initial~~
601 ~~reinstatement, the reinstatement fee shall be \$150 for the first~~
602 ~~reinstatement after that 3 year period. In the event that a~~
603 ~~person's license and registration are suspended pursuant to this~~
604 ~~section or s. 316.646, only one reinstatement fee shall be paid~~
605 ~~to reinstate the license and the registration. All fees shall be~~
606 ~~collected by the Department of Highway Safety and Motor Vehicles~~
607 ~~at the time of reinstatement. The Department of Highway Safety~~
608 ~~and Motor Vehicles shall issue proper receipts for such fees and~~
609 ~~shall promptly deposit those fees in the Highway Safety~~
610 ~~Operating Trust Fund. One third of the fee collected under this~~
611 ~~subsection shall be distributed from the Highway Safety~~
612 ~~Operating Trust Fund to the local government entity or state~~
613 ~~agency which employed the law enforcement officer who seizes a~~
614 ~~license plate pursuant to s. 324.201. Such funds may be used by~~
615 ~~the local government entity or state agency for any authorized~~
616 ~~purpose.~~

617 Section 12. Notwithstanding the repeal of the Florida
618 Motor Vehicle No-Fault Law, which occurred on October 1, 2007,
619 section 627.734, Florida Statutes, is revived and reenacted to
620 read:

621 627.734 Proof of security; security requirements;
622 penalties.--

623 (1) The provisions of chapter 324 which pertain to the
624 method of giving and maintaining proof of financial

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625 responsibility and which govern and define a motor vehicle
626 liability policy shall apply to filing and maintaining proof of
627 security required by ss. 627.730-627.7405.

628 (2) Any person who:

629 (a) Gives information required in a report or otherwise as
630 provided for in ss. 627.730-627.7405, knowing or having reason
631 to believe that such information is false;

632 (b) Forges or, without authority, signs any evidence of
633 proof of security; or

634 (c) Files, or offers for filing, any such evidence of
635 proof, knowing or having reason to believe that it is forged or
636 signed without authority,

637
638 is guilty of a misdemeanor of the first degree, punishable as
639 provided in s. 775.082 or s. 775.083.

640 Section 13. Notwithstanding the repeal of the Florida
641 Motor Vehicle No-Fault Law, which occurred on October 1, 2007,
642 section 627.736, Florida Statutes, is revived, reenacted, and
643 amended to read:

644 627.736 Required personal injury protection benefits;
645 exclusions; priority; claims.--

646 (1) REQUIRED BENEFITS.--Every insurance policy complying
647 with the security requirements of s. 627.733 shall provide
648 personal injury protection to the named insured, relatives
649 residing in the same household, persons operating the insured
650 motor vehicle, passengers in such motor vehicle, and other
651 persons struck by such motor vehicle and suffering bodily injury
652 while not an occupant of a self-propelled vehicle, subject to
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653 the provisions of subsection (2) and paragraph (4)(d), to a
654 limit of \$10,000 for loss sustained by any such person as a
655 result of bodily injury, sickness, disease, or death arising out
656 of the ownership, maintenance, or use of a motor vehicle as
657 follows:

658 (a) Medical benefits.--Eighty percent of all reasonable
659 expenses for medically necessary medical, surgical, X-ray,
660 dental, and rehabilitative services, including prosthetic
661 devices, and medically necessary ambulance, hospital, and
662 nursing services. Such benefits shall also include necessary
663 remedial treatment and services recognized and permitted under
664 the laws of the state for an injured person who relies upon
665 spiritual means through prayer alone for healing, in accordance
666 with his or her religious beliefs; however, this sentence does
667 not affect the determination of what other services or
668 procedures are medically necessary.

669 (b) Disability benefits.--Sixty percent of any loss of
670 gross income and loss of earning capacity per individual from
671 inability to work proximately caused by the injury sustained by
672 the injured person, plus all expenses reasonably incurred in
673 obtaining from others ordinary and necessary services in lieu of
674 those that, but for the injury, the injured person would have
675 performed without income for the benefit of his or her
676 household. All disability benefits payable under this provision
677 shall be paid not less than every 2 weeks.

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

684
685 Only insurers writing motor vehicle liability insurance in this
686 state may provide the required benefits of this section, and no
687 such insurer shall require the purchase of any other motor
688 vehicle coverage other than the purchase of property damage
689 liability coverage as required by s. 627.7275 as a condition for
690 providing such required benefits. Insurers may not require that
691 property damage liability insurance in an amount greater than
692 \$10,000 be purchased in conjunction with personal injury
693 protection. Such insurers shall make benefits and required
694 property damage liability insurance coverage available through
695 normal marketing channels. Any insurer writing motor vehicle
696 liability insurance in this state who fails to comply with such
697 availability requirement as a general business practice shall be
698 deemed to have violated part IX of chapter 626, and such
699 violation shall constitute an unfair method of competition or an
700 unfair or deceptive act or practice involving the business of
701 insurance; and any such insurer committing such violation shall
702 be subject to the penalties afforded in such part, as well as
703 those which may be afforded elsewhere in the insurance code.

704 (2) AUTHORIZED EXCLUSIONS.--Any insurer may exclude
705 benefits:

706 (a) For injury sustained by the named insured and
707 relatives residing in the same household while occupying another
708 motor vehicle owned by the named insured and not insured under
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709 the policy or for injury sustained by any person operating the
710 insured motor vehicle without the express or implied consent of
711 the insured.

712 (b) To any injured person, if such person's conduct
713 contributed to his or her injury under any of the following
714 circumstances:

- 715 1. Causing injury to himself or herself intentionally; or
716 2. Being injured while committing a felony.

717
718 Whenever an insured is charged with conduct as set forth in
719 subparagraph 2., the 30-day payment provision of paragraph
720 (4) (b) shall be held in abeyance, and the insurer shall withhold
721 payment of any personal injury protection benefits pending the
722 outcome of the case at the trial level. If the charge is nolle
723 prossed or dismissed or the insured is acquitted, the 30-day
724 payment provision shall run from the date the insurer is
725 notified of such action.

726 (3) INSURED'S RIGHTS TO RECOVERY OF SPECIAL DAMAGES IN
727 TORT CLAIMS.--No insurer shall have a lien on any recovery in
728 tort by judgment, settlement, or otherwise for personal injury
729 protection benefits, whether suit has been filed or settlement
730 has been reached without suit. An injured party who is entitled
731 to bring suit under the provisions of ss. 627.730-627.7405, or
732 his or her legal representative, shall have no right to recover
733 any damages for which personal injury protection benefits are
734 paid or payable. The plaintiff may prove all of his or her
735 special damages notwithstanding this limitation, but if special
736 damages are introduced in evidence, the trier of facts, whether
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737 judge or jury, shall not award damages for personal injury
738 protection benefits paid or payable. In all cases in which a
739 jury is required to fix damages, the court shall instruct the
740 jury that the plaintiff shall not recover such special damages
741 for personal injury protection benefits paid or payable.

742 (4) BENEFITS; WHEN DUE.--Benefits due from an insurer
743 under ss. 627.730-627.7405 shall be primary, except that
744 benefits received under any workers' compensation law shall be
745 credited against the benefits provided by subsection (1) and
746 shall be due and payable as loss accrues, upon receipt of
747 reasonable proof of such loss and the amount of expenses and
748 loss incurred which are covered by the policy issued under ss.
749 627.730-627.7405. When the Agency for Health Care Administration
750 provides, pays, or becomes liable for medical assistance under
751 the Medicaid program related to injury, sickness, disease, or
752 death arising out of the ownership, maintenance, or use of a
753 motor vehicle, benefits under ss. 627.730-627.7405 shall be
754 subject to the provisions of the Medicaid program.

755 (a) An insurer may require written notice to be given as
756 soon as practicable after an accident involving a motor vehicle
757 with respect to which the policy affords the security required
758 by ss. 627.730-627.7405.

759 (b) Personal injury protection insurance benefits paid
760 pursuant to this section shall be overdue if not paid within 30
761 days after the insurer is furnished written notice of the fact
762 of a covered loss and of the amount of same. If such written
763 notice is not furnished to the insurer as to the entire claim,
764 any partial amount supported by written notice is overdue if not

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765 | paid within 30 days after such written notice is furnished to
766 | the insurer. Any part or all of the remainder of the claim that
767 | is subsequently supported by written notice is overdue if not
768 | paid within 30 days after such written notice is furnished to
769 | the insurer. When an insurer pays only a portion of a claim or
770 | rejects a claim, the insurer shall provide at the time of the
771 | partial payment or rejection an itemized specification of each
772 | item that the insurer had reduced, omitted, or declined to pay
773 | and any information that the insurer desires the claimant to
774 | consider related to the medical necessity of the denied
775 | treatment or to explain the reasonableness of the reduced
776 | charge, provided that this shall not limit the introduction of
777 | evidence at trial; and the insurer shall include the name and
778 | address of the person to whom the claimant should respond and a
779 | claim number to be referenced in future correspondence. However,
780 | notwithstanding the fact that written notice has been furnished
781 | to the insurer, any payment shall not be deemed overdue when the
782 | insurer has reasonable proof to establish that the insurer is
783 | not responsible for the payment. For the purpose of calculating
784 | the extent to which any benefits are overdue, payment shall be
785 | treated as being made on the date a draft or other valid
786 | instrument which is equivalent to payment was placed in the
787 | United States mail in a properly addressed, postpaid envelope
788 | or, if not so posted, on the date of delivery. This paragraph
789 | does not preclude or limit the ability of the insurer to assert
790 | that the claim was unrelated, was not medically necessary, or
791 | was unreasonable or that the amount of the charge was in excess
792 | of that permitted under, or in violation of, subsection (5).

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793 Such assertion by the insurer may be made at any time, including
794 after payment of the claim or after the 30-day time period for
795 payment set forth in this paragraph.

796 (c) All overdue payments shall bear simple interest at the
797 rate established under s. 55.03 or the rate established in the
798 insurance contract, whichever is greater, for the year in which
799 the payment became overdue, calculated from the date the insurer
800 was furnished with written notice of the amount of covered loss.
801 Interest shall be due at the time payment of the overdue claim
802 is made.

803 (d) The insurer of the owner of a motor vehicle shall pay
804 personal injury protection benefits for:

805 1. Accidental bodily injury sustained in this state by the
806 owner while occupying a motor vehicle, or while not an occupant
807 of a self-propelled vehicle if the injury is caused by physical
808 contact with a motor vehicle.

809 2. Accidental bodily injury sustained outside this state,
810 but within the United States of America or its territories or
811 possessions or Canada, by the owner while occupying the owner's
812 motor vehicle.

813 3. Accidental bodily injury sustained by a relative of the
814 owner residing in the same household, under the circumstances
815 described in subparagraph 1. or subparagraph 2., provided the
816 relative at the time of the accident is domiciled in the owner's
817 household and is not himself or herself the owner of a motor
818 vehicle with respect to which security is required under ss.
819 627.730-627.7405.

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820 4. Accidental bodily injury sustained in this state by any
821 other person while occupying the owner's motor vehicle or, if a
822 resident of this state, while not an occupant of a self-
823 propelled vehicle, if the injury is caused by physical contact
824 with such motor vehicle, provided the injured person is not
825 himself or herself:

826 a. The owner of a motor vehicle with respect to which
827 security is required under ss. 627.730-627.7405; or

828 b. Entitled to personal injury benefits from the insurer
829 of the owner or owners of such a motor vehicle.

830 (e) If two or more insurers are liable to pay personal
831 injury protection benefits for the same injury to any one
832 person, the maximum payable shall be as specified in subsection
833 (1), and any insurer paying the benefits shall be entitled to
834 recover from each of the other insurers an equitable pro rata
835 share of the benefits paid and expenses incurred in processing
836 the claim.

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

841 (g) Benefits shall not be due or payable to or on the
842 behalf of an insured person if that person has committed, by a
843 material act or omission, any insurance fraud relating to
844 personal injury protection coverage under his or her policy, if
845 the fraud is admitted to in a sworn statement by the insured or
846 if it is established in a court of competent jurisdiction. Any
847 insurance fraud shall void all coverage arising from the claim

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848 related to such fraud under the personal injury protection
849 coverage of the insured person who committed the fraud,
850 irrespective of whether a portion of the insured person's claim
851 may be legitimate, and any benefits paid prior to the discovery
852 of the insured person's insurance fraud shall be recoverable by
853 the insurer from the person who committed insurance fraud in
854 their entirety. The prevailing party is entitled to its costs
855 and attorney's fees in any action in which it prevails in an
856 insurer's action to enforce its right of recovery under this
857 paragraph.

858 (5) CHARGES FOR TREATMENT OF INJURED PERSONS.--

859 (a) Any physician, hospital, clinic, or other person or
860 institution lawfully rendering treatment to an injured person
861 for a bodily injury covered by personal injury protection
862 insurance may charge the insurer and injured party only a
863 reasonable amount pursuant to this section for the services and
864 supplies rendered, and the insurer providing such coverage may
865 pay for such charges directly to such person or institution
866 lawfully rendering such treatment, if the insured receiving such
867 treatment or his or her guardian has countersigned the properly
868 completed invoice, bill, or claim form approved by the office
869 upon which such charges are to be paid for as having actually
870 been rendered, to the best knowledge of the insured or his or
871 her guardian. In no event, however, may such a charge be in
872 excess of the amount the person or institution customarily
873 charges for like services or supplies. With respect to a
874 determination of whether a charge for a particular service,
875 treatment, or otherwise is reasonable, consideration may be

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876 given to evidence of usual and customary charges and payments
877 accepted by the provider involved in the dispute, and
878 reimbursement levels in the community and various federal and
879 state medical fee schedules applicable to automobile and other
880 insurance coverages, and other information relevant to the
881 reasonableness of the reimbursement for the service, treatment,
882 or supply.

883 (b)1. An insurer or insured is not required to pay a claim
884 or charges:

885 a. Made by a broker or by a person making a claim on
886 behalf of a broker;

887 b. For any service or treatment that was not lawful at the
888 time rendered;

889 c. To any person who knowingly submits a false or
890 misleading statement relating to the claim or charges;

891 d. With respect to a bill or statement that does not
892 substantially meet the applicable requirements of paragraph (d);

893 e. For any treatment or service that is upcoded, or that
894 is unbundled when such treatment or services should be bundled,
895 in accordance with paragraph (d). To facilitate prompt payment
896 of lawful services, an insurer may change codes that it
897 determines to have been improperly or incorrectly upcoded or
898 unbundled, and may make payment based on the changed codes,
899 without affecting the right of the provider to dispute the
900 change by the insurer, provided that before doing so, the
901 insurer must contact the health care provider and discuss the
902 reasons for the insurer's change and the health care provider's

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903 reason for the coding, or make a reasonable good faith effort to
904 do so, as documented in the insurer's file; and

905 f. For medical services or treatment billed by a physician
906 and not provided in a hospital unless such services are rendered
907 by the physician or are incident to his or her professional
908 services and are included on the physician's bill, including
909 documentation verifying that the physician is responsible for
910 the medical services that were rendered and billed.

911 2. Charges for medically necessary cephalic thermograms,
912 peripheral thermograms, spinal ultrasounds, extremity
913 ultrasounds, video fluoroscopy, and surface electromyography
914 shall not exceed the maximum reimbursement allowance for such
915 procedures as set forth in the applicable fee schedule or other
916 payment methodology established pursuant to s. 440.13.

917 3. Allowable amounts that may be charged to a personal
918 injury protection insurance insurer and insured for medically
919 necessary nerve conduction testing when done in conjunction with
920 a needle electromyography procedure and both are performed and
921 billed solely by a physician licensed under chapter 458, chapter
922 459, chapter 460, or chapter 461 who is also certified by the
923 American Board of Electrodiagnostic Medicine or by a board
924 recognized by the American Board of Medical Specialties or the
925 American Osteopathic Association or who holds diplomate status
926 with the American Chiropractic Neurology Board or its
927 predecessors shall not exceed 200 percent of the allowable
928 amount under the participating physician fee schedule of
929 Medicare Part B for year 2001, for the area in which the
930 treatment was rendered, adjusted annually on August 1 to reflect
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931 the prior calendar year's changes in the annual Medical Care
932 Item of the Consumer Price Index for All Urban Consumers in the
933 South Region as determined by the Bureau of Labor Statistics of
934 the United States Department of Labor.

935 4. Allowable amounts that may be charged to a personal
936 injury protection insurance insurer and insured for medically
937 necessary nerve conduction testing that does not meet the
938 requirements of subparagraph 3. shall not exceed the applicable
939 fee schedule or other payment methodology established pursuant
940 to s. 440.13.

941 5. Allowable amounts that may be charged to a personal
942 injury protection insurance insurer and insured for magnetic
943 resonance imaging services shall not exceed 175 percent of the
944 allowable amount under the participating physician fee schedule
945 of Medicare Part B for year 2001, for the area in which the
946 treatment was rendered, adjusted annually on August 1 to reflect
947 the prior calendar year's changes in the annual Medical Care
948 Item of the Consumer Price Index for All Urban Consumers in the
949 South Region as determined by the Bureau of Labor Statistics of
950 the United States Department of Labor for the 12-month period
951 ending June 30 of that year, except that allowable amounts that
952 may be charged to a personal injury protection insurance insurer
953 and insured for magnetic resonance imaging services provided in
954 facilities accredited by the Accreditation Association for
955 Ambulatory Health Care, the American College of Radiology, or
956 the Joint Commission on Accreditation of Healthcare
957 Organizations shall not exceed 200 percent of the allowable
958 amount under the participating physician fee schedule of

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959 Medicare Part B for year 2001, for the area in which the
960 treatment was rendered, adjusted annually on August 1 to reflect
961 the prior calendar year's changes in the annual Medical Care
962 Item of the Consumer Price Index for All Urban Consumers in the
963 South Region as determined by the Bureau of Labor Statistics of
964 the United States Department of Labor for the 12-month period
965 ending June 30 of that year. This paragraph does not apply to
966 charges for magnetic resonance imaging services and nerve
967 conduction testing for inpatients and emergency services and
968 care as defined in chapter 395 rendered by facilities licensed
969 under chapter 395.

970 6. The Department of Health, in consultation with the
971 appropriate professional licensing boards, shall adopt, by rule,
972 a list of diagnostic tests deemed not to be medically necessary
973 for use in the treatment of persons sustaining bodily injury
974 covered by personal injury protection benefits under this
975 section. The initial list shall be adopted by January 1, 2004,
976 and shall be revised from time to time as determined by the
977 Department of Health, in consultation with the respective
978 professional licensing boards. Inclusion of a test on the list
979 of invalid diagnostic tests shall be based on lack of
980 demonstrated medical value and a level of general acceptance by
981 the relevant provider community and shall not be dependent for
982 results entirely upon subjective patient response.
983 Notwithstanding its inclusion on a fee schedule in this
984 subsection, an insurer or insured is not required to pay any
985 charges or reimburse claims for any invalid diagnostic test as
986 determined by the Department of Health.

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987 (c)1. With respect to any treatment or service, other than
988 medical services billed by a hospital or other provider for
989 emergency services as defined in s. 395.002 or inpatient
990 services rendered at a hospital-owned facility, the statement of
991 charges must be furnished to the insurer by the provider and may
992 not include, and the insurer is not required to pay, charges for
993 treatment or services rendered more than 35 days before the
994 postmark date of the statement, except for past due amounts
995 previously billed on a timely basis under this paragraph, and
996 except that, if the provider submits to the insurer a notice of
997 initiation of treatment within 21 days after its first
998 examination or treatment of the claimant, the statement may
999 include charges for treatment or services rendered up to, but
1000 not more than, 75 days before the postmark date of the
1001 statement. The injured party is not liable for, and the provider
1002 shall not bill the injured party for, charges that are unpaid
1003 because of the provider's failure to comply with this paragraph.
1004 Any agreement requiring the injured person or insured to pay for
1005 such charges is unenforceable.

1006 2. If, however, the insured fails to furnish the provider
1007 with the correct name and address of the insured's personal
1008 injury protection insurer, the provider has 35 days from the
1009 date the provider obtains the correct information to furnish the
1010 insurer with a statement of the charges. The insurer is not
1011 required to pay for such charges unless the provider includes
1012 with the statement documentary evidence that was provided by the
1013 insured during the 35-day period demonstrating that the provider

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1014 reasonably relied on erroneous information from the insured and
1015 either:

1016 a. A denial letter from the incorrect insurer; or

1017 b. Proof of mailing, which may include an affidavit under
1018 penalty of perjury, reflecting timely mailing to the incorrect
1019 address or insurer.

1020 3. For emergency services and care as defined in s.
1021 395.002 rendered in a hospital emergency department or for
1022 transport and treatment rendered by an ambulance provider
1023 licensed pursuant to part III of chapter 401, the provider is
1024 not required to furnish the statement of charges within the time
1025 periods established by this paragraph; and the insurer shall not
1026 be considered to have been furnished with notice of the amount
1027 of covered loss for purposes of paragraph (4)(b) until it
1028 receives a statement complying with paragraph (d), or copy
1029 thereof, which specifically identifies the place of service to
1030 be a hospital emergency department or an ambulance in accordance
1031 with billing standards recognized by the Health Care Finance
1032 Administration.

1033 4. Each notice of insured's rights under s. 627.7401 must
1034 include the following statement in type no smaller than 12
1035 points:

1036
1037 BILLING REQUIREMENTS.--Florida Statutes provide that with
1038 respect to any treatment or services, other than certain
1039 hospital and emergency services, the statement of charges
1040 furnished to the insurer by the provider may not include, and
1041 the insurer and the injured party are not required to pay,
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1042 charges for treatment or services rendered more than 35 days
1043 before the postmark date of the statement, except for past due
1044 amounts previously billed on a timely basis, and except that, if
1045 the provider submits to the insurer a notice of initiation of
1046 treatment within 21 days after its first examination or
1047 treatment of the claimant, the statement may include charges for
1048 treatment or services rendered up to, but not more than, 75 days
1049 before the postmark date of the statement.

1050 (d) All statements and bills for medical services rendered
1051 by any physician, hospital, clinic, or other person or
1052 institution shall be submitted to the insurer on a properly
1053 completed Centers for Medicare and Medicaid Services (CMS) 1500
1054 form, UB 92 forms, or any other standard form approved by the
1055 office or adopted by the commission for purposes of this
1056 paragraph. All billings for such services rendered by providers
1057 shall, to the extent applicable, follow the Physicians' Current
1058 Procedural Terminology (CPT) or Healthcare Correct Procedural
1059 Coding System (HCPCS), or ICD-9 in effect for the year in which
1060 services are rendered and comply with the Centers for Medicare
1061 and Medicaid Services (CMS) 1500 form instructions and the
1062 American Medical Association Current Procedural Terminology
1063 (CPT) Editorial Panel and Healthcare Correct Procedural Coding
1064 System (HCPCS). All providers other than hospitals shall include
1065 on the applicable claim form the professional license number of
1066 the provider in the line or space provided for "Signature of
1067 Physician or Supplier, Including Degrees or Credentials." In
1068 determining compliance with applicable CPT and HCPCS coding,
1069 guidance shall be provided by the Physicians' Current Procedural
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1070 Terminology (CPT) or the Healthcare Correct Procedural Coding
1071 System (HCPCS) in effect for the year in which services were
1072 rendered, the Office of the Inspector General (OIG), Physicians
1073 Compliance Guidelines, and other authoritative treatises
1074 designated by rule by the Agency for Health Care Administration.
1075 No statement of medical services may include charges for medical
1076 services of a person or entity that performed such services
1077 without possessing the valid licenses required to perform such
1078 services. For purposes of paragraph (4)(b), an insurer shall not
1079 be considered to have been furnished with notice of the amount
1080 of covered loss or medical bills due unless the statements or
1081 bills comply with this paragraph, and unless the statements or
1082 bills are properly completed in their entirety as to all
1083 material provisions, with all relevant information being
1084 provided therein.

1085 (e)1. At the initial treatment or service provided, each
1086 physician, other licensed professional, clinic, or other medical
1087 institution providing medical services upon which a claim for
1088 personal injury protection benefits is based shall require an
1089 insured person, or his or her guardian, to execute a disclosure
1090 and acknowledgment form, which reflects at a minimum that:

1091 a. The insured, or his or her guardian, must countersign
1092 the form attesting to the fact that the services set forth
1093 therein were actually rendered;

1094 b. The insured, or his or her guardian, has both the right
1095 and affirmative duty to confirm that the services were actually
1096 rendered;

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1097 c. The insured, or his or her guardian, was not solicited
1098 by any person to seek any services from the medical provider;

1099 d. That the physician, other licensed professional,
1100 clinic, or other medical institution rendering services for
1101 which payment is being claimed explained the services to the
1102 insured or his or her guardian; and

1103 e. If the insured notifies the insurer in writing of a
1104 billing error, the insured may be entitled to a certain
1105 percentage of a reduction in the amounts paid by the insured's
1106 motor vehicle insurer.

1107 2. The physician, other licensed professional, clinic, or
1108 other medical institution rendering services for which payment
1109 is being claimed has the affirmative duty to explain the
1110 services rendered to the insured, or his or her guardian, so
1111 that the insured, or his or her guardian, countersigns the form
1112 with informed consent.

1113 3. Countersignature by the insured, or his or her
1114 guardian, is not required for the reading of diagnostic tests or
1115 other services that are of such a nature that they are not
1116 required to be performed in the presence of the insured.

1117 4. The licensed medical professional rendering treatment
1118 for which payment is being claimed must sign, by his or her own
1119 hand, the form complying with this paragraph.

1120 5. The original completed disclosure and acknowledgment
1121 form shall be furnished to the insurer pursuant to paragraph
1122 (4) (b) and may not be electronically furnished.

1123 6. This disclosure and acknowledgment form is not required
1124 for services billed by a provider for emergency services as
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1125 defined in s. 395.002, for emergency services and care as
1126 defined in s. 395.002 rendered in a hospital emergency
1127 department, or for transport and treatment rendered by an
1128 ambulance provider licensed pursuant to part III of chapter 401.

1129 7. The Financial Services Commission shall adopt, by rule,
1130 a standard disclosure and acknowledgment form that shall be used
1131 to fulfill the requirements of this paragraph, effective 90 days
1132 after such form is adopted and becomes final. The commission
1133 shall adopt a proposed rule by October 1, 2003. Until the rule
1134 is final, the provider may use a form of its own which otherwise
1135 complies with the requirements of this paragraph.

1136 8. As used in this paragraph, "countersigned" means a
1137 second or verifying signature, as on a previously signed
1138 document, and is not satisfied by the statement "signature on
1139 file" or any similar statement.

1140 9. The requirements of this paragraph apply only with
1141 respect to the initial treatment or service of the insured by a
1142 provider. For subsequent treatments or service, the provider
1143 must maintain a patient log signed by the patient, in
1144 chronological order by date of service, that is consistent with
1145 the services being rendered to the patient as claimed. The
1146 requirements of this subparagraph for maintaining a patient log
1147 signed by the patient may be met by a hospital that maintains
1148 medical records as required by s. 395.3025 and applicable rules
1149 and makes such records available to the insurer upon request.

1150 (f) Upon written notification by any person, an insurer
1151 shall investigate any claim of improper billing by a physician
1152 or other medical provider. The insurer shall determine if the
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1153 insured was properly billed for only those services and
1154 treatments that the insured actually received. If the insurer
1155 determines that the insured has been improperly billed, the
1156 insurer shall notify the insured, the person making the written
1157 notification and the provider of its findings and shall reduce
1158 the amount of payment to the provider by the amount determined
1159 to be improperly billed. If a reduction is made due to such
1160 written notification by any person, the insurer shall pay to the
1161 person 20 percent of the amount of the reduction, up to \$500. If
1162 the provider is arrested due to the improper billing, then the
1163 insurer shall pay to the person 40 percent of the amount of the
1164 reduction, up to \$500.

1165 (g) An insurer may not systematically downcode with the
1166 intent to deny reimbursement otherwise due. Such action
1167 constitutes a material misrepresentation under s.
1168 626.9541(1)(i)2.

1169 (6) DISCOVERY OF FACTS ABOUT AN INJURED PERSON;
1170 DISPUTES.--

1171 (a) Every employer shall, if a request is made by an
1172 insurer providing personal injury protection benefits under ss.
1173 627.730-627.7405 against whom a claim has been made, furnish
1174 forthwith, in a form approved by the office, a sworn statement
1175 of the earnings, since the time of the bodily injury and for a
1176 reasonable period before the injury, of the person upon whose
1177 injury the claim is based.

1178 (b) Every physician, hospital, clinic, or other medical
1179 institution providing, before or after bodily injury upon which
1180 a claim for personal injury protection insurance benefits is
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1181 based, any products, services, or accommodations in relation to
1182 that or any other injury, or in relation to a condition claimed
1183 to be connected with that or any other injury, shall, if
1184 requested to do so by the insurer against whom the claim has
1185 been made, furnish forthwith a written report of the history,
1186 condition, treatment, dates, and costs of such treatment of the
1187 injured person and why the items identified by the insurer were
1188 reasonable in amount and medically necessary, together with a
1189 sworn statement that the treatment or services rendered were
1190 reasonable and necessary with respect to the bodily injury
1191 sustained and identifying which portion of the expenses for such
1192 treatment or services was incurred as a result of such bodily
1193 injury, and produce forthwith, and permit the inspection and
1194 copying of, his or her or its records regarding such history,
1195 condition, treatment, dates, and costs of treatment; provided
1196 that this shall not limit the introduction of evidence at trial.
1197 Such sworn statement shall read as follows: "Under penalty of
1198 perjury, I declare that I have read the foregoing, and the facts
1199 alleged are true, to the best of my knowledge and belief." No
1200 cause of action for violation of the physician-patient privilege
1201 or invasion of the right of privacy shall be permitted against
1202 any physician, hospital, clinic, or other medical institution
1203 complying with the provisions of this section. The person
1204 requesting such records and such sworn statement shall pay all
1205 reasonable costs connected therewith. If an insurer makes a
1206 written request for documentation or information under this
1207 paragraph within 30 days after having received notice of the
1208 amount of a covered loss under paragraph (4) (a), the amount or
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1209 the partial amount which is the subject of the insurer's inquiry
1210 shall become overdue if the insurer does not pay in accordance
1211 with paragraph (4)(b) or within 10 days after the insurer's
1212 receipt of the requested documentation or information, whichever
1213 occurs later. For purposes of this paragraph, the term "receipt"
1214 includes, but is not limited to, inspection and copying pursuant
1215 to this paragraph. Any insurer that requests documentation or
1216 information pertaining to reasonableness of charges or medical
1217 necessity under this paragraph without a reasonable basis for
1218 such requests as a general business practice is engaging in an
1219 unfair trade practice under the insurance code.

1220 (c) In the event of any dispute regarding an insurer's
1221 right to discovery of facts under this section, the insurer may
1222 petition a court of competent jurisdiction to enter an order
1223 permitting such discovery. The order may be made only on motion
1224 for good cause shown and upon notice to all persons having an
1225 interest, and it shall specify the time, place, manner,
1226 conditions, and scope of the discovery. Such court may, in order
1227 to protect against annoyance, embarrassment, or oppression, as
1228 justice requires, enter an order refusing discovery or
1229 specifying conditions of discovery and may order payments of
1230 costs and expenses of the proceeding, including reasonable fees
1231 for the appearance of attorneys at the proceedings, as justice
1232 requires.

1233 (d) The injured person shall be furnished, upon request, a
1234 copy of all information obtained by the insurer under the
1235 provisions of this section, and shall pay a reasonable charge,
1236 if required by the insurer.

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1237 (e) Notice to an insurer of the existence of a claim shall
1238 not be unreasonably withheld by an insured.

1239 (7) MENTAL AND PHYSICAL EXAMINATION OF INJURED PERSON;
1240 REPORTS.--

1241 (a) Whenever the mental or physical condition of an
1242 injured person covered by personal injury protection is material
1243 to any claim that has been or may be made for past or future
1244 personal injury protection insurance benefits, such person
1245 shall, upon the request of an insurer, submit to mental or
1246 physical examination by a physician or physicians. The costs of
1247 any examinations requested by an insurer shall be borne entirely
1248 by the insurer. Such examination shall be conducted within the
1249 municipality where the insured is receiving treatment, or in a
1250 location reasonably accessible to the insured, which, for
1251 purposes of this paragraph, means any location within the
1252 municipality in which the insured resides, or any location
1253 within 10 miles by road of the insured's residence, provided
1254 such location is within the county in which the insured resides.
1255 If the examination is to be conducted in a location reasonably
1256 accessible to the insured, and if there is no qualified
1257 physician to conduct the examination in a location reasonably
1258 accessible to the insured, then such examination shall be
1259 conducted in an area of the closest proximity to the insured's
1260 residence. Personal protection insurers are authorized to
1261 include reasonable provisions in personal injury protection
1262 insurance policies for mental and physical examination of those
1263 claiming personal injury protection insurance benefits. An
1264 insurer may not withdraw payment of a treating physician without
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1265 the consent of the injured person covered by the personal injury
1266 protection, unless the insurer first obtains a valid report by a
1267 Florida physician licensed under the same chapter as the
1268 treating physician whose treatment authorization is sought to be
1269 withdrawn, stating that treatment was not reasonable, related,
1270 or necessary. A valid report is one that is prepared and signed
1271 by the physician examining the injured person or reviewing the
1272 treatment records of the injured person and is factually
1273 supported by the examination and treatment records if reviewed
1274 and that has not been modified by anyone other than the
1275 physician. The physician preparing the report must be in active
1276 practice, unless the physician is physically disabled. Active
1277 practice means that during the 3 years immediately preceding the
1278 date of the physical examination or review of the treatment
1279 records the physician must have devoted professional time to the
1280 active clinical practice of evaluation, diagnosis, or treatment
1281 of medical conditions or to the instruction of students in an
1282 accredited health professional school or accredited residency
1283 program or a clinical research program that is affiliated with
1284 an accredited health professional school or teaching hospital or
1285 accredited residency program. The physician preparing a report
1286 at the request of an insurer and physicians rendering expert
1287 opinions on behalf of persons claiming medical benefits for
1288 personal injury protection, or on behalf of an insured through
1289 an attorney or another entity, shall maintain, for at least 3
1290 years, copies of all examination reports as medical records and
1291 shall maintain, for at least 3 years, records of all payments
1292 for the examinations and reports. Neither an insurer nor any
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1293 person acting at the direction of or on behalf of an insurer may
1294 materially change an opinion in a report prepared under this
1295 paragraph or direct the physician preparing the report to change
1296 such opinion. The denial of a payment as the result of such a
1297 changed opinion constitutes a material misrepresentation under
1298 s. 626.9541(1)(i)2.; however, this provision does not preclude
1299 the insurer from calling to the attention of the physician
1300 errors of fact in the report based upon information in the claim
1301 file.

1302 (b) If requested by the person examined, a party causing
1303 an examination to be made shall deliver to him or her a copy of
1304 every written report concerning the examination rendered by an
1305 examining physician, at least one of which reports must set out
1306 the examining physician's findings and conclusions in detail.
1307 After such request and delivery, the party causing the
1308 examination to be made is entitled, upon request, to receive
1309 from the person examined every written report available to him
1310 or her or his or her representative concerning any examination,
1311 previously or thereafter made, of the same mental or physical
1312 condition. By requesting and obtaining a report of the
1313 examination so ordered, or by taking the deposition of the
1314 examiner, the person examined waives any privilege he or she may
1315 have, in relation to the claim for benefits, regarding the
1316 testimony of every other person who has examined, or may
1317 thereafter examine, him or her in respect to the same mental or
1318 physical condition. If a person unreasonably refuses to submit
1319 to an examination, the personal injury protection carrier is no

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1320 longer liable for subsequent personal injury protection
1321 benefits.

1322 (8) APPLICABILITY OF PROVISION REGULATING ATTORNEY'S
1323 FEES.--With respect to any dispute under the provisions of ss.
1324 627.730-627.7405 between the insured and the insurer, or between
1325 an assignee of an insured's rights and the insurer, the
1326 provisions of s. 627.428 shall apply, except as provided in
1327 subsection (10) ~~(11)~~.

1328 ~~(9)(a) Each insurer which has issued a policy providing~~
1329 ~~personal injury protection benefits shall report the renewal,~~
1330 ~~cancellation, or nonrenewal thereof to the Department of Highway~~
1331 ~~Safety and Motor Vehicles within 45 days from the effective date~~
1332 ~~of the renewal, cancellation, or nonrenewal. Upon the issuance~~
1333 ~~of a policy providing personal injury protection benefits to a~~
1334 ~~named insured not previously insured by the insurer thereof~~
1335 ~~during that calendar year, the insurer shall report the issuance~~
1336 ~~of the new policy to the Department of Highway Safety and Motor~~
1337 ~~Vehicles within 30 days. The report shall be in such form and~~
1338 ~~format and contain such information as may be required by the~~
1339 ~~Department of Highway Safety and Motor Vehicles which shall~~
1340 ~~include a format compatible with the data processing~~
1341 ~~capabilities of said department, and the Department of Highway~~
1342 ~~Safety and Motor Vehicles is authorized to adopt rules necessary~~
1343 ~~with respect thereto. Failure by an insurer to file proper~~
1344 ~~reports with the Department of Highway Safety and Motor Vehicles~~
1345 ~~as required by this subsection or rules adopted with respect to~~
1346 ~~the requirements of this subsection constitutes a violation of~~
1347 ~~the Florida Insurance Code. Reports of cancellations and policy~~
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1348 ~~renewals and reports of the issuance of new policies received by~~
1349 ~~the Department of Highway Safety and Motor Vehicles are~~
1350 ~~confidential and exempt from the provisions of s. 119.07(1).~~
1351 ~~These records are to be used for enforcement and regulatory~~
1352 ~~purposes only, including the generation by the department of~~
1353 ~~data regarding compliance by owners of motor vehicles with~~
1354 ~~financial responsibility coverage requirements. In addition, the~~
1355 ~~Department of Highway Safety and Motor Vehicles shall release,~~
1356 ~~upon a written request by a person involved in a motor vehicle~~
1357 ~~accident, by the person's attorney, or by a representative of~~
1358 ~~the person's motor vehicle insurer, the name of the insurance~~
1359 ~~company and the policy number for the policy covering the~~
1360 ~~vehicle named by the requesting party. The written request must~~
1361 ~~include a copy of the appropriate accident form as provided in~~
1362 ~~s. 316.065, s. 316.066, or s. 316.068.~~

1363 ~~(b) Every insurer with respect to each insurance policy~~
1364 ~~providing personal injury protection benefits shall notify the~~
1365 ~~named insured or in the case of a commercial fleet policy, the~~
1366 ~~first named insured in writing that any cancellation or~~
1367 ~~nonrenewal of the policy will be reported by the insurer to the~~
1368 ~~Department of Highway Safety and Motor Vehicles. The notice~~
1369 ~~shall also inform the named insured that failure to maintain~~
1370 ~~personal injury protection and property damage liability~~
1371 ~~insurance on a motor vehicle when required by law may result in~~
1372 ~~the loss of registration and driving privileges in this state,~~
1373 ~~and the notice shall inform the named insured of the amount of~~
1374 ~~the reinstatement fees required by s. 627.733(7). This notice~~

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1375 ~~is for informational purposes only, and no civil liability shall~~
1376 ~~attach to an insurer due to failure to provide this notice.~~

1377 (9)~~(10)~~ An insurer may negotiate and enter into contracts
1378 with licensed health care providers for the benefits described
1379 in this section, referred to in this section as "preferred
1380 providers," which shall include health care providers licensed
1381 under chapters 458, 459, 460, 461, and 463. The insurer may
1382 provide an option to an insured to use a preferred provider at
1383 the time of purchase of the policy for personal injury
1384 protection benefits, if the requirements of this subsection are
1385 met. If the insured elects to use a provider who is not a
1386 preferred provider, whether the insured purchased a preferred
1387 provider policy or a nonpreferred provider policy, the medical
1388 benefits provided by the insurer shall be as required by this
1389 section. If the insured elects to use a provider who is a
1390 preferred provider, the insurer may pay medical benefits in
1391 excess of the benefits required by this section and may waive or
1392 lower the amount of any deductible that applies to such medical
1393 benefits. If the insurer offers a preferred provider policy to a
1394 policyholder or applicant, it must also offer a nonpreferred
1395 provider policy. The insurer shall provide each policyholder
1396 with a current roster of preferred providers in the county in
1397 which the insured resides at the time of purchase of such
1398 policy, and shall make such list available for public inspection
1399 during regular business hours at the principal office of the
1400 insurer within the state.

1401 (10)~~(11)~~ DEMAND LETTER.--

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1402 (a) As a condition precedent to filing any action for
1403 benefits under this section, the insurer must be provided with
1404 written notice of an intent to initiate litigation. Such notice
1405 may not be sent until the claim is overdue, including any
1406 additional time the insurer has to pay the claim pursuant to
1407 paragraph (4) (b).

1408 (b) The notice required shall state that it is a "demand
1409 letter under s. 627.736 (10) ~~(11)~~" and shall state with
1410 specificity:

1411 1. The name of the insured upon which such benefits are
1412 being sought, including a copy of the assignment giving rights
1413 to the claimant if the claimant is not the insured.

1414 2. The claim number or policy number upon which such claim
1415 was originally submitted to the insurer.

1416 3. To the extent applicable, the name of any medical
1417 provider who rendered to an insured the treatment, services,
1418 accommodations, or supplies that form the basis of such claim;
1419 and an itemized statement specifying each exact amount, the date
1420 of treatment, service, or accommodation, and the type of benefit
1421 claimed to be due. A completed form satisfying the requirements
1422 of paragraph (5) (d) or the lost-wage statement previously
1423 submitted may be used as the itemized statement. To the extent
1424 that the demand involves an insurer's withdrawal of payment
1425 under paragraph (7) (a) for future treatment not yet rendered,
1426 the claimant shall attach a copy of the insurer's notice
1427 withdrawing such payment and an itemized statement of the type,
1428 frequency, and duration of future treatment claimed to be
1429 reasonable and medically necessary.

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1430 (c) Each notice required by this subsection must be
1431 delivered to the insurer by United States certified or
1432 registered mail, return receipt requested. Such postal costs
1433 shall be reimbursed by the insurer if so requested by the
1434 claimant in the notice, when the insurer pays the claim. Such
1435 notice must be sent to the person and address specified by the
1436 insurer for the purposes of receiving notices under this
1437 subsection. Each licensed insurer, whether domestic, foreign, or
1438 alien, shall file with the office designation of the name and
1439 address of the person to whom notices pursuant to this
1440 subsection shall be sent which the office shall make available
1441 on its Internet website. The name and address on file with the
1442 office pursuant to s. 624.422 shall be deemed the authorized
1443 representative to accept notice pursuant to this subsection in
1444 the event no other designation has been made.

1445 (d) If, within 15 days after receipt of notice by the
1446 insurer, the overdue claim specified in the notice is paid by
1447 the insurer together with applicable interest and a penalty of
1448 10 percent of the overdue amount paid by the insurer, subject to
1449 a maximum penalty of \$250, no action may be brought against the
1450 insurer. If the demand involves an insurer's withdrawal of
1451 payment under paragraph (7) (a) for future treatment not yet
1452 rendered, no action may be brought against the insurer if,
1453 within 15 days after its receipt of the notice, the insurer
1454 mails to the person filing the notice a written statement of the
1455 insurer's agreement to pay for such treatment in accordance with
1456 the notice and to pay a penalty of 10 percent, subject to a
1457 maximum penalty of \$250, when it pays for such future treatment

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1458 in accordance with the requirements of this section. To the
1459 extent the insurer determines not to pay any amount demanded,
1460 the penalty shall not be payable in any subsequent action. For
1461 purposes of this subsection, payment or the insurer's agreement
1462 shall be treated as being made on the date a draft or other
1463 valid instrument that is equivalent to payment, or the insurer's
1464 written statement of agreement, is placed in the United States
1465 mail in a properly addressed, postpaid envelope, or if not so
1466 posted, on the date of delivery. The insurer shall not be
1467 obligated to pay any attorney's fees if the insurer pays the
1468 claim or mails its agreement to pay for future treatment within
1469 the time prescribed by this subsection.

1470 (e) The applicable statute of limitation for an action
1471 under this section shall be tolled for a period of 15 business
1472 days by the mailing of the notice required by this subsection.

1473 (f) Any insurer making a general business practice of not
1474 paying valid claims until receipt of the notice required by this
1475 subsection is engaging in an unfair trade practice under the
1476 insurance code.

1477 ~~(11)-(12)~~ CIVIL ACTION FOR INSURANCE FRAUD.--An insurer
1478 shall have a cause of action against any person convicted of, or
1479 who, regardless of adjudication of guilt, pleads guilty or nolo
1480 contendere to insurance fraud under s. 817.234, patient
1481 brokering under s. 817.505, or kickbacks under s. 456.054,
1482 associated with a claim for personal injury protection benefits
1483 in accordance with this section. An insurer prevailing in an
1484 action brought under this subsection may recover compensatory,
1485 consequential, and punitive damages subject to the requirements

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1486 and limitations of part II of chapter 768, and attorney's fees
1487 and costs incurred in litigating a cause of action against any
1488 person convicted of, or who, regardless of adjudication of
1489 guilt, pleads guilty or nolo contendere to insurance fraud under
1490 s. 817.234, patient brokering under s. 817.505, or kickbacks
1491 under s. 456.054, associated with a claim for personal injury
1492 protection benefits in accordance with this section.

1493 (12)~~(13)~~ MINIMUM BENEFIT COVERAGE.--If the Financial
1494 Services Commission determines that the cost savings under
1495 personal injury protection insurance benefits paid by insurers
1496 have been realized due to the provisions of this act, prior
1497 legislative reforms, or other factors, the commission may
1498 increase the minimum \$10,000 benefit coverage requirement. In
1499 establishing the amount of such increase, the commission must
1500 determine that the additional premium for such coverage is
1501 approximately equal to the premium cost savings that have been
1502 realized for the personal injury protection coverage with limits
1503 of \$10,000.

1504 (13)~~(14)~~ FRAUD ADVISORY NOTICE.--Upon receiving notice of
1505 a claim under this section, an insurer shall provide a notice to
1506 the insured or to a person for whom a claim for reimbursement
1507 for diagnosis or treatment of injuries has been filed, advising
1508 that:

1509 (a) Pursuant to s. 626.9892, the Department of Financial
1510 Services may pay rewards of up to \$25,000 to persons providing
1511 information leading to the arrest and conviction of persons
1512 committing crimes investigated by the Division of Insurance

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1513 Fraud arising from violations of s. 440.105, s. 624.15, s.
1514 626.9541, s. 626.989, or s. 817.234.

1515 (b) Solicitation of a person injured in a motor vehicle
1516 crash for purposes of filing personal injury protection or tort
1517 claims could be a violation of s. 817.234, s. 817.505, or the
1518 rules regulating The Florida Bar and should be immediately
1519 reported to the Division of Insurance Fraud if such conduct has
1520 taken place.

1521 Section 14. Notwithstanding the repeal of the Florida
1522 Motor Vehicle No-Fault Law, which occurred on October 1, 2007,
1523 section 627.737, Florida Statutes, is revived and reenacted to
1524 read:

1525 627.737 Tort exemption; limitation on right to damages;
1526 punitive damages.--

1527 (1) Every owner, registrant, operator, or occupant of a
1528 motor vehicle with respect to which security has been provided
1529 as required by ss. 627.730-627.7405, and every person or
1530 organization legally responsible for her or his acts or
1531 omissions, is hereby exempted from tort liability for damages
1532 because of bodily injury, sickness, or disease arising out of
1533 the ownership, operation, maintenance, or use of such motor
1534 vehicle in this state to the extent that the benefits described
1535 in s. 627.736(1) are payable for such injury, or would be
1536 payable but for any exclusion authorized by ss. 627.730-
1537 627.7405, under any insurance policy or other method of security
1538 complying with the requirements of s. 627.733, or by an owner
1539 personally liable under s. 627.733 for the payment of such
1540 benefits, unless a person is entitled to maintain an action for
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1541 pain, suffering, mental anguish, and inconvenience for such
1542 injury under the provisions of subsection (2).

1543 (2) In any action of tort brought against the owner,
1544 registrant, operator, or occupant of a motor vehicle with
1545 respect to which security has been provided as required by ss.
1546 627.730-627.7405, or against any person or organization legally
1547 responsible for her or his acts or omissions, a plaintiff may
1548 recover damages in tort for pain, suffering, mental anguish, and
1549 inconvenience because of bodily injury, sickness, or disease
1550 arising out of the ownership, maintenance, operation, or use of
1551 such motor vehicle only in the event that the injury or disease
1552 consists in whole or in part of:

1553 (a) Significant and permanent loss of an important bodily
1554 function.

1555 (b) Permanent injury within a reasonable degree of medical
1556 probability, other than scarring or disfigurement.

1557 (c) Significant and permanent scarring or disfigurement.

1558 (d) Death.

1559 (3) When a defendant, in a proceeding brought pursuant to
1560 ss. 627.730-627.7405, questions whether the plaintiff has met
1561 the requirements of subsection (2), then the defendant may file
1562 an appropriate motion with the court, and the court shall, on a
1563 one-time basis only, 30 days before the date set for the trial
1564 or the pretrial hearing, whichever is first, by examining the
1565 pleadings and the evidence before it, ascertain whether the
1566 plaintiff will be able to submit some evidence that the
1567 plaintiff will meet the requirements of subsection (2). If the
1568 court finds that the plaintiff will not be able to submit such
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1569 evidence, then the court shall dismiss the plaintiff's claim
1570 without prejudice.

1571 (4) In any action brought against an automobile liability
1572 insurer for damages in excess of its policy limits, no claim for
1573 punitive damages shall be allowed.

1574 Section 15. Notwithstanding the repeal of the Florida
1575 Motor Vehicle No-Fault Law, which occurred on October 1, 2007,
1576 section 627.739, Florida Statutes, is revived and reenacted to
1577 read:

1578 627.739 Personal injury protection; optional limitations;
1579 deductibles.--

1580 (1) The named insured may elect a deductible or modified
1581 coverage or combination thereof to apply to the named insured
1582 alone or to the named insured and dependent relatives residing
1583 in the same household, but may not elect a deductible or
1584 modified coverage to apply to any other person covered under the
1585 policy.

1586 (2) Insurers shall offer to each applicant and to each
1587 policyholder, upon the renewal of an existing policy,
1588 deductibles, in amounts of \$250, \$500, and \$1,000. The
1589 deductible amount must be applied to 100 percent of the expenses
1590 and losses described in s. 627.736. After the deductible is met,
1591 each insured is eligible to receive up to \$10,000 in total
1592 benefits described in s. 627.736(1). However, this subsection
1593 shall not be applied to reduce the amount of any benefits
1594 received in accordance with s. 627.736(1)(c).

1595 (3) Insurers shall offer coverage wherein, at the election
1596 of the named insured, the benefits for loss of gross income and
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1597 | loss of earning capacity described in s. 627.736(1)(b) shall be
1598 | excluded.

1599 | (4) The named insured shall not be prevented from electing
1600 | a deductible under subsection (2) and modified coverage under
1601 | subsection (3). Each election made by the named insured under
1602 | this section shall result in an appropriate reduction of premium
1603 | associated with that election.

1604 | (5) All such offers shall be made in clear and unambiguous
1605 | language at the time the initial application is taken and prior
1606 | to each annual renewal and shall indicate that a premium
1607 | reduction will result from each election. At the option of the
1608 | insurer, the requirements of the preceding sentence are met by
1609 | using forms of notice approved by the office, or by providing
1610 | the following notice in 10-point type in the insurer's
1611 | application for initial issuance of a policy of motor vehicle
1612 | insurance and the insurer's annual notice of renewal premium:

1613 | For personal injury protection insurance, the named insured may
1614 | elect a deductible and to exclude coverage for loss of gross
1615 | income and loss of earning capacity ("lost wages"). These
1616 | elections apply to the named insured alone, or to the named
1617 | insured and all dependent resident relatives. A premium
1618 | reduction will result from these elections. The named insured is
1619 | hereby advised not to elect the lost wage exclusion if the named
1620 | insured or dependent resident relatives are employed, since lost
1621 | wages will not be payable in the event of an accident.

1622 | Section 16. Notwithstanding the repeal of the Florida
1623 | Motor Vehicle No-Fault Law, which occurred on October 1, 2007,

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1624 section 627.7401, Florida Statutes, is revived and reenacted to
1625 read:

1626 627.7401 Notification of insured's rights.--

1627 (1) The commission, by rule, shall adopt a form for the
1628 notification of insureds of their right to receive personal
1629 injury protection benefits under the Florida Motor Vehicle No-
1630 Fault Law. Such notice shall include:

1631 (a) A description of the benefits provided by personal
1632 injury protection, including, but not limited to, the specific
1633 types of services for which medical benefits are paid,
1634 disability benefits, death benefits, significant exclusions from
1635 and limitations on personal injury protection benefits, when
1636 payments are due, how benefits are coordinated with other
1637 insurance benefits that the insured may have, penalties and
1638 interest that may be imposed on insurers for failure to make
1639 timely payments of benefits, and rights of parties regarding
1640 disputes as to benefits.

1641 (b) An advisory informing insureds that:

1642 1. Pursuant to s. 626.9892, the Department of Financial
1643 Services may pay rewards of up to \$25,000 to persons providing
1644 information leading to the arrest and conviction of persons
1645 committing crimes investigated by the Division of Insurance
1646 Fraud arising from violations of s. 440.105, s. 624.15, s.
1647 626.9541, s. 626.989, or s. 817.234.

1648 2. Pursuant to s. 627.736(5)(e)1., if the insured notifies
1649 the insurer of a billing error, the insured may be entitled to a
1650 certain percentage of a reduction in the amount paid by the
1651 insured's motor vehicle insurer.

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1652 (c) A notice that solicitation of a person injured in a
1653 motor vehicle crash for purposes of filing personal injury
1654 protection or tort claims could be a violation of s. 817.234, s
1655 817.505, or the rules regulating The Florida Bar and should be
1656 immediately reported to the Division of Insurance Fraud if such
1657 conduct has taken place.

1658 (2) Each insurer issuing a policy in this state providing
1659 personal injury protection benefits must mail or deliver the
1660 notice as specified in subsection (1) to an insured within 21
1661 days after receiving from the insured notice of an automobile
1662 accident or claim involving personal injury to an insured who is
1663 covered under the policy. The office may allow an insurer
1664 additional time to provide the notice specified in subsection
1665 (1) not to exceed 30 days, upon a showing by the insurer that an
1666 emergency justifies an extension of time.

1667 (3) The notice required by this section does not alter or
1668 modify the terms of the insurance contract or other requirements
1669 of this act.

1670 Section 17. Notwithstanding the repeal of the Florida
1671 Motor Vehicle No-Fault Law, which occurred on October 1, 2007,
1672 section 627.7403, Florida Statutes, is revived and reenacted to
1673 read:

1674 627.7403 Mandatory joinder of derivative claim.--In any
1675 action brought pursuant to the provisions of s. 627.737 claiming
1676 personal injuries, all claims arising out of the plaintiff's
1677 injuries, including all derivative claims, shall be brought
1678 together, unless good cause is shown why such claims should be
1679 brought separately.

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1680 Section 18. Notwithstanding the repeal of the Florida
1681 Motor Vehicle No-Fault Law, which occurred on October 1, 2007,
1682 section 627.7405, Florida Statutes, is revived and reenacted to
1683 read:

1684 627.7405 Insurers' right of
1685 reimbursement.--Notwithstanding any other provisions of ss.
1686 627.730-627.7405, any insurer providing personal injury
1687 protection benefits on a private passenger motor vehicle shall
1688 have, to the extent of any personal injury protection benefits
1689 paid to any person as a benefit arising out of such private
1690 passenger motor vehicle insurance, a right of reimbursement
1691 against the owner or the insurer of the owner of a commercial
1692 motor vehicle, if the benefits paid result from such person
1693 having been an occupant of the commercial motor vehicle or
1694 having been struck by the commercial motor vehicle while not an
1695 occupant of any self-propelled vehicle.

1696 Section 19. This act revives and reenacts, with
1697 amendments, the Florida Motor Vehicle No-Fault Law, which
1698 expired by operation of law on October 1, 2007. This act is
1699 intended to be remedial and curative in nature and to minimize
1700 confusion concerning the changes made by this act to ss.
1701 627.730-627.7405, Florida Statutes. Therefore, the Florida Motor
1702 Vehicle No-Fault Law shall continue to be codified as ss.
1703 627.730-627.7405, Florida Statutes, notwithstanding the repeal
1704 of those sections contained in s. 19, chapter 2003-411, Laws of
1705 Florida.

1706 Section 20. Subsections (1) and (4), paragraphs (a), (b),
1707 and (c) of subsection (5), subsection (8), and paragraphs (d)
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1708 and (e) of subsection (10) of section 627.736, Florida Statutes,
1709 as reenacted and amended by this act, are amended, subsections
1710 (11), (12), and (13) of that section, as reenacted and amended
1711 by this act, are renumbered as subsections (12), (13), and (14),
1712 respectively, and a new subsection (11) and subsections (15) and
1713 (16) are added to that section, to read:

1714 627.736 Required personal injury protection benefits;
1715 exclusions; priority; claims.--

1716 (1) REQUIRED BENEFITS.--Every insurance policy complying
1717 with the security requirements of s. 627.733 shall provide
1718 personal injury protection to the named insured, relatives
1719 residing in the same household, persons operating the insured
1720 motor vehicle, passengers in such motor vehicle, and other
1721 persons struck by such motor vehicle and suffering bodily injury
1722 while not an occupant of a self-propelled vehicle, subject to
1723 the provisions of subsection (2) and paragraph (4) (e)~~(d)~~, to a
1724 limit of \$10,000 for loss sustained by any such person as a
1725 result of bodily injury, sickness, disease, or death arising out
1726 of the ownership, maintenance, or use of a motor vehicle as
1727 follows:

1728 (a) Medical benefits.--Eighty percent of all reasonable
1729 expenses for medically necessary medical, surgical, X-ray,
1730 dental, and rehabilitative services, including prosthetic
1731 devices, and medically necessary ambulance, hospital, and
1732 nursing services. However, the medical benefits shall provide
1733 reimbursement only for such services and care that are lawfully
1734 provided, supervised, ordered, or prescribed by a physician
1735 licensed under chapter 458 or chapter 459, a dentist licensed

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1736 under chapter 466, or a chiropractic physician licensed under
1737 chapter 460 or that are provided by any of the following persons
1738 or entities:

1739 1. A hospital or ambulatory surgical center licensed under
1740 chapter 395.

1741 2. A person or entity licensed under ss. 401.2101-401.45
1742 that provides emergency transportation and treatment.

1743 3. An entity wholly owned by one or more physicians
1744 licensed under chapter 458 or chapter 459, chiropractic
1745 physicians licensed under chapter 460, or dentists licensed
1746 under chapter 466 or by such practitioner or practitioners and
1747 the spouse, parent, child, or sibling of that practitioner or
1748 those practitioners.

1749 4. An entity wholly owned, directly or indirectly, by a
1750 hospital or hospitals.

1751 5. A health care clinic licensed under ss. 400.990-400.995
1752 that is:

1753 a. Accredited by the Joint Commission on Accreditation of
1754 Healthcare Organizations, the American Osteopathic Association,
1755 the Commission on Accreditation of Rehabilitation Facilities, or
1756 the Accreditation Association for Ambulatory Health Care, Inc.;

1757 or

1758 b. A health care clinic that:

1759 (I) Has a medical director licensed under chapter 458,
1760 chapter 459, or chapter 460;

1761 (II) Has been continuously licensed for more than 3 years
1762 or is a publicly traded corporation that issues securities
1763 traded on an exchange registered with the United States

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1764 Securities and Exchange Commission as a national securities
1765 exchange; and

1766 (III) Provides at least four of the following medical
1767 specialties:

1768 (A) General medicine.

1769 (B) Radiography.

1770 (C) Orthopedic medicine.

1771 (D) Physical medicine.

1772 (E) Physical therapy.

1773 (F) Physical rehabilitation.

1774 (G) Prescribing or dispensing outpatient prescription
1775 medication.

1776 (H) Laboratory services.

1777

1778 The Financial Services Commission shall adopt by rule the form
1779 that must be used by an insurer and a health care provider
1780 specified in subparagraph 3., subparagraph 4., or subparagraph
1781 5. to document that the health care provider meets the criteria
1782 of this paragraph, which rule must include a requirement for a
1783 sworn statement or affidavit ~~Such benefits shall also include~~
1784 ~~necessary remedial treatment and services recognized and~~
1785 ~~permitted under the laws of the state for an injured person who~~
1786 ~~relies upon spiritual means through prayer alone for healing, in~~
1787 ~~accordance with his or her religious beliefs; however, this~~
1788 ~~sentence does not affect the determination of what other~~
1789 ~~services or procedures are medically necessary.~~

1790 (b) Disability benefits.--Sixty percent of any loss of
1791 gross income and loss of earning capacity per individual from
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1792 inability to work proximately caused by the injury sustained by
1793 the injured person, plus all expenses reasonably incurred in
1794 obtaining from others ordinary and necessary services in lieu of
1795 those that, but for the injury, the injured person would have
1796 performed without income for the benefit of his or her
1797 household. All disability benefits payable under this provision
1798 shall be paid not less than every 2 weeks.

1799 (c) Death benefits.--Death benefits equal to the lesser of
1800 \$5,000 or the remainder of unused personal injury protection
1801 benefits per individual. The insurer may pay such benefits to
1802 the executor or administrator of the deceased, to any of the
1803 deceased's relatives by blood or legal adoption or connection by
1804 marriage, or to any person appearing to the insurer to be
1805 equitably entitled thereto.

1806
1807 Only insurers writing motor vehicle liability insurance in this
1808 state may provide the required benefits of this section, and no
1809 such insurer shall require the purchase of any other motor
1810 vehicle coverage other than the purchase of property damage
1811 liability coverage as required by s. 627.7275 as a condition for
1812 providing such required benefits. Insurers may not require that
1813 property damage liability insurance in an amount greater than
1814 \$10,000 be purchased in conjunction with personal injury
1815 protection. Such insurers shall make benefits and required
1816 property damage liability insurance coverage available through
1817 normal marketing channels. Any insurer writing motor vehicle
1818 liability insurance in this state who fails to comply with such
1819 availability requirement as a general business practice shall be
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1820 deemed to have violated part IX of chapter 626, and such
1821 violation shall constitute an unfair method of competition or an
1822 unfair or deceptive act or practice involving the business of
1823 insurance; and any such insurer committing such violation shall
1824 be subject to the penalties afforded in such part, as well as
1825 those which may be afforded elsewhere in the insurance code.

1826 (4) BENEFITS; WHEN DUE.--Benefits due from an insurer
1827 under ss. 627.730-627.7405 shall be primary, except that
1828 benefits received under any workers' compensation law shall be
1829 credited against the benefits provided by subsection (1) and
1830 shall be due and payable as loss accrues, upon receipt of
1831 reasonable proof of such loss and the amount of expenses and
1832 loss incurred which are covered by the policy issued under ss.
1833 627.730-627.7405. When the Agency for Health Care Administration
1834 provides, pays, or becomes liable for medical assistance under
1835 the Medicaid program related to injury, sickness, disease, or
1836 death arising out of the ownership, maintenance, or use of a
1837 motor vehicle, benefits under ss. 627.730-627.7405 shall be
1838 subject to the provisions of the Medicaid program.

1839 (a) An insurer may require written notice to be given as
1840 soon as practicable after an accident involving a motor vehicle
1841 with respect to which the policy affords the security required
1842 by ss. 627.730-627.7405.

1843 (b) Personal injury protection insurance benefits paid
1844 pursuant to this section shall be overdue if not paid within 30
1845 days after the insurer is furnished written notice of the fact
1846 of a covered loss and of the amount of same. If such written
1847 notice is not furnished to the insurer as to the entire claim,

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1848 any partial amount supported by written notice is overdue if not
1849 paid within 30 days after such written notice is furnished to
1850 the insurer. Any part or all of the remainder of the claim that
1851 is subsequently supported by written notice is overdue if not
1852 paid within 30 days after such written notice is furnished to
1853 the insurer. When an insurer pays only a portion of a claim or
1854 rejects a claim, the insurer shall provide at the time of the
1855 partial payment or rejection an itemized specification of each
1856 item that the insurer had reduced, omitted, or declined to pay
1857 and any information that the insurer desires the claimant to
1858 consider related to the medical necessity of the denied
1859 treatment or to explain the reasonableness of the reduced
1860 charge, provided that this shall not limit the introduction of
1861 evidence at trial; and the insurer shall include the name and
1862 address of the person to whom the claimant should respond and a
1863 claim number to be referenced in future correspondence. However,
1864 notwithstanding the fact that written notice has been furnished
1865 to the insurer, any payment shall not be deemed overdue when the
1866 insurer has reasonable proof to establish that the insurer is
1867 not responsible for the payment. For the purpose of calculating
1868 the extent to which any benefits are overdue, payment shall be
1869 treated as being made on the date a draft or other valid
1870 instrument which is equivalent to payment was placed in the
1871 United States mail in a properly addressed, postpaid envelope
1872 or, if not so posted, on the date of delivery. This paragraph
1873 does not preclude or limit the ability of the insurer to assert
1874 that the claim was unrelated, was not medically necessary, or
1875 was unreasonable or that the amount of the charge was in excess
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1876 of that permitted under, or in violation of, subsection (5).
1877 Such assertion by the insurer may be made at any time, including
1878 after payment of the claim or after the 30-day time period for
1879 payment set forth in this paragraph.

1880 (c) Upon receiving notice of an accident that is
1881 potentially covered by personal injury protection benefits, the
1882 insurer must reserve \$5,000 of personal injury protection
1883 benefits for payment to physicians licensed under chapter 458 or
1884 chapter 459 or dentists licensed under chapter 466 who provide
1885 emergency services and care, as defined in s. 395.002(9), or who
1886 provide hospital inpatient care. The amount required to be held
1887 in reserve may be used only to pay claims from such physicians
1888 or dentists until 30 days after the date the insurer receives
1889 notice of the accident. After the 30-day period, any amount of
1890 the reserve for which the insurer has not received notice of a
1891 claim from a physician or dentist who provided emergency
1892 services and care or who provided hospital inpatient care may
1893 then be used by the insurer to pay other claims. The time
1894 periods specified in paragraph (b) for required payment of
1895 personal injury protection benefits shall be tolled for the
1896 period of time that an insurer is required by this paragraph to
1897 hold payment of a claim that is not from a physician or dentist
1898 who provided emergency services and care or who provided
1899 hospital inpatient care to the extent that the personal injury
1900 protection benefits not held in reserve are insufficient to pay
1901 the claim. This paragraph does not require an insurer to
1902 establish a claim reserve for insurance accounting purposes.

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1903 | ~~(d)~~(e) All overdue payments shall bear simple interest at
1904 | the rate established under s. 55.03 or the rate established in
1905 | the insurance contract, whichever is greater, for the year in
1906 | which the payment became overdue, calculated from the date the
1907 | insurer was furnished with written notice of the amount of
1908 | covered loss. Interest shall be due at the time payment of the
1909 | overdue claim is made.

1910 | ~~(e)~~(d) The insurer of the owner of a motor vehicle shall
1911 | pay personal injury protection benefits for:

1912 | 1. Accidental bodily injury sustained in this state by the
1913 | owner while occupying a motor vehicle, or while not an occupant
1914 | of a self-propelled vehicle if the injury is caused by physical
1915 | contact with a motor vehicle.

1916 | 2. Accidental bodily injury sustained outside this state,
1917 | but within the United States of America or its territories or
1918 | possessions or Canada, by the owner while occupying the owner's
1919 | motor vehicle.

1920 | 3. Accidental bodily injury sustained by a relative of the
1921 | owner residing in the same household, under the circumstances
1922 | described in subparagraph 1. or subparagraph 2., provided the
1923 | relative at the time of the accident is domiciled in the owner's
1924 | household and is not himself or herself the owner of a motor
1925 | vehicle with respect to which security is required under ss.
1926 | 627.730-627.7405.

1927 | 4. Accidental bodily injury sustained in this state by any
1928 | other person while occupying the owner's motor vehicle or, if a
1929 | resident of this state, while not an occupant of a self-
1930 | propelled vehicle, if the injury is caused by physical contact
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1931 with such motor vehicle, provided the injured person is not
1932 himself or herself:

1933 a. The owner of a motor vehicle with respect to which
1934 security is required under ss. 627.730-627.7405; or

1935 b. Entitled to personal injury benefits from the insurer
1936 of the owner or owners of such a motor vehicle.

1937 ~~(f)(e)~~ If two or more insurers are liable to pay personal
1938 injury protection benefits for the same injury to any one
1939 person, the maximum payable shall be as specified in subsection
1940 (1), and any insurer paying the benefits shall be entitled to
1941 recover from each of the other insurers an equitable pro rata
1942 share of the benefits paid and expenses incurred in processing
1943 the claim.

1944 ~~(g)(f)~~ It is a violation of the insurance code for an
1945 insurer to fail to timely provide benefits as required by this
1946 section with such frequency as to constitute a general business
1947 practice.

1948 ~~(h)(g)~~ Benefits shall not be due or payable to or on the
1949 behalf of an insured person if that person has committed, by a
1950 material act or omission, any insurance fraud relating to
1951 personal injury protection coverage under his or her policy, if
1952 the fraud is admitted to in a sworn statement by the insured or
1953 if it is established in a court of competent jurisdiction. Any
1954 insurance fraud shall void all coverage arising from the claim
1955 related to such fraud under the personal injury protection
1956 coverage of the insured person who committed the fraud,
1957 irrespective of whether a portion of the insured person's claim
1958 may be legitimate, and any benefits paid prior to the discovery
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1959 of the insured person's insurance fraud shall be recoverable by
1960 the insurer from the person who committed insurance fraud in
1961 their entirety. The prevailing party is entitled to its costs
1962 and attorney's fees in any action in which it prevails in an
1963 insurer's action to enforce its right of recovery under this
1964 paragraph.

1965 (5) CHARGES FOR TREATMENT OF INJURED PERSONS.--

1966 (a)1. Any physician, hospital, clinic, or other person or
1967 institution lawfully rendering treatment to an injured person
1968 for a bodily injury covered by personal injury protection
1969 insurance may charge the insurer and injured party only a
1970 reasonable amount pursuant to this section for the services and
1971 supplies rendered, and the insurer providing such coverage may
1972 pay for such charges directly to such person or institution
1973 lawfully rendering such treatment, if the insured receiving such
1974 treatment or his or her guardian has countersigned the properly
1975 completed invoice, bill, or claim form approved by the office
1976 upon which such charges are to be paid for as having actually
1977 been rendered, to the best knowledge of the insured or his or
1978 her guardian. In no event, however, may such a charge be in
1979 excess of the amount the person or institution customarily
1980 charges for like services or supplies. With respect to a
1981 determination of whether a charge for a particular service,
1982 treatment, or otherwise is reasonable, consideration may be
1983 given to evidence of usual and customary charges and payments
1984 accepted by the provider involved in the dispute, and
1985 reimbursement levels in the community and various federal and
1986 state medical fee schedules applicable to automobile and other
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1987 insurance coverages, and other information relevant to the
1988 reasonableness of the reimbursement for the service, treatment,
1989 or supply.

1990 2. The insurer may limit reimbursement to 80 percent of
1991 the following schedule of maximum charges:

1992 a. For emergency transport and treatment by providers
1993 licensed under chapter 401, 200 percent of Medicare.

1994 b. For emergency services and care provided by a hospital
1995 licensed under chapter 395, 75 percent of the hospital's usual
1996 and customary charges.

1997 c. For emergency services and care rendered by a physician
1998 or dentist and related hospital inpatient services rendered by a
1999 physician or dentist, the usual and customary charges in the
2000 community.

2001 d. For hospital inpatient services, other than emergency
2002 services and care, 200 percent of the Medicare Part A
2003 prospective payment applicable to the specific hospital
2004 providing the inpatient services.

2005 e. For hospital outpatient services, other than emergency
2006 services and care, 200 percent of the Medicare Part A Ambulatory
2007 Payment Classification for the specific hospital providing the
2008 outpatient services.

2009 f. For all other medical services, supplies, and care, 200
2010 percent of the applicable Medicare Part B fee schedule. However,
2011 if such services, supplies, or care are not reimbursable under
2012 Medicare Part B, the insurer may limit reimbursement to 80
2013 percent of the maximum reimbursable allowance under workers'
2014 compensation, as determined under s. 440.13 and rules adopted
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2015 thereunder which are in effect at the time such services,
2016 supplies, or care are provided. Services, supplies, or care that
2017 are not reimbursable under Medicare or workers' compensation are
2018 not required to be reimbursed by the insurer.

2019 3. For purposes of subparagraph 2., the applicable fee
2020 schedule or payment limitation under Medicare is the fee
2021 schedule or payment limitation in effect at the time the
2022 services, supplies, or care were rendered and for the area in
2023 which such services were rendered, except that it may not be
2024 less than the applicable Medicare Part B fee schedule for
2025 medical services, supplies, and care subject to Medicare Part B.

2026 4. Subparagraph 2. does not allow the insurer to apply any
2027 limitation on the number of treatments or other utilization
2028 limits that apply under Medicare or workers' compensation. An
2029 insurer that applies the allowable payment limitations of
2030 subparagraph 2. must reimburse a provider who lawfully provided
2031 care or treatment under the scope of his or her license,
2032 regardless of whether such provider would be entitled to
2033 reimbursement under Medicare due to restrictions or limitations
2034 on the types or discipline of health care providers who may be
2035 reimbursed for particular procedures or procedure codes.

2036 5. If an insurer limits payment as authorized by
2037 subparagraph 2., the person providing such services, supplies,
2038 or care may not bill or attempt to collect from the insured any
2039 amount in excess of such limits, except for amounts that are not
2040 covered by the insured's personal injury protection coverage due
2041 to the coinsurance amount or maximum policy limits.

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2042 (b)1. An insurer or insured is not required to pay a claim
2043 or charges:

2044 a. Made by a broker or by a person making a claim on
2045 behalf of a broker;

2046 b. For any service or treatment that was not lawful at the
2047 time rendered;

2048 c. To any person who knowingly submits a false or
2049 misleading statement relating to the claim or charges;

2050 d. With respect to a bill or statement that does not
2051 substantially meet the applicable requirements of paragraph (d);

2052 e. For any treatment or service that is upcoded, or that
2053 is unbundled when such treatment or services should be bundled,
2054 in accordance with paragraph (d). To facilitate prompt payment
2055 of lawful services, an insurer may change codes that it
2056 determines to have been improperly or incorrectly upcoded or
2057 unbundled, and may make payment based on the changed codes,
2058 without affecting the right of the provider to dispute the
2059 change by the insurer, provided that before doing so, the
2060 insurer must contact the health care provider and discuss the
2061 reasons for the insurer's change and the health care provider's
2062 reason for the coding, or make a reasonable good faith effort to
2063 do so, as documented in the insurer's file; and

2064 f. For medical services or treatment billed by a physician
2065 and not provided in a hospital unless such services are rendered
2066 by the physician or are incident to his or her professional
2067 services and are included on the physician's bill, including
2068 documentation verifying that the physician is responsible for
2069 the medical services that were rendered and billed.

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2070 ~~2. Charges for medically necessary cephalic thermograms,~~
2071 ~~peripheral thermograms, spinal ultrasounds, extremity~~
2072 ~~ultrasounds, video fluoroscopy, and surface electromyography~~
2073 ~~shall not exceed the maximum reimbursement allowance for such~~
2074 ~~procedures as set forth in the applicable fee schedule or other~~
2075 ~~payment methodology established pursuant to s. 440.13.~~

2076 ~~3. Allowable amounts that may be charged to a personal~~
2077 ~~injury protection insurance insurer and insured for medically~~
2078 ~~necessary nerve conduction testing when done in conjunction with~~
2079 ~~a needle electromyography procedure and both are performed and~~
2080 ~~billed solely by a physician licensed under chapter 458, chapter~~
2081 ~~459, chapter 460, or chapter 461 who is also certified by the~~
2082 ~~American Board of Electrodiagnostic Medicine or by a board~~
2083 ~~recognized by the American Board of Medical Specialties or the~~
2084 ~~American Osteopathic Association or who holds diplomate status~~
2085 ~~with the American Chiropractic Neurology Board or its~~
2086 ~~predecessors shall not exceed 200 percent of the allowable~~
2087 ~~amount under the participating physician fee schedule of~~
2088 ~~Medicare Part B for year 2001, for the area in which the~~
2089 ~~treatment was rendered, adjusted annually on August 1 to reflect~~
2090 ~~the prior calendar year's changes in the annual Medical Care~~
2091 ~~Item of the Consumer Price Index for All Urban Consumers in the~~
2092 ~~South Region as determined by the Bureau of Labor Statistics of~~
2093 ~~the United States Department of Labor.~~

2094 ~~4. Allowable amounts that may be charged to a personal~~
2095 ~~injury protection insurance insurer and insured for medically~~
2096 ~~necessary nerve conduction testing that does not meet the~~
2097 ~~requirements of subparagraph 3. shall not exceed the applicable~~
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2098 ~~fee schedule or other payment methodology established pursuant~~
2099 ~~to s. 440.13.~~

2100 ~~5. Allowable amounts that may be charged to a personal~~
2101 ~~injury protection insurance insurer and insured for magnetic~~
2102 ~~resonance imaging services shall not exceed 175 percent of the~~
2103 ~~allowable amount under the participating physician fee schedule~~
2104 ~~of Medicare Part B for year 2001, for the area in which the~~
2105 ~~treatment was rendered, adjusted annually on August 1 to reflect~~
2106 ~~the prior calendar year's changes in the annual Medical Care~~
2107 ~~Item of the Consumer Price Index for All Urban Consumers in the~~
2108 ~~South Region as determined by the Bureau of Labor Statistics of~~
2109 ~~the United States Department of Labor for the 12-month period~~
2110 ~~ending June 30 of that year, except that allowable amounts that~~
2111 ~~may be charged to a personal injury protection insurance insurer~~
2112 ~~and insured for magnetic resonance imaging services provided in~~
2113 ~~facilities accredited by the Accreditation Association for~~
2114 ~~Ambulatory Health Care, the American College of Radiology, or~~
2115 ~~the Joint Commission on Accreditation of Healthcare~~
2116 ~~Organizations shall not exceed 200 percent of the allowable~~
2117 ~~amount under the participating physician fee schedule of~~
2118 ~~Medicare Part B for year 2001, for the area in which the~~
2119 ~~treatment was rendered, adjusted annually on August 1 to reflect~~
2120 ~~the prior calendar year's changes in the annual Medical Care~~
2121 ~~Item of the Consumer Price Index for All Urban Consumers in the~~
2122 ~~South Region as determined by the Bureau of Labor Statistics of~~
2123 ~~the United States Department of Labor for the 12-month period~~
2124 ~~ending June 30 of that year. This paragraph does not apply to~~
2125 ~~charges for magnetic resonance imaging services and nerve~~

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2126 ~~conduction testing for inpatients and emergency services and~~
2127 ~~care as defined in chapter 395 rendered by facilities licensed~~
2128 ~~under chapter 395.~~

2129 2.6- The Department of Health, in consultation with the
2130 appropriate professional licensing boards, shall adopt, by rule,
2131 a list of diagnostic tests deemed not to be medically necessary
2132 for use in the treatment of persons sustaining bodily injury
2133 covered by personal injury protection benefits under this
2134 section. The initial list shall be adopted by January 1, 2004,
2135 and shall be revised from time to time as determined by the
2136 Department of Health, in consultation with the respective
2137 professional licensing boards. Inclusion of a test on the list
2138 of invalid diagnostic tests shall be based on lack of
2139 demonstrated medical value and a level of general acceptance by
2140 the relevant provider community and shall not be dependent for
2141 results entirely upon subjective patient response.

2142 Notwithstanding its inclusion on a fee schedule in this
2143 subsection, an insurer or insured is not required to pay any
2144 charges or reimburse claims for any invalid diagnostic test as
2145 determined by the Department of Health.

2146 (c)1. With respect to any treatment or service, other than
2147 medical services billed by a hospital or other provider for
2148 emergency services as defined in s. 395.002 or inpatient
2149 services rendered at a hospital-owned facility, the statement of
2150 charges must be furnished to the insurer by the provider and may
2151 not include, and the insurer is not required to pay, charges for
2152 treatment or services rendered more than 35 days before the
2153 postmark date or electronic transmission date of the statement,

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2154 | except for past due amounts previously billed on a timely basis
2155 | under this paragraph, and except that, if the provider submits
2156 | to the insurer a notice of initiation of treatment within 21
2157 | days after its first examination or treatment of the claimant,
2158 | the statement may include charges for treatment or services
2159 | rendered up to, but not more than, 75 days before the postmark
2160 | date of the statement. The injured party is not liable for, and
2161 | the provider shall not bill the injured party for, charges that
2162 | are unpaid because of the provider's failure to comply with this
2163 | paragraph. Any agreement requiring the injured person or insured
2164 | to pay for such charges is unenforceable.

2165 | 2. If, however, the insured fails to furnish the provider
2166 | with the correct name and address of the insured's personal
2167 | injury protection insurer, the provider has 35 days from the
2168 | date the provider obtains the correct information to furnish the
2169 | insurer with a statement of the charges. The insurer is not
2170 | required to pay for such charges unless the provider includes
2171 | with the statement documentary evidence that was provided by the
2172 | insured during the 35-day period demonstrating that the provider
2173 | reasonably relied on erroneous information from the insured and
2174 | either:

2175 | a. A denial letter from the incorrect insurer; or
2176 | b. Proof of mailing, which may include an affidavit under
2177 | penalty of perjury, reflecting timely mailing to the incorrect
2178 | address or insurer.

2179 | 3. For emergency services and care as defined in s.
2180 | 395.002 rendered in a hospital emergency department or for
2181 | transport and treatment rendered by an ambulance provider
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2182 licensed pursuant to part III of chapter 401, the provider is
2183 not required to furnish the statement of charges within the time
2184 periods established by this paragraph; and the insurer shall not
2185 be considered to have been furnished with notice of the amount
2186 of covered loss for purposes of paragraph (4)(b) until it
2187 receives a statement complying with paragraph (d), or copy
2188 thereof, which specifically identifies the place of service to
2189 be a hospital emergency department or an ambulance in accordance
2190 with billing standards recognized by the Health Care Finance
2191 Administration.

2192 4. Each notice of insured's rights under s. 627.7401 must
2193 include the following statement in type no smaller than 12
2194 points:

2195
2196 BILLING REQUIREMENTS.--Florida Statutes provide that with
2197 respect to any treatment or services, other than certain
2198 hospital and emergency services, the statement of charges
2199 furnished to the insurer by the provider may not include, and
2200 the insurer and the injured party are not required to pay,
2201 charges for treatment or services rendered more than 35 days
2202 before the postmark date of the statement, except for past due
2203 amounts previously billed on a timely basis, and except that, if
2204 the provider submits to the insurer a notice of initiation of
2205 treatment within 21 days after its first examination or
2206 treatment of the claimant, the statement may include charges for
2207 treatment or services rendered up to, but not more than, 75 days
2208 before the postmark date of the statement.

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2209 (8) APPLICABILITY OF PROVISION REGULATING ATTORNEY'S
2210 FEES.--With respect to any dispute under the provisions of ss.
2211 627.730-627.7405 between the insured and the insurer, or between
2212 an assignee of an insured's rights and the insurer, the
2213 provisions of s. 627.428 shall apply, except as provided in
2214 subsections ~~subsection~~ (10) and (15).

2215 (10) DEMAND LETTER.--

2216 (d) If, within 30 ~~45~~ days after receipt of notice by the
2217 insurer, the overdue claim specified in the notice is paid by
2218 the insurer together with applicable interest and a penalty of
2219 10 percent of the overdue amount paid by the insurer, subject to
2220 a maximum penalty of \$250, no action may be brought against the
2221 insurer. If the demand involves an insurer's withdrawal of
2222 payment under paragraph (7)(a) for future treatment not yet
2223 rendered, no action may be brought against the insurer if,
2224 within 30 ~~45~~ days after its receipt of the notice, the insurer
2225 mails to the person filing the notice a written statement of the
2226 insurer's agreement to pay for such treatment in accordance with
2227 the notice and to pay a penalty of 10 percent, subject to a
2228 maximum penalty of \$250, when it pays for such future treatment
2229 in accordance with the requirements of this section. To the
2230 extent the insurer determines not to pay any amount demanded,
2231 the penalty shall not be payable in any subsequent action. For
2232 purposes of this subsection, payment or the insurer's agreement
2233 shall be treated as being made on the date a draft or other
2234 valid instrument that is equivalent to payment, or the insurer's
2235 written statement of agreement, is placed in the United States
2236 mail in a properly addressed, postpaid envelope, or if not so
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2237 posted, on the date of delivery. The insurer is ~~shall~~ not be
2238 obligated to pay any attorney's fees if the insurer pays the
2239 claim or mails its agreement to pay for future treatment within
2240 the time prescribed by this subsection.

2241 (e) The applicable statute of limitation for an action
2242 under this section shall be tolled for a period of 30 ~~15~~
2243 business days by the mailing of the notice required by this
2244 subsection.

2245 (11) FAILURE TO PAY VALID CLAIMS; UNFAIR OR DECEPTIVE
2246 PRACTICE.--

2247 (a) If an insurer fails to pay valid claims for personal
2248 injury protection with such frequency so as to indicate a
2249 general business practice, the insurer is engaging in a
2250 prohibited unfair or deceptive practice that is subject to the
2251 penalties provided in s. 626.9521 and the office has the powers
2252 and duties specified in ss. 626.9561-626.9601 with respect
2253 thereto.

2254 (b) Notwithstanding s. 501.212, the Department of Legal
2255 Affairs may investigate and initiate actions for a violation of
2256 this subsection, including, but not limited to, the powers and
2257 duties specified in part II of chapter 501.

2258 (15) ALL CLAIMS BROUGHT IN A SINGLE ACTION.--In any civil
2259 action to recover personal injury protection benefits brought by
2260 a claimant pursuant to this section against an insurer, all
2261 claims related to the same health care provider for the same
2262 injured person shall be brought in one action, unless good cause
2263 is shown why such claims should be brought separately. If the
2264 court determines that a civil action is filed for a claim that

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2265 should have been brought in a prior civil action, the court may
2266 not award attorney's fees to the claimant.

2267 (16) SECURE ELECTRONIC DATA TRANSFER.--If all parties
2268 mutually and expressly agree, a notice, documentation,
2269 transmission, or communication of any kind required or
2270 authorized under ss. 627.730-627.7405 may be transmitted
2271 electronically if it is transmitted by secure electronic data
2272 transfer that is consistent with state and federal privacy and
2273 security laws.

2274 Section 21. Application of the Florida Motor Vehicle No-
2275 Fault Law.--

2276 (1) Any person subject to the requirements of ss. 627.730-
2277 627.7405, Florida Statutes, the Florida Motor Vehicle No-Fault
2278 Law, as revived and amended by this act, must maintain security
2279 for personal injury protection as required by the Florida Motor
2280 Vehicle No-Fault Law, as revived and amended by this act,
2281 beginning on January 1, 2008.

2282 (2) Any personal injury protection policy in effect on or
2283 after January 1, 2008, shall be deemed to incorporate the
2284 provisions of the Florida Motor Vehicle No-Fault Law, as revived
2285 and amended by this act.

2286 (3) An insurer shall continue to use the personal injury
2287 protection forms and rates that were in effect on September 30,
2288 2007, until new forms or rates are used as authorized by law.

2289 (4) Each motor vehicle insurer shall provide personal
2290 injury protection coverage to each of its motor vehicle insureds
2291 who is subject to subsection (1) beginning on January 1, 2008.

2292 With respect to a person who does not have a personal injury
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2293 protection policy in effect on such date, the initial
2294 endorsement shall not be considered a new policy and shall be
2295 issued for a period that terminates on the same date as the
2296 person's other motor vehicle insurance coverage. Except as
2297 modified by the insured, the deductibles and exclusions that
2298 applied to the insured's previous personal injury protection
2299 coverage with that insurer shall apply to the new personal
2300 injury protection coverage. The insurer is not required to
2301 provide the coverage if the insured does not pay the required
2302 premium by January 1, 2008, or such later date that the insurer
2303 may allow.

2304 (5) No later than November 15, 2007, each motor vehicle
2305 insurer shall provide notice of the provisions of this section
2306 to each motor vehicle insured who is subject to subsection (1).
2307 The notice is not subject to approval by the Office of Insurance
2308 Regulation approval. The notice must clearly inform the
2309 policyholder:

2310 (a) That beginning on January 1, 2008, Florida law
2311 requires the policyholder to maintain personal injury protection
2312 ("PIP") insurance coverage and that this insurance pays covered
2313 medical expenses for injuries sustained in a motor vehicle crash
2314 by the policyholder, passengers, and relatives residing in the
2315 policyholder's household.

2316 (b) That if the policyholder does not maintain personal
2317 injury protection coverage, the State of Florida may suspend the
2318 policyholder's driver's license and vehicle registration.

2319 (c) That if the policyholder already has personal injury
2320 protection coverage, that coverage will be amended effective

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2321 January 1, 2008, to incorporate legally required changes without
2322 any additional premium and that the policyholder is not required
2323 to take any further action.

2324 (d) That, if the policyholder does not currently have
2325 personal injury protection coverage, the current motor vehicle
2326 policy will be amended to incorporate the required personal
2327 injury protection coverage effective January 1, 2008.

2328 (e) The additional premium that is due, if any, and the
2329 date that it is due, which may be no earlier than January 1,
2330 2008.

2331 (f) That if the policyholder has any questions, the name
2332 and phone number of whom they should contact.

2333 (6) This section does not apply the Florida Motor Vehicle
2334 No-Fault law, as revived an amended by this act, prior to
2335 January 1, 2008. However, for lawsuits for injuries arising out
2336 of an auto accident that occurs between the effective date of
2337 this act and December 31, 2007, inclusive, the limitation on
2338 lawsuits and tort immunity provided in s. 627.737, Florida
2339 Statutes, shall apply if, and only if, the plaintiff and the
2340 defendant are insured for personal injury protection coverage
2341 that meets the requirements of Florida Motor Vehicle No-Fault
2342 Law that was in effect on September 30, 2007.

2343 (7) The Legislature finds that in order to protect the
2344 public health, safety, and welfare, it is necessary to revise or
2345 endorse policies in effect on January 1, 2008, to add personal
2346 injury protection coverage as required by this section, and to
2347 provide a uniform date for motor vehicle owners to obtain or
2348 continue such coverage and for insurance policies to provide

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2349 such coverage. In order to avoid revising in-force policies,
2350 enforcement would depend on policyholders electing to add such
2351 coverage, or providing a nonuniform date for coverage to be
2352 mandatory as policies renew which results in unequal treatment
2353 under the law, or delaying the effective date for at least 1
2354 year to provide a uniform date after all policies have renewed,
2355 any of which options would result in a much greater number of
2356 uninsured vehicles, an inability of accident victims to obtain
2357 medical care, a greater level of uncompensated medical care,
2358 higher costs to other public and private health care systems,
2359 and greater numbers of persons being subject to penalties for
2360 noncompliance.

2361 (8) The Legislature recognizes that the Florida Motor
2362 Vehicle No-Fault Law was repealed on October 1, 2007, and that
2363 vehicle owners are not required to maintain personal injury
2364 protection coverage on or after that date until January 1, 2008.
2365 Notwithstanding any other law, an insurer is not required to
2366 report the issuance, cancellation, or nonrenewal of personal
2367 injury protection coverage occurring between October 1, 2007,
2368 and December 31, 2007, inclusive, to the Department of Highway
2369 Safety and Motor Vehicles. Any law requiring personal injury
2370 protection coverage or providing sanctions for failure to
2371 maintain or demonstrate proof of such coverage does not apply
2372 during this time period. However, this subsection does not
2373 relieve a motor vehicle owner from responsibility for
2374 maintaining property damage liability coverage as required by
2375 law and does not relieve an insurer from reporting the issuance,

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2376 cancellation, or nonrenewal of property damage liability
2377 coverage as required by law.

2378 Section 22. If any provision of this act or its
2379 application to any person or circumstance is held invalid, the
2380 invalidity does not affect other provisions or applications of
2381 the act which can be given effect without the invalid provision
2382 or application, and to this end the provisions of this act are
2383 declared severable.

2384 Section 23. This act shall take effect upon becoming a
2385 law, except that sections 8 through 20 of this act shall take
2386 effect January 1, 2008.

2387

2388 ===== T I T L E A M E N D M E N T =====

2389 Remove the entire title and insert:

2390 A bill to be entitled
2391 An act relating to motor vehicle insurance; amending s.
2392 316.646, F.S.; requiring each person operating a motor
2393 vehicle to have in his or her possession proof of property
2394 damage liability coverage; conforming a cross-reference to
2395 changes made by the act; amending s. 320.02, F.S.;
2396 clarifying the requirements concerning insurance and
2397 liability coverage for certain motor vehicles registered
2398 in this state; amending s. 321.245, F.S., relating to the
2399 disposition of certain funds in the Highway Safety
2400 Operating Trust Fund; conforming a cross-reference;
2401 amending s. 324.022, F.S.; revising provisions requiring
2402 the owner or operator of a motor vehicle to maintain
2403 property damage liability coverage; specifying the

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2404 requirements that apply to such a policy; providing
2405 definitions; requiring that a nonresident owner or
2406 registrant of a motor vehicle maintain property damage
2407 liability coverage if the motor vehicle is in the state
2408 longer than a specified period; providing an exception for
2409 a member of the United States Armed Forces who is on
2410 active duty outside the United States; creating s.
2411 324.0221, F.S.; requiring insurers to report to the
2412 Department of Highway Safety and Motor Vehicles the
2413 renewal, cancellation, or nonrenewal of a policy providing
2414 personal injury protection coverage or motor vehicle
2415 property damage liability coverage; authorizing the
2416 department to adopt rules for the reports; providing that
2417 failure to report as required is a violation of the
2418 Florida Insurance Code; requiring that an insurer notify
2419 the named insured that a cancelled or nonrenewed policy
2420 will be reported to the department; requiring that the
2421 department suspend the registration and driver's license
2422 of an owner or registrant of a motor vehicle who fails to
2423 maintain the required liability coverage; providing for
2424 the reinstatement of a registration or driver's license
2425 upon payment of certain fees; requiring that a person
2426 obtain noncancelable coverage following such
2427 reinstatement; providing for the deposit and use of
2428 reinstatement fees; amending ss. 627.7275 and 627.7295,
2429 F.S., relating to motor vehicle insurance policies and
2430 contracts; conforming provisions to changes made by the
2431 act; reviving and reenacting ss. 627.730, 627.731,

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HOUSE AMENDMENT

Bill No. CS/HB 13C

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2432 627.732, 627.734, 627.737, 627.739, 627.7401, 627.7403,
2433 and 627.7405, F.S., and reviving, reenacting, and amending
2434 ss. 627.733 and 627.736, the Florida Motor Vehicle No-
2435 Fault Law, notwithstanding the repeal of such law provided
2436 in s. 19, chapter 2003-411, Laws of Florida; deleting
2437 certain provisions relating to the suspension and
2438 reinstatement of a driver's license and registration and
2439 notice to the Department of Highway Safety and Motor
2440 Vehicles; conforming provisions to changes made by the
2441 act; providing legislative intent with respect to the
2442 reenactment and codification of the Florida Motor Vehicle
2443 No-Fault Law, notwithstanding its prior repeal; amending
2444 s. 627.736, F.S., as reenacted and amended; revising
2445 provisions governing the medical benefits provided as
2446 required personal injury protection benefits; providing
2447 medical benefits for services and care ordered or
2448 prescribed by a physician or chiropractor or provided by
2449 certain persons or entities that meet certain
2450 requirements; requiring the Financial services Commission
2451 to adopt rules; revising a limitation on the amount of
2452 death benefits payable; requiring personal injury
2453 protection insurers to reserve benefits for certain
2454 providers for a specified period; tolling the time period
2455 for the insurer to pay claims from other providers;
2456 authorizing an insurer to limit reimbursement for personal
2457 injury protection benefits to a specified percentage of a
2458 schedule of maximum charges; prohibiting provider from
2459 billing or attempting to collect amounts in excess of such

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2460 limits, except for amounts that are not covered by
2461 personal injury protection coverage; deleting provisions
2462 specifying allowable amounts for certain tests and
2463 services; providing for electronic transmission of certain
2464 statements; revising the application of a specified
2465 provision concerning attorney's fees; extending the period
2466 during which an insurer may pay an overdue claim following
2467 receipt of a demand letter without incurring a penalty;
2468 providing for penalties to be imposed against certain
2469 insurers for failing to pay claims for personal injury
2470 protection; authorizing the Department of Legal Affairs to
2471 investigate violations and initiate enforcement action;
2472 requiring that all claims related to the same health care
2473 provider for the same injured person be brought in one act
2474 unless good cause is shown; authorizing notices and
2475 communications required or authorized under the Florida
2476 Motor Vehicle No-Fault Law to be transmitted
2477 electronically under certain conditions; requiring persons
2478 subject to the Florida Motor Vehicle No-Fault Law, as
2479 revived and amended by this act, to maintain security for
2480 personal injury protection beginning on a specified date;
2481 providing that personal injury protection policy in effect
2482 on or after a specified date are deemed to incorporate the
2483 Florida Motor Vehicle No-Fault Law, as revived and amended
2484 by this act; requiring that insurers continue to use
2485 certain forms and rates until new forms or rates are used
2486 as authorized by law; requiring that insurers provide
2487 notice of the requirement for personal injury protection

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2488 coverage or add an endorsement to the policy providing
2489 such coverage; requiring specified notice to certain
2490 insureds as of a specified date; providing intent
2491 concerning application of revived and amended provisions
2492 prior to a specified date; providing legislative findings;
2493 providing that a person purchasing a motor vehicle
2494 insurance policy without personal injury protection
2495 coverage is exempt from the requirement for such coverage
2496 for a specified period; providing for severability;
2497 providing effective dates.