

By Senator Martin

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A bill to be entitled

An act relating to attorney fees and costs for motor vehicle personal injury protection benefits; amending s. 627.736, F.S.; providing that prevailing parties in suits by certain health care providers for overdue medical benefits under motor vehicle personal injury protection policies are entitled to reasonable attorney fees and costs; providing an effective date.

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

Section 1. Paragraph (f) is added to subsection (10) of section 627.736, Florida Statutes, and paragraph (a) of subsection (1) of that section is republished, to read:

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

(1) REQUIRED BENEFITS.—An insurance policy complying with the security requirements of s. 627.733 must provide personal injury protection to the named insured, relatives residing in the same household unless excluded under s. 627.747, persons operating the insured motor vehicle, passengers in the motor vehicle, and other persons struck by the motor vehicle and suffering bodily injury while not an occupant of a self-propelled vehicle, subject to subsection (2) and paragraph (4) (e), to a limit of \$10,000 in medical and disability benefits and \$5,000 in death benefits resulting from bodily injury, sickness, disease, or death arising out of the ownership, maintenance, or use of a motor vehicle as follows:

(a) *Medical benefits.*—Eighty percent of all reasonable

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30 expenses for medically necessary medical, surgical, X-ray,
31 dental, and rehabilitative services, including prosthetic
32 devices and medically necessary ambulance, hospital, and nursing
33 services if the individual receives initial services and care
34 pursuant to subparagraph 1. within 14 days after the motor
35 vehicle accident. The medical benefits provide reimbursement
36 only for:

37 1. Initial services and care that are lawfully provided,
38 supervised, ordered, or prescribed by a physician licensed under
39 chapter 458 or chapter 459, a dentist licensed under chapter
40 466, a chiropractic physician licensed under chapter 460, or an
41 advanced practice registered nurse registered under s. 464.0123
42 or that are provided in a hospital or in a facility that owns,
43 or is wholly owned by, a hospital. Initial services and care may
44 also be provided by a person or entity licensed under part III
45 of chapter 401 which provides emergency transportation and
46 treatment.

47 2. Upon referral by a provider described in subparagraph
48 1., followup services and care consistent with the underlying
49 medical diagnosis rendered pursuant to subparagraph 1. which may
50 be provided, supervised, ordered, or prescribed only by a
51 physician licensed under chapter 458 or chapter 459, a
52 chiropractic physician licensed under chapter 460, a dentist
53 licensed under chapter 466, or an advanced practice registered
54 nurse registered under s. 464.0123, or, to the extent permitted
55 by applicable law and under the supervision of such physician,
56 osteopathic physician, chiropractic physician, or dentist, by a
57 physician assistant licensed under chapter 458 or chapter 459 or
58 an advanced practice registered nurse licensed under chapter

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464. Followup services and care may also be provided by the following persons or entities:

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

b. An entity wholly owned by one or more physicians licensed under chapter 458 or chapter 459, chiropractic physicians licensed under chapter 460, advanced practice registered nurses registered under s. 464.0123, or dentists licensed under chapter 466 or by such practitioners and the spouse, parent, child, or sibling of such practitioners.

c. An entity that owns or is wholly owned, directly or indirectly, by a hospital or hospitals.

d. A physical therapist licensed under chapter 486, based upon a referral by a provider described in this subparagraph.

e. A health care clinic licensed under part X of chapter 400 which is accredited by an accrediting organization whose standards incorporate comparable regulations required by this state, or

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

(II) Has been continuously licensed for more than 3 years or is a publicly traded corporation that issues securities traded on an exchange registered with the United States Securities and Exchange Commission as a national securities exchange; and

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

(A) General medicine.

(B) Radiography.

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(C) Orthopedic medicine.

(D) Physical medicine.

(E) Physical therapy.

(F) Physical rehabilitation.

(G) Prescribing or dispensing outpatient prescription medication.

(H) Laboratory services.

3. Reimbursement for services and care provided in subparagraph 1. or subparagraph 2. up to \$10,000 if a physician licensed under chapter 458 or chapter 459, a dentist licensed under chapter 466, a physician assistant licensed under chapter 458 or chapter 459, or an advanced practice registered nurse licensed under chapter 464 has determined that the injured person had an emergency medical condition.

4. Reimbursement for services and care provided in subparagraph 1. or subparagraph 2. is limited to \$2,500 if a provider listed in subparagraph 1. or subparagraph 2. determines that the injured person did not have an emergency medical condition.

5. Medical benefits do not include massage therapy as defined in s. 480.033 or acupuncture as defined in s. 457.102, regardless of the person, entity, or licensee providing massage therapy or acupuncture, and a licensed massage therapist or licensed acupuncturist may not be reimbursed for medical benefits under this section.

6. The Financial Services Commission shall adopt by rule the form that must be used by an insurer and a health care provider specified in sub-subparagraph 2.b., sub-subparagraph 2.c., or sub-subparagraph 2.e. to document that the health care

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provider meets the criteria of this paragraph. Such rule must include a requirement for a sworn statement or affidavit.

Only insurers writing motor vehicle liability insurance in this state may provide the required benefits of this section, and such insurer may not require the purchase of any other motor vehicle coverage other than the purchase of property damage liability coverage as required by s. 627.7275 as a condition for providing such benefits. Insurers may not require that property damage liability insurance in an amount greater than \$10,000 be purchased in conjunction with personal injury protection. Such insurers shall make benefits and required property damage liability insurance coverage available through normal marketing channels. An insurer writing motor vehicle liability insurance in this state who fails to comply with such availability requirement as a general business practice violates part IX of chapter 626, and such violation constitutes an unfair method of competition or an unfair or deceptive act or practice involving the business of insurance. An insurer committing such violation is subject to the penalties provided under that part, as well as those provided elsewhere in the insurance code.

(10) DEMAND LETTER; ATTORNEY FEES AND COSTS.—

(f) If the insurer fails to pay an overdue medical benefit for any service or care described in subparagraph (1)(a)1. or subparagraph (1)(a)2. and the provider who rendered the service or care files a lawsuit, the prevailing party, by judgment or decree at the trial or appellate court, is entitled to reasonable attorney fees and costs.

Section 2. This act shall take effect July 1, 2026.