

MEMORANDUM

Via Electronic Mail

TO: Glenn Ritchie
Zach Levin
NAIFA - Florida

FROM: Tim Meenan
Joy Ryan
Charles Smith

DATE: March 10, 2025

RE: 2025 Legislative Session -- Week 1 Summary

The Florida Legislature convened its 60-day 2025 legislative session on March 4 and will end on May 2. Committees and subcommittees will hold hearings during the first five to seven weeks of session, after which the action moves to the floor. With the first week of committee meetings completed, there are eight weeks remaining in the session.

Florida remains in firm Republican control, with the Legislature holding veto-proof majorities. Presiding Officers are Senate President Ben Albritton (R) and House Speaker Danny Perez (R). Governor Ron DeSantis is in the last two years of his second and last term. The Governor, President and Speaker each gave speeches in the chambers to kick off the session.

While the Governor and Senate President held the line on allowing recent property insurance reforms work, Speaker Perez targeted homeowners insurers based on recent hostile media reports on the industry, announcing that the House Insurance & Banking Committee would hold hearings, issue subpoenas, and place company representatives under oath.

Of note, CFO Jimmy Patronis (R) won the special election in the CD1 (vacant Matt Gaetz (R) seat) primary and has submitted a resign-to-run letter effective April 1 following the March 31 general election. Governor DeSantis has announced that he intends to fill the vacant CFO cabinet-level position by appointment sometime in May, following the conclusion of the legislative session. Which leaves the fate of the several Department of Financial Services agency legislative packages in a gray area.

LIFE

**1. HB 881/SB 1428 - Department of Financial Services Consumer Protection Package
By Rep. Griffitts and Sen. DiCeglie**

Requires insurers to provide annual projections for universal life insurance policies in accordance with the NAIC Universal Life Insurance model act.



This bill has been referred to two committees in the House and three committees in the Senate but has not yet been heard.

**2. HB 1047/SB 230 – Insurance Omnibus
By Rep. Berfield and Sen. Truenow**

Underwriting for HIV: Removes the term “Aids-related complex “ARC” from the definitions section and strikes usage for the term. In addition to an insurers ability in current law to inquire whether a person has been tested for HIV, adds the ability for insurers to inquire about the status of a person’s HIV infection or related diagnoses as well as any medical care that such person has received or is currently receiving, including any treatment regimen or medication. This language appears only in the Senate bill and not in the House companion.

This bill has been referred to two committees in the House and three committees in the Senate but has not yet been heard.

HEALTH

**1. HB 881/SB 1428 - Department of Financial Services Consumer Protection Package
By Rep. Griffitts and Sen. DiCeglie**

Conforms dependent coverage requirements for out-of-state state group policies to match in-state group policies requiring coverage to age 30.

This bill has been referred to two committees in the House and three committees in the Senate but has not yet been heard.

**2. HB 1047/SB 230 – Insurance Omnibus
By Rep. Berfield and Sen. Truenow**

Underwriting for HIV: Removes the term “Aids-related complex “ARC” from the definitions section and strikes usage for the term. In addition to an insurers ability in current law to inquire whether a person has been tested for HIV, adds the ability for insurers to inquire about the status of a person’s HIV infection or related diagnoses as well as any medical care that such person has received or is currently receiving, including any treatment regimen or medication. This language appears only in the Senate bill and not in the House companion.

This bill has been referred to two committees in the House and three committees in the Senate but has not yet been heard.

3. HB 1281/SB 1522 - Department of Financial Services Agency Package
By Rep. Berfield and Sen. McClain

Revises the responsibilities and reporting requirements of the Chief Financial Officer regarding insurance agent licensing and continuing education requirements.

The bill has been referred to three committees in each chamber and has not yet been heard.

4. HB 1181/SB 1256 - Motor Vehicle Insurance
By Rep. Alvarez (Danny) and Sen. Grall

Reforms motor vehicle insurance by repealing Florida's No-Fault Law and related provisions and amending various sections concerning motor vehicle insurance requirements and regulations.

While this bill is a Speaker priority, it seems less important to the Senate and Governor.

This bill has been referred to three committees in each chamber but has not yet been heard.

5. HB 1527/NA - Prohibitions Against Discriminatory Practices Relating to 340B Entities and 340B Drugs
By Rep. Franklin

The bill establishes regulations against discriminatory practices involving 340B drugs and entities, setting legal and operational standards to protect these entities and ensure fair handling by pharmaceutical manufacturers and insurers.

- Prohibits manufacturers from interfering with the acquisition of 340B drugs by pharmacies contracted by 340B entities, except if restricted by the U.S. Department of Health and Human Services.
- Defines restricted actions for insurers and pharmacy benefit managers concerning the reimbursement rates and contractual conditions for 340B drugs, ensuring no discriminatory fees or conditions are imposed solely due to the entity's participation in the 340B program.
- Mandates similar non-discriminatory practices related to patient choice, requiring that 340B drugs be treated equivalently to other drugs within insurance and benefit structures without undue burdens placed on the 340B entities.
- Stipulates that each violation of the set regulations constitutes an offense under the Florida Deceptive and Unfair Trade Practices Act, exposing violators to investigative demands, remedies, and penalties.

The House bill has been referred to three committees but has no companion in the Senate.

6. HB 425/SB 704 - Coverage for Out-of-network Ground Ambulance Emergency Services

By Rep. Yeager and Sen. Bradley

- Requires health insurers and health maintenance organizations to reimburse nonparticipating or out-of-network ambulance service providers at the lower of three benchmarks: rates set by local governments, 325% of the Medicare rate, or the provider's billed charges.
- Specifies that complete payment of copayments, coinsurance, or deductibles by the insured or subscriber fulfills any further financial obligation towards the health insurer or maintenance organization regarding the ambulance service.
- Limits copayments, coinsurance, deductibles, and other cost-sharing payments for nonparticipating or out-of-network services to not exceed those charged for in-network services.

The bill has been referenced to three committees in each chamber but has not yet been heard.

7. HB 1231/SB 1526 – Retroactive Denial of Claims

By Rep. Black and Sen. Harrell

The bill would prevent denial of claims after services have been authorized in such cases where there is no longer coverage or premium payment was not received in an Exchange plan, for example.

The bill was referred to three committees in each chamber but has not yet been heard.

8. HB 899/SB 1342 – Cap the Copay and Frozen Formulary

By Rep. Gonzalez-Pittman and Sen. Rodriguez

The bill was referred to three committees in each chamber but has not yet been heard.

9. HB 497/SB 480 - Health Coverage by Nonprofit Agricultural Organizations

By Rep. Grow and Sen. DiCeglie

The bill creates a complete exemption from the insurance code for products sold by nonprofit farm bureau associations.

The bill was referred to three committees in each chamber. At its first stop in the House last week, an amendment was adopted to require disclosures that the product is not insurance, as well as to require a financial audit of the plans. An identical amendment will be adopted in the Senate Banking & Insurance Committee at its first stop on March 10.

10. HB 941/SB 1124 - Pharmacist Direct Pay
By Rep. Abbott and Sen. Simon

The bill would permit pharmacists (as opposed to pharmacies) to obtain provider ID numbers and bill plans directly.

The bill has not yet been heard. The House bill was referred to four committees while the Senate bill received three references.

11. HB 839/SB 944 - Insurance Overpayment Claims Submitted to Psychologists
By Rep. Booth and Sen. Davis

The bill reduces clawbacks in the prompt pay law for claims submitted by psychologists from the current law 30 months to 12 months.

The bill was referred to three committees but has not yet been heard in the House. It's on the March 10 Senate Banking & Insurance committee agenda for its first of three stops with a clarifying amendment.

DENTAL

1. HB 651/SB 700 - Department of Agriculture and Consumer Services
By Rep. Tuck and Sen. Truenow

The bill would ban fluoride additives to the water supply statewide. This is part of Agriculture Commissioner Wilton Simpson's agency package.

The House bill was referred to four committees and has not yet been heard. The Senate bill will be heard in the Agriculture committee on March 11.

2. HB 21/SB 82 - Dental Therapy
By Rep. Chaney and Sen. Collins

Creates a new category of licensure for therapists to perform more advanced services than hygienists. The Florida Dental Association is strongly opposed. This is the sixth time this bill has been filed during the last eight years and it has yet to pass.

The House bill passed its first of two committees on February 11. The Senate bill was referred to three committees but has not yet been heard.

PROPERTY & CASUALTY

1. HB 957/SB 1222 - Limits on Property Insurance Rates Filed with the Office of Insurance Regulation

By Rep. Campbell and Sen. Sharief

Caps the increase in property insurance rates at 10% above the highest rate approved by the Office of Insurance Regulation within the previous 12 months for filings made on or after July 1, 2025.

- Requires property insurers to establish rates that allow a reasonable return and mandates that these rates, along with any related schedules and manuals, be filed with the Office of Insurance Regulation.
- Establishes a "file and use" procedure for rate filings made at least 90 days before the effective date. Under this procedure, the rates will be deemed approved if not disapproved within 90 days.
- Specifies that filings not adhering to the 90-day advance requirement must follow a "use and file" procedure, where rates may be subject to adjustment if found excessive.
- Excludes workers' compensation, employer's liability insurance, and motor vehicle insurance from the provisions of this subsection.

The bill was referred to two committees in the House and three committees in the Senate, but has not yet been heard.

2. HB 655 /SB 1226 - Pet Insurance and Wellness Programs

By Rep. Tuck and Sen. DiCeglie

Revises the definition of "property insurance" to include pet insurance coverage for pet accidents and illnesses.

- Prohibits unfair sales practices by ensuring pet wellness programs are not marketed as pet insurance and ensuring these are sold separately without misleading advertisements.
- Establishes comprehensive regulations for selling pet insurance in Florida, including clear definitions for coverage terms and conditions, which must be uniformly used and displayed on insurers' websites.
- Mandates that pet insurers provide clear and accessible policy information, including coverage exclusions, waiting periods, and bases for claim payments, both on their web platforms and through required policyholder documentation.
- Introduces consumer-friendly practices such as a 30-day policy return period with full premium refund and no compulsory medical examinations for policy renewal.
- Empowers policyholders by requiring disclosures about policy underwriting and claims adjustments based on the pet's age, health, or location changes.

- Stipulates training requirements for pet insurance agents to ensure knowledgeable and fair customer service.

The bills were referred to three committees in each chamber. The House bill was passed favorably out of Insurance & Banking Subcommittee on March 5. The Senate bill is on the Banking and Insurance Committee's calendar for March 10.

3. HB 1047/SB 230 – Insurance Omnibus
By Rep. Berfield and Sen. Truenow

The bill revises various insurance-related requirements including licensing for general lines agents, adjuster communications, claims handling, policy cancellation, and statements for uninsured flood damage.

- Changes licensing requirements for general lines agents, reducing mandatory coursework from 200 hours to 60 hours.
- Requires adjusters to specify their appointment type only in the initial text message when communicating with a policyholder.
- Prohibits public adjusters from engaging in adversarial behaviors with claims personnel, including recording them without consent.
- Limits claims-handling manual requirements to active residential policies, detailing guidelines such as initial reception, estimate communication, payment processes, and final closure.
- Revises conditions under which an insurer can cancel or not renew residential property insurance, including specific provisions for dwellings damaged in hurricanes or other emergencies.
- Mandates that property insurers include a clear statement on homeowners' policies, emphasizing the exclusion of flood coverage.
- Requires that proof-of-loss statements and other important communication from an insurer or adjuster to the policyholder must be in writing.
- Updates language for insurers providing preliminary or partial claims payments, specifying the continuing evaluation process and additional payment potential.

The House bill was referred to two committees and three committees in the Senate, but neither have been heard.

4. HB 841/SB 790 - Residential Property Insurance Policy Cancellations, Nonrenewals, and Rate Changes
By Rep. Botana and Sen. Bradley

Prohibits insurers from canceling or nonrenewing property insurance policies covering residential properties damaged by hurricanes or wind losses until specified conditions are met. This bill has been advocated as a priority by FAIA for the second year.

- Extends this prohibition to include flood damages caused by hurricanes if flood damage is covered under the policy.
- Requires insurers to refrain from canceling or nonrenewing policies until residential properties have been repaired or until one policy renewal expires if flood damage isn't covered.
- Excludes any claims for unrepaired flood damage from extended or renewed policies when flood is not a covered peril.
- Allows insurers to cancel or non-renew policies before repairs are completed due to nonpayment of premium, loss of insurable interest, material misstatement, or fraud related to the claim.
- Enables the Commissioner of Insurance Regulation to waive specific provisions of this regulation upon request by an insurer, primarily due to solvency concerns.
- Stipulates that policies extended or renewed under these regulations must contain terms similar to the original policy unless updated forms are approved.

The House bill was referred to two committees and the Senate bill to three committees but neither have been heard.

5. SB 792/NA - Property Insurer Financial Strength Ratings
By Sen. Bradley

Amends section 624.315 of the Florida Statutes to address property insurer financial strength ratings.

- Redefines subsections, adding a new definition for "financial strength rating" and specifying criteria for "independent rating agency."
- Requires annual insurance reports to the Legislature and Governor to include the financial strength ratings of property insurers facing delinquency proceedings for the previous eight quarters.
- Mandates a summary in the reports of the circumstances leading to each insurer's delinquency, actions taken to avoid delinquency, and the results or status of each proceeding.
- Instructs the Office of Insurance Regulation to maintain and provide upon request quarterly financial strength ratings, including changes and downgrades, and specify the number of downgraded companies that were later upgraded or faced delinquency proceedings.
- Clarifies the handling of trade secret information within these reports, ensuring it remains protected unless it can be individually extrapolated.

The bill was referred to three committees but has not yet been heard. This bill has no House companion.

6. HB 643/SB 1184 - Residual Market Insurers
By Rep. Snyder and Sen. DiCeglie

Enacts several reforms impacting insurance practices including eliminating specific requirements for surplus lines insurance and modifying conditions related to property insurance, liability insurers, and surplus lines tax remittance.

- Removes the requirement that a "diligent effort" must be made to procure certain insurance coverages from authorized insurers before seeking coverage from surplus lines insurers.
- Eliminates various applicability of provisions to surplus lines insurance including those related to insurance policy applications and claims investigations.
- Introduces new sections transferring liabilities and duties related to insureds, claims, and property insurance from general statutes into specific contexts applicable to surplus lines insurance.
- Prohibits policyholders from assigning post-loss benefits under property insurance policies.
- Establishes that legal actions against liability insurers require a verdict or settlement against an insured as a prerequisite.
- Modifies the timeline and requirements for surplus lines agents remitting taxes to the Florida Surplus Lines Service Office.
- Adjusts the operations of Citizens Property Insurance Corporation in writing and renewing insurance coverage.

The bills were referred to three committees in each chamber but have not yet been heard.

7. SB 128/NA - Residential Property Insurers
By Sen. Burgess

Amends Section 627.7011 to impose new notification requirements on residential property insurers.

- Requires insurers to provide at least 45 days' advance notice to policyholders before policy cancellation, nonrenewal, or rate changes, utilizing mailed notifications to the policyholder's last recorded address.
- Mandates emailing the notice if an email address is available.
- Stipulates a minimum of 10 days' advance written notification for cancellations due to nonpayment of premiums, including the reason for cancellation.
- Exempts insurers from providing written cancellation notices for nonpayment if premiums are paid on a monthly basis.

The bill was referred to three committees but has not yet been heard. This bill has no House companion but is similar in some respects to HB841 and SB790.

8. HB 459/SB 224 - Resolution of Disputed Property Insurance Claims'
By Rep. Spencer and Sen. Polsky

Mandates mediation as a precondition for litigation in disputed property insurance claims and outlines specific procedural requirements and responsibilities.

- Requires parties to participate in mediation before commencing litigation.
- Deletes provisions that limit mediation eligibility and allows mediation to be conducted by teleconference if mutually agreed.
- Stipulates personal attendance of all insureds or their representatives at mediation.
- Establishes that the insurer must bear all mediation costs unless additional costs arise from a party's request for expert or representative attendance, which are to be borne by the requesting party.
- Empowers the Department of Financial Services to adopt necessary rules for the mediation process, including emergency rules for establishing mediation locations after natural disasters.
- Designates statements made and documents produced during mediation as settlement negotiations.
- Defines the term "claim" for application in mediation and outlines specific claims not eligible for the process.
- Amends Section 627.7074 to stipulate that neutral evaluation supersedes the mediation process for disputed sinkhole insurance claims, without invalidating the appraisal clause of the insurance policy.
- Allocates \$1 million from the Insurance Regulatory Trust Fund for the fiscal year 2025-2026 to administer the changes to Section 627.7015.

The Senate bill was referred to three committees and the House bill to four committees but the bills have not yet been heard.

9. HB 461/SB 194 - Insurance Solutions Advisory Council
By Rep. Spencer and Sen. Berman

Establishes the Insurance Solutions Advisory Council within the Office of Insurance Regulation to analyze Florida's property and automobile insurance markets.

- Defines the council's role in providing data analysis and advisory support to both the Office of Insurance Regulation and the Legislature.
- Specifies the council's membership to include representatives from various sectors such as residential and commercial insurers, insurance agents, a trial attorney, a public adjuster, and a consumer advocate.
- Requires the Governor to appoint the chair of the council which includes three non-affiliated members.

- Stipulates that members must be appointed by August 1, 2025, will serve without compensation, and are eligible for reimbursement of certain expenses.
- Mandates that the council meet under the direction of the appointed chair at a location within the state.
- Tasks the Office of Insurance Regulation with providing staff and administrative assistance to the council.
- Compels the council to submit an annual report starting October 1, 2025, detailing their analyses and recommendations.
- Introduces an expiry date for the council's operations as of October 2, 2028, unless reenacted by Legislature.

The bills were referred to three committees in both chambers but have not yet been heard.

**10. SB 328/NA - Applicability of Valued Policy Law to Surplus Lines Insurers
By Sen. Garcia**

Requires surplus lines insurers to adhere to the valued policy law in specific circumstances. This bill is a priority of FAIA.

- Redesignates current subsections and adds new provisions to include surplus lines insurers under the term "insurer" for valued policy law.
- Dictates that these insurers must comply with valued policy laws when issuing property or casualty insurance.
- Provides definitions and conditions under which full payment is ensured for total losses, addressing both single and multiple peril situations under valued policies.
- Specifies that the valued policy law is applicable only to structures with clearly stated insurance values on policies, excluding personal property unless tied to certain structures like mobile homes.
- The addition of these provisions aims to integrate surplus line insurers into the existing framework of valued policy law to ensure comprehensive coverage and handling of claims.

The bill was referred to three committees but has not yet been heard.

**11. HB 1087/SB 1508 - Property Insurance Claims
By Rep. Maggard and Sen. Leek**

Reforms property insurance claim disputes by establishing a mandatory resolution procedure.

- Replaces existing alternative resolution methods with a mandatory process emphasizing timely, fair claim resolution.
- Requires insurers to notify policyholders about the mandatory process at policy issuance, renewal, and when claims are filed.

- Authorizes policyholders to file petitions for claim resolution with the Division of Administrative Hearings.
- Specifies petition filing requirements and mandates that administrative law judges review and dismiss incomplete petitions.
- Mandates insurers to respond to petitions within 14 days, with details of unpaid claims and reasons for nonpayment.
- Requires the administrative law judge to conduct proceedings in a specified manner and make determinations on policyholder's coverage.
- Institutes automatic dismissal of petitions or parts of them if incomplete, without requiring a hearing.
- Repeals sections related to appraisal clauses, suits under property insurance policies, consolidation of actions, and mandatory arbitration.

The bills were referred to three committees in each chamber but have not yet been heard.

12. HB 881/SB 1428 – DFS Consumer Protection Package

By Rep. Griffitts and Sen. DiCeglie

The bill mandates enhanced accountability and transparency from insurers towards insured parties across various types of insurance policies.

- Imposes a requirement on public adjusters, public adjuster apprentices, and public adjusting firms to respond to claims' status inquiries within 14 days.
- Establishes detailed annual reporting requirements for universal life insurance policies, including policy value and net cash surrender value updates.
- Extends specified health insurance provisions to group health insurance policies, including out-of-state groups.
- Requires motor vehicle insurers providing towing and labor coverage to disclose specific policy impacts of claim filings and obtain express consent from claimants.
- Sets a 60-day timeframe for motor vehicle insurers to pay, deny, or partially deny first-party claims, providing exceptions and conditions that may extend this period.
- Includes mandated interest on delayed claims payments and prohibits waiving, voiding, or nullifying the interest provisions.
- Stipulates that non-compliance with these regulations constitutes a violation of the Florida Insurance Code, although it does not create a basis for private legal action.

The bills were referred to two committees in the House and three committees in the Senate but have not yet been heard.

13. HB 763/SB 888 - Consumer Guide to Homeowner's Insurance
By Rep. Benarroch and Sen. Avila

Mandates the Office of Insurance Regulation to provide a consumer guide on homeowner's insurance on a publicly accessible website.

- Includes general information about homeowner's insurance policies.
- Details the types of homeowner's insurance policies and the coverage each type provides.
- Provides a comparison of annual homeowner's insurance premiums for each insurer in the state.

The bills were referred to two committees in the House and three committees in the Senate but have not yet been heard.

14. HB 1433/SB 1740 - Hurricane Mitigation Grants and Insurers' Regulations/ Insurance
By Rep. Benarroch and Sen. Ingoglia

Amends Florida statutes to revise insurance-related policies and enhance hurricane mitigation efforts.

- Specifies that hurricane mitigation grants through the My Safe Florida Home Program are only awarded if improvements result in insurance rate benefits, and requires enhancements to all home openings if needed for eligibility.
- Requires the Department of Financial Services to provide fiscal oversight and strategic leadership for the hurricane mitigation program, and emphasizes no entitlement or state obligation to fund property retrofitting.
- Updates surplus requirements for new insurers and those maintaining certificates of authority, increasing financial thresholds for insurers dealing with residential property and sinkhole coverage.
- Prohibits individuals who were officers or directors of an insurer within five years before it became insolvent from serving in similar capacities in authorized insurers in the state, unless they can prove non-involvement in the insolvency.
- Establishes a hierarchical approach to reviewing and approving applications for hurricane mitigation inspections and grants, prioritizing low-income and older applicants.
- Sets matching fund requirements for grants, with certain exemptions for low-income homeowners, and requires final inspections or extension requests within a year of grant approval to avoid abandonment.

The bills were referred to three committees in each chamber but have not yet been heard.

15. HB 1551/SB 426 - Attorney Fee Awards in Insurance Actions
By Rep. Cassel and Sen. Martin

Amends current laws to specify conditions for awarding attorney fees in insurance-related legal actions.

- Repeals Section 86.121, ending provisions for attorney fees in declaratory relief actions related to total insurance coverage denial.
- Amends Section 624.1552 to revise the applicability of offer and demand of judgment in insurance contract civil actions.
- Enacts Section 626.9375, mandating attorney fee awards to prevailing parties in civil cases against surplus lines insurers, with guidelines to determine prevailing parties and definition of "judgment".
- Enacts Section 627.4275, requiring attorney fee awards in certain civil actions against insurers with similar guidelines and definitions.
- Modifies multiple sections to expand the application of prevailing party attorney fee provisions to various insurance policies and engagement contexts like international health insurance and assessable mutual insurers.
- Defines conditions under which certain settlement offers are considered good faith or not.
- Establishes criteria for the calculation of attorney fees, requiring compliance with professional standards and evidence-based judicial review.
- Specifies non-applicability and conditions of Section 627.4275 in claims involving certain guaranty associations and uninsured motorist insurers under specified circumstances.

The bills were referred to three committees in each chamber but have not yet been heard.

16. HB 1541/SB 1746 - Property Insurance Policies
By Rep. Cross and Sen. Polsky

Specifies the amendment of insurance policy rules to allow new types of roof coverage in homeowner policies.

- Allows insurers to include roof covering reimbursement schedules in property insurance policies, specifying minimum reimbursement percentages based on the type of roof and its age.
- Requires full replacement coverage for roofs less than 10 years old.
- Mandates clear communication of the reimbursement schedule terms to policyholders, in bold type, explaining the potential out-of-pocket costs for roof repairs or replacements.
- Ensures the reimbursement schedule is actuarially justified, approved by the office, and included with the policy documents.

- Prohibits the application of a roof covering reimbursement schedule in cases of total loss to a primary structure caused by a covered peril.
- Does not restrict insurers from offering roof reimbursement based on full replacement costs alongside a reimbursement schedule.
- Permits insurers to limit roof coverage to a stated value sublimit unless there is a total loss of the primary structure due to a covered peril.

The House bill was referred to two committees and the Senate bill was referred to three but have not yet been heard.

17. HB 1555/ SB 794 - Insurers' Liabilities and Responsibilities

By Rep. Cassel and Sen. Bradley

Requires surplus lines insurers to comply with Florida's valued policy law under certain conditions.

- Mandates the involvement of a "qualified human professional" for reviewing and approving all insurance claim denials, explicitly excluding artificial intelligence or automated systems from this decision process.
- Obliges insurers to maintain detailed records of the human review process, including the reviewer's name, title, and the review's timing.
- Stipulates that denial communications to claimants must identify the human reviewer and affirm the non-use of AI or automated systems in the decision.
- Enforces periodic compliance reporting by insurers on the human review process, with provisions for audits by the Office of Insurance Regulation.
- Amends definitions and applications of terms such as "insurer" to include surplus lines insurers concerning the valued policy law, ensuring they adhere to stipulated responsibilities under specific policies and circumstances.

The House bill was referred to two committees and the Senate bill in three committees but have not yet been heard.

18. SB 1712/NA - Florida Hurricane Catastrophe Fund and Reinsurance Assistance

By Sen. DiCeglie

Enhances Florida's insurance funds, introducing changes in Reinsurance to Assist Policyholders (RAP) and Florida Optional Reinsurance Assistance (FORA) programs, focusing on premium payments, RAP eligibility, and the management of surplus funds.

- Modifies provisions for calculating retention multiples for insurers under the Florida Hurricane Catastrophe Fund, adjusting levels based on coverage choices starting June 1, 2025.
- Revises the Reinsurance to Assist Policyholders (RAP) program, defining eligible RAP insurers and allowing them the choice to purchase coverage.

- Specifies that RAP insurers must pay annually determined actuarial premiums for reimbursements, while revoking previous insurer eligibility requirements and premium charges.
- Reforms the Florida Optional Reinsurance Assistance (FORA) program by revising coverage limits, updating retention calculations, and emphasizing the mandatory payment of actuarially indicated premiums.
- Stipulates that changes in the cash build-up factor of the formula determining hurricane loss portions for premiums should result in direct consumer savings starting the 2025-2026 contract year.
- Requires the State Board to file reimbursement premiums with the Office of Insurance Regulation for review, and prohibits additional costs from reinsurance from affecting contract prices.

The bill was referred to three committees but has not yet been heard. The Senate bill has no House companion measure.

AUTO

1. HB 315/SB 1206 - Transportation Network Company and Driver Insurance Requirements

By Rep. Fabricio and Sen. DiCeglie

Revises the automobile insurance requirements for Transportation Network Companies (TNCs) and their drivers.

- Mandates insurance coverage while a TNC driver is logged into the network but not engaged in a ride, including when a ride is prearranged but no rider is present in the vehicle. The required coverages are:
 - At least \$50,000 for individual death and bodily injury, \$100,000 per incident, and \$25,000 for property damage.
 - Personal injury protection that complies with state requirements.
 - Uninsured and underinsured vehicle coverage.
 - Allows coverage by insurance maintained by the driver, the vehicle owner, the TNC, or a combination thereof.
- Requires different insurance levels when a TNC driver is engaged in a prearranged ride and a rider is present in the vehicle:
 - A minimum of \$1 million liability coverage for death, bodily injury, and property damage.
 - Personal injury protection equal to that required for a limousine.
 - Uninsured and underinsured vehicle coverage.
- Permits coverage by insurance
 - Held by the driver, vehicle owner, TNC, or a combination.

The House bill was referred to two committees and was temporarily postponed in Insurance & Banking Subcommittee. The Senate bill was referred to two committees but has not yet been heard.

2. HB 1181/SB 1256 - Motor Vehicle Insurance

By. Rep. Alvarez (Danny) and Sen. Grall

Reforms motor vehicle insurance by repealing Florida's No-Fault Law and related provisions and amending various sections concerning motor vehicle insurance requirements and regulations.

- Repeals the sections comprising the Florida Motor Vehicle No-Fault Law, which include provisions related to Personal Injury Protection (PIP).
- Introduces garage liability insurance with specified coverage amounts for motor vehicle dealer license applicants.
- Adjusts definitions and minimum coverage requirements under various statutes to align with new liability and security requirements, including defining "garage liability insurance" and "for-hire passenger transportation vehicle."
- Deletes provisions mandating insurers to defend certain claims, revises conditions under which certain vehicles are deemed "motor vehicles," and specifies conditions for proving financial responsibility.
- Requires motor vehicle insurance policies to include certain coverages and specifies new requirements for proof of security.
- Establishes that certain insurance policies are deemed primary under specified circumstances and sets forth conditions under which insurers must disclose policy details.
- Adjusts penalties and enforcement procedures related to various motor vehicle regulations, and amends provisions related to rate filings, coverage discounts, and the stacking of coverage.
- Implements new requirements and disclosures concerning motor vehicle insurance policies, including changes to liability coverage requirements. Adjusts provisions related to insurance fraud penalties.
- Allocates specific budgetary funds for the implementation of changes.

The bills were referred to three committees in each chamber but have not yet been heard.

3. HB 807/SB 92 - Motor Vehicle Repair Work

By Rep. Baker and Sen. Gruters

Introduces comprehensive regulations for motor vehicle repair shops on handling accident or collision repairs costing \$5,000 or more.

- Mandates motor vehicle repair shops to request a written crash report from the customer before preparing a repair estimate.
- Requires the preparation of a standardized transaction form if the crash report is not provided, which includes detailed vehicle and owner information, and a description of the damage.
- Stipulates that the Department of Agriculture and Consumer Services must approve the transaction form's design and format.
- Obligates shops to maintain a copy of each completed transaction form for at least one year and deliver daily transaction forms to the appropriate law enforcement agency unless other arrangements exist.
- Enables electronic transfer of transaction forms to law enforcement if the necessary technology is provided by the law enforcement agency, with the agency retaining ownership and maintenance responsibilities for the equipment.
- Introduces criminal penalties for non-compliance and grants the department authority to revoke a shop's registration for violations.
- Amends the requirements for written repair estimates to include mandatory information such as vehicle identification number and storage charges post-repair notification.
- Outlines customer rights and repair shop obligations when the repair cost estimation exceeds \$150, including maintaining the customer's right to a written estimate and detailing procedures for exceeding estimated repair costs.

The Senate bill was referred to three committees and was heard in Commerce and Tourism Committee on March 3 with one amendment by Senator Gruters. The House bill was referred to three committees but has not yet been heard.

4. HB 501/SB 1318 - Hands-free Driving
By Rep. Tant and Sen. Grall

Revises the "Florida Hands-Free Driving Law" to prohibit the use of wireless communication devices in a handheld manner while driving.

- Redefines the legislative intent to prevent accidents and decrease both health and auto insurance costs by limiting the handheld use of wireless devices during vehicle operation.
- Establishes definitions for "handheld manner," "hands-free accessory," and various types of wireless communications devices.
- Stipulates that operating a vehicle while using a wireless device must be done through a hands-free accessory, except to activate or terminate a function of the device.
- Details exceptions allowing handheld use for emergency professionals, reporting emergencies, or receiving vehicle-operational or safety-related communication.
- Outlines procedures and rights concerning law enforcement's ability to stop vehicles, inform drivers, and handle wireless devices post-pull over.

- Specifies penalties for violations, including fines and points against the driver's license, with increased penalties for repeat offenders.
- Allows first-time offenders to choose educational programs for penalty waiver and shows provisions for dismissing cases upon proof of acquiring hands-free accessories.
- Mandates that proceeds from fines be directed to the Emergency Medical Services Trust Fund and requires law enforcement to record and report the race and ethnicity of violators.

The House bill was referred to two committees but has not yet been heard. The Senate bill was referred to three committees and is scheduled to be heard in Transportation Committee on March 12.

5. HB 221/SB 88 - Utility Terrain Vehicles
By Rep. Gentry and Sen. Wright

Defines utility terrain vehicles (UTVs) and permits their operation on designated roadways under certain conditions and hours.

- Specifies the physical and operational characteristics required for a vehicle to qualify as a UTV, such as size, seating arrangement, control mechanisms, and necessary safety features.
- Allows UTVs to be operated at all times and on certain two-lane county roads or municipal streets with speed limits under 55 mph once designated safe by local authorities.
- Permits UTVs to cross state highways at 90-degree angles where safe and quick crossing is possible, while giving the Department of Transportation authority to prohibit UTV use for safety reasons.
- Requires UTV operators to possess a valid driver's license or a learner's permit (with supervision). Operators must comply with traffic laws, possess proof of ownership, meet insurance requirements, and have a proper license plate.
- Empowers counties and municipalities to establish more stringent UTV ordinances or completely prohibit UTV operation on roads under local jurisdiction for safety.
- Establishes that violations related to UTV operation are noncriminal traffic infractions, punishable as nonmoving violations.
- Mandates that the Department of Highway Safety and Motor Vehicles issue license plates for UTVs compliant with existing regulations after the payment of taxes and fees.

The Senate bill was referred to three committees and has been heard in Transportation and Appropriations Committee on Transportation, Tourism and Economic Development and was amended in both committees with a modification to financial responsibility requirements for these vehicles. The House bill has been referred to three committees but has not yet been heard.

6. HB 1437/SB 1840 - Attorney Fees and Costs for Motor Vehicle Personal Injury Protection Benefits
By Rep. Snyder and Sen. Martin

Expands legal entitlement to attorney fees and costs for healthcare providers involved in lawsuits over unpaid motor vehicle personal injury protection claims.

- Modifies section 627.736 of Florida Statutes by adding a new provision that entitles the prevailing party, in suits related to overdue medical benefits under motor vehicle personal injury protection policies, to reasonable attorney fees and costs. This applies whether the outcome is decided at trial or at the appellate court level.
- Specifies that the legal entitlement applies when the service or care provided falls under medical benefits described in section 627.736(1)(a)1 or section 627.736(1)(a)2.

The bills were referred to three committees in each chamber but have not yet been heard.

TORT REFORM

1. HB 451/SB 554 - Court Judgment Interest Rates and Insurance Reports and Practices
By Rep. Andrade and Sen. Gaetz

Revise the calculation method for court judgment interest rates, requiring that the Chief Financial Officer sets the rate quarterly using the Federal Reserve Bank of New York's discount rate plus 800 basis points.

- Require the Office of Insurance Regulation to create and annually publish reports on insurance-related entities and executive officer compensation, detailing financial relationships and compensation breakdowns.
- Mandate that such reports be submitted to the Financial Services Commission and legislative bodies, and that all collected data be considered non-trade secrets for specific regulatory uses.
- Revise factors for determining insurance rate fairness, incorporating new standards and actuarial techniques that include a broad range of economic and market conditions.
- Specify insurer obligations for written estimates of policyholder loss, detailing the use of updated electronic estimating software, mandatory documentation of all estimating adjustments, and a 7-year retention period for estimate versions.
- Introduce mandatory mediation and new guidelines for litigation and attorney fee determinations in property insurance disputes, with specific conditions affecting fee awards based on the settlement and judgment amounts.

- Require insurers to disclose the dollar amount of any credit or premium discount provided for mandatory binding arbitration endorsements in property insurance policies.

The bills were referred to three committees in each chamber but have not yet been heard.

CYBERSECURITY/ARTIFICIAL INTELLIGENCE

1. HB 1555/ SB 794 - Insurers' Liabilities and Responsibilities/AI By Rep. Cassel and Sen. Bradley

While the Senate bill contains a standalone AI provision that applies to ALL lines of insurance and would prevent utilization of AI in the denial of claims without human intervention, a similar provision in the House bill is part of a broader property insurance package.

SB794 provides the following:

- Defines "qualified human professional" involved in insurance claim denials as supervisors, claims managers, or licensed claims adjusters.
- Mandates each insurer's decision to deny a claim to be reviewed, approved, and signed off on by a qualified human professional.
- Prohibits the use of artificial intelligence, machine learning algorithms, and automated systems as the sole basis for denying claims.
- Requires insurers to maintain detailed records of the human review process, including the reviewer's name and title, review date and time, and documentation of the denial basis.
- Stipulates that all denial communications to a claimant must clearly identify the human reviewer and affirm that the denial was not based solely on automated systems.
- Obliges insurers to submit periodic compliance reports outlining steps taken to adhere to these requirements.
- Authorizes the Office of Insurance Regulation to audit claim denials to ensure compliance.

The House bill has been referred to two committees while the Senate bill has been referenced to three committees. Neither bill has been heard and the bills are not similar.

2. HB 1429/SB 1656 – OIR Agency Package By Rep. Fabricio and Sen. Collins

Cybersecurity -- directs OIR to adopt rules for the protection of consumer nonpublic insurance data, emphasizing consistency with the National Association of Insurance

Commissioners Insurance Data Security Model Law. Requires carriers to notify the Office and Attorney General of cybersecurity events.

This bill has been referred to three committees in each chamber but has not yet been heard.

3. HB 1183/SB 1576 - Cybersecurity Incident Liability
By Rep. Giallombardo and Sen. DiCeglie

The bill provides immunity from incident liability. The measure passed the Legislature last year but was vetoed by the Governor.

This bill has been referred to three committees in each chamber but has not yet been heard.

DEI

1. HB 731/SB 1710 - Prohibitions and Limitations on Diversity, Equity, and Inclusion and Requirements for Medical Institutions of Higher Education
By Rep. Melo and Sen. DiCeglie

Implements restrictions on diversity, equity, and inclusion (DEI) initiatives in state agencies and medical institutions and sets new mandates relating to health care training and certification.

- Prohibits state agencies from funding DEI offices or officers and allows individuals to report violations to the Attorney General, who may then file suit to enforce compliance.
- Prevents exclusion or discrimination based on race, gender, or ethnicity on state examining or licensing boards, and prohibits these boards from adopting race-based policies.
- Requires potential recipients of state contracts or grants to certify non-involvement with DEI practices prior to being awarded contracts or grants.
- Mandates healthcare providers and medical institutions to certify annually that they do not require DEI training, with a public list of compliant entities to be published by the Florida Board of Medical Examiners.
- Prohibits health care-related professional licensing boards and other licensure-granting organizations from requiring, adopting, or promoting DEI material and training.
- Medical institutions must provide traditional letter grades for assessments rather than pass/fail evaluations.
- Requires medical institutions to utilize a standardized test focused on science and medical knowledge for admissions.

March 10, 2025

Page 23

The House bill was referred to four committees while the Senate bill received three references. Neither bill has been heard.