

**MEMORANDUM**

**Via Electronic Mail**

**TO:** Glenn Ritchie  
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NAIFA-Florida

**FROM:** Tim Meenan  
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**DATE:** May 5, 2025

**RE:** 2025 Legislative Session – FINAL Report/Week 9 Summary

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Friday saw the end of Florida's regular legislative session; the House and Senate extended the session to resolve the budget, taxes, and a few select bills. All other pending bills are no longer up for consideration. None of the bills that carry over involve insurance subjects.

The Florida Senate held strong against the many bad bills being sent out of the House down to the Senate which would affect the Homeowners insurance industry or PIP. Only one tort bill, allowing certain family members to bring actions for non-economic damages in medical malpractice matters, was enacted.

That said, they can always bring up substantive legislation in the "call" for the session by mutual agreement, or by edict of the Governor. I don't expect the Senate to agree to add any insurance issues to the call for the extended session. In addition, substantive issues can sometimes be inserted into one or more implementing bills for the budget, so we will be watching for mischief there as well. The Governor is on our side as well.

FAIA succeeded in getting legislation passed to eliminate the "due diligence" requirements for surplus lines, and along with a pet insurance and extended warranty bill, only three bills affecting insurance were adopted.

Commissioner Yaworsky continues to push for a more detailed set of criteria for what is deemed "fair and reasonable" financial arrangements between insurers and their affiliates, and wants more reform to the reciprocal statutes, among other things. It is likely all these issues will surface again in new bills for the 2026 legislative session.

We expect the House to hire a forensic accountant to do a data call of the insurance industry over the summer to "follow the money" from homeowners' insurers to their affiliates and



ultimately to their owners, and the current House Speaker, Danny Perez, is speaker for one more year. They will hold committee hearings this fall, likely beginning in late August and the 2026 legislative session starts early in January, so expect more tough meetings ahead. It's possible that they hold a homeowners insurance hearing during this extended session or over the summer, as well.

In summary, expect more attacks in the near future.

The last week of the session was mainly spent with the chambers sending keys packages back in forth in the last days of the session. While some bills have been agreed to, many bills failed, in part due to a lack of agreement on the budget. Here are a few highlights of where key measures ended up. A detailed report follows.

**Tort Reform:** The Medical Malpractice "Free Kill" bill was the only hostile tort reform measure to pass this session. All other efforts hostile to the insurance industry failed, including efforts to undo bad faith reforms, PIP Repeal and HB 947 Evidence of Damages to Prove Medical Expenses in Personal Injury or Wrongful Death Actions. While the House advance a number of hostile measures, ultimately the Senate and Governor held the line.

**Surplus lines:** On April 17, the Senate Fiscal Policy committee took up SB 1612 on Financial Institutions by Senator Grall, which had been limited to Florida Bar trust account rules and tacked on an amendment regarding Surplus Lines insurance diligent effort requirement found in HB 643/SB 1184. The amendment changed the title to An Act Related to Financial Services, which is a broad title. The House companion measure is HB 1549 by Maggard. SB 1612 was substituted for HB 1549 on the Senate floor on April 30 and was amended. The House concurred in HB 1549 so the surplus lines language is now on its way to the Governor's desk.

**Managing General Agents :** On April 22, HB 643: Insurance was amended to include the following provisions relating to MGAs. Requires fair, documented affiliate compensation and authorizes the OIR to mandate a fee-for-service model beginning July 2026; requires OIR to approve payments, dividends, and capital transfers to affiliates. Required all affiliate payments to comply with new standards.

**AI:** There was no further movement with any of the AI bills that would have applied to all lines of insurance. Language was amended onto HB 1433. Senate leadership did not have these issues on their radar. We provided policy background to leadership on the issue and coordinated with business and insurance trade associations. This issue is likely to return in the 2026 session.

**PIP Repeal:** There was no further movement on the PIP bills. Ultimately, the House never brought the bill to the floor.

**Health Insurance:** No onerous health insurance measures passed this session, including Out-of-Network Providers, Pharmacy, PBM, Retroactive Denial of Claims, and Ground Ambulance.

**Life Insurance:** No onerous health insurance measures passed this session. Additional Consumer Disclosure issues for universal life included in the DFS package ultimately died.

## LIFE

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

This bill would have required insurers to provide annual projections for universal life insurance policies in accordance with the NAIC Universal Life Insurance model act. ACLI provided a few suggested edits on the projection language to the DFS staff.

An amendment was adopted in the House Insurance and Banking subcommittee on April 1 that specifies that actions for bad faith may not lie if the insurer tenders the lesser of policy limits or the demanded amount within 90 days, given the claim is backed by sufficient evidence. It also defines "sufficient evidence" as written or photographic proof indicating personal injury or property damage with examples like accident reports and medical bills and requires insurers to issue a written notice of objection against the sufficiency of submitted evidence within ten business days of receipt.

The House bill was heard in its first committee, the Insurance & Banking subcommittee, on April 3. The Senate bill was temporarily postponed at its first committee stop on March 31 in Banking & Insurance committee. Neither bill was ever taken up again so they died.

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

This bill would have tweaked the underwriting criteria for HIV by removing the term "Aids-related complex "ARC" from the definitions section and striking the usage of the term. In addition to an insurer's ability in current law to inquire whether a person has been tested for HIV, it would have added 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. That language appeared only in the Senate bill and not in the House companion.

The Senate bill became doomed when the House bill was taken up in the Insurance & Banking subcommittee on March 27 and the language was replaced with an

amendment incorporating controversial property insurance tort reforms opposed by industry.

## HEALTH

1. **FAILED: HB 881/SB 1428 - Department of Financial Services Consumer Protection Package**  
**By Rep. Griffiths 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.

These bills got stuck in committee and are dead.

2. **FAILED: HB 1101/SB 1842 Out-of-Network Providers**  
**By Rep. Albert and Sen. Burton**

This bill was a House priority and passed the floor despite the objections of providers to Section 1 of the bill re referral procedures. Health insurance opposed section 2, which would have undermined the structure of provider networks, deductibles and co-insurance. The Senate sponsor amended her bill early on, striking the onerous section 2 and ultimately rewriting section 1 to require disclosure by providers if they were referring patients to entities that the provider had an investment interest in.

The House and Senate batted this bill back and forth right up until late on the last day of the regular session, with the House “insisting” that the Senate concur in its version. Ultimately, the Senate held strong and refused to accept the amendment.

This bill is dead.

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

This bill would have tweaked the underwriting criteria for HIV by removing the term “Aids-related complex “ARC” from the definitions section and striking the usage of the term. In addition to an insurer’s ability in current law to inquire whether a person has been tested for HIV, it would have added 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. That language appeared only in the Senate bill and not in the House companion.

This bill was referred to two committees in the House and three committees in the Senate. The Senate bill became doomed when the House bill was taken up in the Insurance & Banking subcommittee on March 27 and the language was replaced with an amendment incorporating controversial property insurance tort reforms opposed by industry.

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

This bill would have revised the responsibilities and reporting requirements of the Chief Financial Officer regarding insurance agent licensing and continuing education requirements. The bill was never heard.

**5. FAILED HB 1181/SB 1256 – PIP Repeal/Motor Vehicle Insurance**  
**By Rep. Alvarez (Danny) and Sen. Grall**

This bill would have reformed 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.

The Senate bill was never heard. Ultimately, the House bill was heard in one committee, after which it got stuck in the Judiciary committee, where it stalled.

**6. FAILED 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.

This bill was never heard.

**7. FAILED HB 425/SB 704 - Ground Ambulance: Coverage for Out-of-network 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. This provision would effectively allow ambulance providers to bill at the 325% of Medicare rate.
- 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 House bill was heard in one committee while the Senate bill was never heard. These bills are dead.

**8. FAILED HB 1231/SB 1526 – Retroactive Denial of Claims**  
**By Rep. Black and Sen. Harrell**

The bill would have prevented denial of claims after services after the grace period in such cases where there is no longer coverage or premium payment was not received in an off-Exchange individual plan, for example. In the past, OIR had a policy prohibiting health plans responding to inquiries from providers during the grace period for receipt of premium, except to say the member is in good standing.

The House bill passed its first stop while the Senate bill was never heard. These bills are dead.

**9. FAILED HB 899/SB 1342 – Cap the Copay and Frozen Formulary**  
**By Rep. Gonzalez-Pittman and Sen. Rodriguez**

Mandates health insurers to notify policyholders and their treating physicians about prescription drug formulary changes 60 days before they take effect, providing details on the drugs affected.

- Requires submission of a "notice of medical necessity" by the treating physician to maintain current drug coverage levels despite formulary changes.
- Establishes that the insurer must maintain records of formulary changes and submit annual reports detailing these changes and their impacts to a regulatory office.
- Enforces that payments made toward prescription drugs by insureds or others on their behalf count toward their cost-sharing obligations, regardless of whether these are out-of-pocket expenses, third-party payments, or discounts.
- Obligates insurers to submit annual reports on third-party payments that didn't count towards the insured's out-of-pocket maximum, detailing reasons and amounts.
- Applies to individual and group health insurance policies and health maintenance organization contracts issued, delivered, or renewed within the state starting January 1, 2026.

The House bill passed one committee while the Senate bill was never heard.

**10. PASSED 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 was adopted in the Senate Banking & Insurance Committee at its first stop on March 10.

The bill was passed on April 29 and now heads to the Governor for his action.

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

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

The bill was never heard.

**12. PASSED 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 passed on April 29 and now heads to the Governor for his action.

**DENTAL**

**1. PASSED 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.

While the fluoride ban has been the subject of much controversial testimony and Democrats have attempted to strike the language, it remains in the bill. The bill was passed on April 29 and now heads to the Governor for his action.

**2. FAILED 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 the floor on April 23 and is in messages to the Senate. The language from these bills was also added onto HB 1427, an act related to Health Care but that bill ultimately died as well. The Senate bill was referred to three committees but was never heard. This bill is dead.



## PROPERTY & CASUALTY

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

This bill was the OIR's agency package containing Reciprocal Insurer changes, CCRC monitoring controls, and the authority to adopt the NAIC Cybersecurity model act.

This bill has been referred to three committees in each chamber. The Senate bill had an OIR strike-all amendment that was late-filed containing changes to the reciprocal financial and governance requirements in the bill. It also contained onerous fingerprint and background check language for insurers. This amendment was passed in committee on March 17 in its first stop but the bill never moved again in the Senate. The House bill was scheduled to be heard on April 3 but was temporarily postponed. The Insurance committee held a 3-hour hearing during the first week of session focusing on profits in insurance affiliates with an MGA structure. That committee developed its own committee bill aimed at capping homeowner insurer profits that could have ultimately encompassed all lines. While this bill itself was dead as a vehicle, the House took concepts from this bill and added them onto other property insurance bills (HB 881 and HB 1047). Ultimately, all of those bills failed.

2. **FAILED** 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 bills were never heard and are dead.

**3. ENACTED HB 655/SB 1226 - Pet Insurance and Wellness Programs**  
**By Rep. Tuck and Sen. DiCeglie**

The bill creates necessary regulatory statutes to facilitate the production of pet insurance policies for sale within the state, encompassing various aspects such as defining pet insurance, establishing disclosure requirements, and regulating the marketing and sales practices of wellness programs. It expands the definition of property insurance to include coverage for pets, covering accidents and illnesses explicitly. Additionally, the bill imposes training requirements for agents and brokers involved in selling pet insurance policies and outlines enforcement measures, including penalties for violations under the Florida Insurance Code.

The measure passed the Legislature and was approved by the Governor.

**4. FAILED 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 passed through its first committee on March 27 with a hostile amendment that changes bad faith law, amongst other provisions. Specifically, the

amendment changes s. 624.155, F.S., to define "sufficient evidence" needed to prevent bad faith actions against liability insurers. This evidence must include written or photographic proof of personal or property injury, such as accident reports, photos, and bills. If the insurer finds the evidence lacking, it must object within 10 business days, or else waive the objection. The claimant then has 10 business days to provide additional evidence. This change clarifies the evidence requirements for starting the timeline in which an insurer must make payment to avoid bad faith claims. The Senate bill never moved the bill due the hostile amendments and ultimately these bills died.

**5. FAILED 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.

- 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 measures were never heard and these bills are dead.

**6. FAILED 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 measures were never heard and these bills are dead.

**7. FAILED HB 643/SB 1184 - Residual Market Insurers -but see PASSED SB1612  
By Rep. Snyder and Sen. DiCeglie**

CS/SB 1184 deletes requirements in current law regarding the eligibility of insurance coverage to be exported to (written by) a surplus lines insurer. The deleted requirements include that:

- Surplus lines agents must verify that a diligent effort has been made by requiring a properly documented statement of diligent effort from the retail or producing agent and by seeking coverage from and having been rejected by at least three authorized insurers currently writing this type of coverage and documenting these rejections.
- The full amount of the surplus lines insurance policy must not be procurable from an insurer authorized to transact and are writing that kind and class of insurance.
- The amount of insurance exported to a surplus lines policy must be only the excess over the amount procurable from authorized insurers.
- Each surplus lines agent file with the Florida Surplus Lines Service Office an affidavit stating all the surplus lines insurance transacted by him or her during each calendar quarter has been submitted to the Office as required, including efforts made to place coverages with authorized insurers and the results thereof.

The bill further:

- Adds additional language to the required disclosure an agent must give to an insured when exporting coverage to a surplus lines insurer. The added language states "additionally, surplus lines insurers' policy rates and forms are not approved by any Florida regulatory agency."
- Provides requirements regarding the nonjoinder of insurers in suits arising under a surplus lines property insurance policy.

- Provides that a policyholder may not assign, in whole or in part, any post-loss insurance benefit under any surplus lines residential property insurance policy or under any surplus lines commercial property insurance policy.
- Provides that in order to meet the existing requirement that the Citizens Property Insurance Corporation (Citizens) only appoint agents who also hold an appointment by at least three insurers who are authorized to write and are actually writing or renewing certain types of property coverage, an agent may satisfy the requirement for any one or more of the three direct appointments by providing to Citizens a signed attestation confirming that he or she has access through a broker to an authorized insurer or eligible surplus lines insurer authorized to write and actually writing such property coverage; however, such signed attestations do not satisfy the requirements necessary to write personal lines residential property coverage for Citizens.
- Repeals rulemaking authority for the Financial Services Commission to declare eligible for export generally to surplus lines any class or classes of insurance coverage or risk for which it finds that there is no reasonable or adequate market among authorized insurers.
- Consolidates statutory provisions related to surplus lines insurance into part VIII of ch. 626, F.S.

HB 643 was amended on April 22 to add the following:

- Authorizes the Florida Department of Law Enforcement (FDLE) to process background checks for insurance personnel.
- Requires fair, documented affiliate compensation; authorizes OIR to require fee-for-service model beginning July 2026; requires the Office of Insurance Regulation (OIR) to approve payments, dividends, and capital transfers to affiliates.
- Requires all affiliate payments to comply with new standards.
- Removes the definition of “diligent effort” relating to surplus lines;
- Revises surplus lines eligibility by eliminating the requirement that agents seek coverage from authorized insurers before placing coverage in the surplus lines market, replacing it with a standard that allows export if the coverage is not generally available from authorized insurers; clarifies that the full amount of insurance may be exported without layering; and retains the required disclosure to insureds;
- Authorizes Citizens Property Insurance Corporation to offer policyholders the option, at issuance or renewal, to resolve claim disputes through arbitration before the Division of Administrative Hearings, with specific notice and selection requirements; and
- Reduces the coursework requirement for general lines agent licensure from 200 to 60 hours.

CS/SB 1184 was amended to include the following provision:

Section 18 amends s. 627.351, F.S., related to the existing requirement that Citizens only appoint agents who also hold an appointment by at least three insurers who are authorized to write and are actually writing or renewing personal lines residential property coverage, commercial residential property coverage, or commercial nonresidential property coverage within the state. The bill provides that agents writing or renewing commercial residential property coverage or commercial nonresidential property coverage may satisfy the requirement for any one or more of the three direct appointments by providing to Citizens a signed attestation confirming that he or she has access through a broker to an authorized insurer or eligible surplus lines insurer authorized to write and actually writing or renewing commercial residential property coverage or commercial nonresidential property coverage. However, such signed attestations do not satisfy the requirements necessary to write personal lines residential property coverage for Citizens.

While SB1184/HB 643 ultimately died, **the surplus lines language was tacked onto a Financial Institutions bill, SB 1612 by Senator Grall, and the title was changed to Financial Services. This bill passed with the surplus lines provisions included and is headed to the Governor for his signature.**

**8. FAILED 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 measure was never heard. This bill had no House companion but was similar in some respects to HB841 and SB790. The bill is dead.

**9. FAILED 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.

These bills were not heard and are dead.

**10. FAILED 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.

These bills were not heard and are dead.

**11. FAILED 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.

- 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.

This bill was never heard and is dead.

**12. FAILED 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.

These bills were not heard and are dead.

**13. FAILED 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.

An amendment was adopted in the House Insurance and Banking subcommittee on April 1 that does the following:

Modifies the provisions for bad faith action involving liability insurance claims, adding new stipulations for the sufficiency of evidence and timelines for insurer objection to evidence.

- Specifies that actions for bad faith may not lie if the insurer tenders the lesser of policy limits or the demanded amount within 90 days, given the claim is backed by sufficient evidence.
- Defines "sufficient evidence" as written or photographic proof indicating personal injury or property damage with examples like accident reports and medical bills.
- Requires insurers to issue a written notice of objection against the sufficiency of submitted evidence within ten business days of receipt, with a provision for additional evidence submission by the claimant within an ensuing ten business days.

The House bill was heard in one committee, but no others. Both bills are dead.

**14. FAILED 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.

SB 888 was amended on March 25 to include:

- Requires that every rate filing for residential property coverage from a property insurer must include a rate transparency report. The report must include, among other information, the percentage breakdown of each cost factor making up the rate.
- Requires the OIR to establish a comprehensive resource center on its website to aid consumers in their understanding of insurance. The resource center must include substantive information on the current and historical dynamics of the market, available data concerning the financial condition and market conduct of insurance companies, and the insurance coverage choices available to consumers.
- Provides that the statewide average requested rate change and final approved statewide average rate change in a filing, as well as the county rating examples submitted to the OIR through the rate collection system for the purpose of displaying rates on its website, are not a trade secret.

The Senate bill was heard in Banking and Insurance committee but did not move any further. Both bills are dead.

**15. FAILED HB 1433/SB 1740 - Artificial Intelligence (all lines of insurance)/Property Insurance**

**By Rep. Benarroch and Sen. Ingoglia**

SB 1740 reorganizes the homeowner's insurance mitigation climate, creates surplus minimums for insurers offering residential/sinkhole coverage, and eliminates individuals who served as a director or officer from working for other insurers if their company goes insolvent.

An amendment was proposed (similar to language in SB 794) and adopted directs all insurers who use **artificial intelligence** for the claims handling process to accurately detail the process for denial of claims to the claimant. It also indicates that claims must not be solely denied based on an AI algorithm and with no human involvement. The bill lists several record-keeping items that direct insurers to accurately disclose the qualified human professionals who take part in individual claims denials to the claimant. A similar AI amendment was adopted to the House bill in committee on April 10.

The House bill was temporarily postponed in its final stop, the Commerce Committee, on April 22. The Senate bill was passed as amended in Banking and Insurance on March 17 did not move again. These bills are dead.

**16. FAILED 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.

These bills were not heard and are dead.

**17. FAILED HB 1555/SB 794 - Insurers' Liabilities and Responsibilities/Artificial Intelligence**  
**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 but never heard. The Senate bill was referred to three committees. The Senate bill was heard and passed in Banking & Insurance committee on March 25 where a "delete all" amendment was filed to adopt language **similar to the AI provisions of SB 1740**. HB 1433 also contains similar AI language with an amendment adopted in the Insurance committee on April 10. All of these bills died.

**18. FAILED 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.

This bill was never heard and is dead.

**19. FAILED HB 599/SB 724 - Property Owner Liability -- "Fallen Tree Act"**  
**By Rep. Cobb and Sen. Martin**

- Designates Section 768.396 in Florida Statutes as the "Fallen Tree Act."
- Clarifies that a property owner is responsible for any damage to neighboring properties caused by trees or shrubs on their land.
- Allows property owners to use self-help methods to manage branches and roots encroaching onto their property.
- Permits property owners to remove trees and shrubs located on multiple properties after providing 30 days' written notice to others impacted.
- Excludes properties over 5 acres from the provisions of this act.

The House bill was never taken up in committee and the Senate bill passed only one committee. These bills are dead.

**20. BUDGET CONFERENCE HB 5013 - State-funded Property Reinsurance Programs**  
**By Budget Committee, McClure**

- Decreases the maximum cumulative transfers from the General Revenue Fund to the State Board of Administration for the Reinsurance to Assist Policyholders (RAP) program, reducing the limit from \$2 billion to \$900 million.
- Repeals the Florida Optional Reinsurance Assistance program entirely.

This bill is part of the House budget bill package passed on April 9 and has been received by the Senate and is in the correct posture for budget conference negotiations which have stalled and will take place at some point in mid-May.

**21. FAILED HB 947/SB 1520 Civil Actions**  
**By Rep. Blanco and Sen. Grall**

The bill was amended on April 17 to include language from HB 585, Former Phosphate Mining Lands by Representative Jon Albert and HB 1551 Attorney Fee Awards in Insurance Actions by Representative Hillary Cassel. The bill as amended now requires an award of two-way, prevailing party attorney fees in most insurance cases. This language will undo pieces from the 2022 and 2023 tort reforms that will essentially allow one way attorney fees back into Florida.

The Senate bill was never heard. However, the Senate phosphate liability bill, SB 832 passed the Senate and was sent over to the House. On April 18, the Judiciary committee again took up the bill with a proposed committee substitute that included limitation of liability for former phosphate mining properties, which language is also included in SB 832 which is thought to be a priority of the Senate President. The House took up SB 832 and amended the language in HB 947 to the bill and passed the bill. SB 832 went back to the Senate and they refused to concur. The bill ultimately died.

**22. PASSED HB 1549/SB 1612 - Financial Services**  
**By. Rep. Maggard and Sen. Grall**

An amendment adopted to the Senate Financial Institutions bill on April 17 does the following:

Amends Florida Statutes concerning surplus lines insurance and eligibility for export, streamlining requirements and regulatory processes.

- Redefines the "diligent effort" in seeking surplus lines insurance coverage, no longer requiring documentation of rejections from authorized insurers.
- Changes eligibility criteria for exporting insurance coverages; permits full coverage export without the previously needed multiple rejections by authorized insurers.
- Modifies the insured's disclosure requirements, emphasizing that surplus lines insurers' policy rates and forms are not regulated by Florida authorities.
- Adjusts provisions related to surplus lines insurers, detailing conditions under which insurance risks ineligible from authorized insurers can be placed with unauthorized insurers and held to specific financial standards.
- Specifies that the term "premium" includes per-policy fees authorized under section 626.916(2), affecting tax and service fee definitions.
- Clarifies nonrenewal, cancellation, and premium adjustment policies under surplus lines to prevent unfair discrimination and ensure proper notification to insured parties.

This bill ultimately passed containing the Surplus Lines provisions and is headed to the Governor for his signature.

**23. PASSED 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.

Amendments were adopted in both chambers to require disclosures that the product is not insurance, as well as to require a financial audit of the plans.

The bill passed and is headed to the Governor for his action.

**AUTO**

**1. FAILED HB 315/SB 1206 - Transportation Network Company and Driver Insurance Requirements  
By Rep. Fabricio and Sen. DiCeglie**

The bill changes the insurance requirement that applies when a transportation network driver (i.e., Uber, Lyft, Sidecar, etc.) is engaged in a prearranged ride, but the rider is not in the vehicle, from \$1 million, per accident for death, bodily injury, and property damage, to \$50,000 for bodily injury or death to one person, \$100,000 for bodily injury or death, per incident, and \$25,000 for property damage. This is the same insurance obligation that applies when the TNC driver is logged on to the application but is waiting to be connected to a rider for a prearranged ride. The insurance requirement for when a TNC driver is engaged in a prearranged ride and the rider is in the vehicle is unchanged at \$1 million, per accident for death, bodily injury, and property damage.

An amendment was filed on March 28 that does the following:

- Introduces new insurance requirements effective July 1, 2025, including maintaining primary automobile insurance that acknowledges TNC drivers and covers them when active on the TNC network or during a prearranged ride.
- Specifies insurance requirements for circumstances when a TNC driver has accepted but not yet started a ride, including liability coverage for death, bodily injury, and property damage.
- Details insurance criteria when riders are actually in the TNC vehicle, including a mandatory minimum of \$1 million coverage for death, bodily injury, and property damage.

- Stipulates conditions under which the TNC should maintain necessary coverage unless the driver's personal policy includes the required coverage.
- Requires TNC drivers to carry proof of insurance and present it upon request in the event of an accident.

During committee testimony, it became evident that there were many issues with these bills that were not worked out. As a result, the measures did not move further and are now dead.

**2. FAILED HB 1181/SB 1256 – PIP Repeal: 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.

The House bill passed its second stop the Insurance & Banking subcommittee on April 3 but stalled after that, while the Senate bill was never heard, so these bills are dead.

**3. FAILED HB 807/SB 92 - Motor Vehicle Repair Work**  
**By Rep. Baker and Sen. Gruters**

CS/SB 92 creates the “Lilly Glaubach Act,” which requires a motor vehicle repair shop to request that a customer provide a written crash report after providing the customer with a written repair estimate when the accident or collision repair work requested is estimated to cost \$5,000 or more. However, if the customer does not provide a written crash report, the motor vehicle repair shop must prepare an accident or collision repair work transaction form after preparing a written estimate. The Department of Agriculture and Consumer Services (DACCS) must approve the design and format of the transaction form. Additionally, the bill provides the framework for preparing and maintaining the transaction forms, as well as delivering the transaction forms to the appropriate law enforcement agency.

SB 92 was amended on March 17 to change the bill to do the following:

The CS lowers the threshold for when a motor vehicle repair shop is required to request a written crash report from \$5,000 to \$2,500. The committee substitute removes the requirement that a repair shop prepare a transaction form if they are not provided with a written crash report. Additionally, the CS provides that if a customer does not provide a written crash report, the motor vehicle repair shop or the vendor



that processes repair estimates for the motor vehicle repair shop must transmit a copy of the repair estimate, within three business days after finalizing the estimate, to a database to be established and maintained by the Department of Law Enforcement. If the Department of Agriculture and Consumer Services finds a repair shop in violation of the crash report or repair estimate requirements, it may revoke the repair shop's registration. The language establishing the process for a transaction form is removed, and it removes that a violation of s. 559.905(1), F.S., is a second degree misdemeanor.

The Senate bill passed two committees and the House bill was not heard. These bills are dead.

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

The bill renames the Florida Ban on Texting While Driving Law to the Florida Hands-Free Driving Law and expands the prohibition to include using, while driving, a wireless communications device in a handheld manner except to activate, deactivate, initiate, or terminate a feature or function of the device, including a hands-free accessory. The bill provides that sustained use of a wireless communications device by a person operating a vehicle must be conducted through a hands-free accessory until such use is terminated. It defines certain terms, including handheld manner, hands-free accessory, and wireless communications device. The bill repeals certain provisions that are no longer necessary relating to the ban of a wireless communications device in school and work zones. It provides that in work zones where personnel are present operating equipment, a law enforcement officer must indicate in the comment of the uniform traffic citation the type of wireless communications device that was used to commit the violation and must, in accordance with current requirements in law, provide this information to the Department of Highway Safety and Motor Vehicles for their annual report to the Governor, the President of the Senate, and the Speaker of the House of Representatives.

The amendments adopted on April 1 in the Senate Rules committee did the following:

- Provides enhanced penalties for using a wireless communications device in a handheld manner while in a school zone and flashing beacons are activated.
- Provides increased penalties for traffic infractions involving running a red light or stop sign resulting in a crash, including mandatory hearing for violations; increased civil penalties; and driver license suspensions for second and subsequent violations.

The Senate bill passed the floor but the House bill was never heard. These bills are dead.

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

CS/CS/SB 88 creates a definition for “utility terrain vehicle” (UTV) and authorizes the operation of such vehicles on certain roadways. Specifically, the bill defines a UTV as a vehicle less than 70 inches in width which has at least two seats allowing passengers to sit in a side-by-side manner, is operated by foot controls and a steering wheel, and is equipped with headlamps, stop lamps, turn signals, tail lamps, rearview mirrors, a windshield, seat belts, and a horn. A UTV must comply with specified insurance and registration requirements.

The bill authorizes an UTV to legally operate on two-lane county roads and two-lane municipal streets in which the posted speed limit is less than 55 miles per hour. A UTV may only be operated on a part of the State Highway System necessary to cross the highway at an angle of approximately 90 degrees to the direction of the roadway and at a place where a quick and safe crossing can be made. The bill allows the operator to drive the UTV during all hours, however, an UTV may only be operated by a licensed driver or a person possessing a learner’s driver license who is under the direct supervision of a licensed driver.

The bill provides that a county or municipality may enact an ordinance regulating UTV operation and equipment that is more restrictive than statutory requirements. A county or municipality is authorized to prohibit the operation of an UTV on any road under its jurisdiction if the governing body determines that such prohibition is necessary in the interest of safety.

The bill establishes penalties associated with the operation of an UTV. A violation of such is a noncriminal traffic infraction, punishable as a nonmoving violation, as provided in ch. 318, F.S. During committee testimony in the Senate, it became clear that there were many issues with allowing these vehicles on the road. As a result, the House sponsor decided not to move his bill.

The Senate bill passed the floor but the House bill was never heard. These bills are dead.

6. **FAILED** HB 1437/SB 1840 - Attorney Fees and Costs for Motor Vehicle Personal Injury Protection Benefits

By Rep. Snyder and Sen. Martin

HB 1437/SB 1840 would have reinstated provisions that allow one-way attorney's fees for personal injury protection (PIP) claims. This would allow all plaintiffs who bring civil action against a medical providers and insurers to obtain attorney fees and costs in addition to a settlement or verdict reached on the case.

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 House bill passed its first committee while the Senate bill was never heard. These bills are dead.

7. **FAILED** HB 577/SB 872 - County Price Controls for Removal & Storage of Electric Vehicles

By Rep. Nix and Sen. Ingoglia

CS/SB 872 provides that counties and municipalities must establish maximum rates for the removal and storage of electric vehicles from an accident scene, which may be up to three times the rates established by the wrecker operator for the removal and storage of vehicles that run on gasoline or diesel fuels. The bill authorizes wrecker operators to charge actual cost, plus 15 percent, for the cleanup of an accident scene and the removal of an electric vehicle, including a fire or any accidental discharge of any hazardous materials or debris associated with the electric vehicle. A representative for tow truck drivers testified in committee that they are partnering with first responders to clean away these potentially toxic vehicles after hurricanes and floods.

The House bill was amended on April 16 with the following changes:

Requires counties, and authorizes municipalities, to adopt a daily administration fee for proper storage of electric vehicles that have been involved in an accident and defines proper storage of a damaged electric vehicle. Relating to insurers, the bill now does the following:

324.0222 Storage of electric vehicles; coverage. —Nothing in s. 125.0103 or s. 166.043 relating to the storage of electric vehicles requires a motor vehicle insurer to pay any costs beyond costs covered pursuant to a contract with its insured.

The House bill passed the floor but the Senate bill got stuck in its last committee. These bills are dead.

**8. FAILED HB 699/SB 1210 Noncriminal Traffic Infractions Causing Vehicle Crashes/  
Traffic Infractions Resulting in a Crash with Another Vehicle  
By Rep. Melo and Sen. Martin**

Amends Florida's noncriminal traffic infraction penalties and mandates increased financial responsibility requirements for insurance for certain drivers.

- Requires judicial officers to impose defined penalties if a driver commits a traffic infraction that results in a vehicle crash. Penalties vary depending on the violation's severity and whether it involved a vulnerable road user.
- Sets mandates for license suspensions ranging from three months to one year based on the infraction's nature and frequency. This includes additional penalties for repeated infractions of the same nature.
- Requires attendance at a driver improvement school for infractions involving vulnerable road users.
- Stipulates that funds collected from mandatory penalties be allocated to the Department of Health Emergency Medical Services Trust Fund, supporting certified trauma centers.
- Adds an infraction involving failure to stop for a traffic signal or stop sign resulting in a crash as a category that mandates a hearing.

These bills got stuck in committee and died as a result.

## TORT REFORM

**1. FAILED 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.

These bills were never heard and are dead.

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

This bill reinstates awards of attorney fees in many insurance actions, including property and auto. As the bill is written, trial attorneys will have no risk in bringing claims against insurers because they will either get all their fees for winning even the smallest portion of the insurer's offer or voluntarily dismiss the case before an adverse judgment to avoid paying the insurer's fees. In the worst case, unscrupulous trial attorneys could make unreasonable offers, lose, and leave their clients to pay the insurer's fees. The bill threatens to undermine Florida's recovering insurance market, increases litigation and costs, and undoes the long-overdue reforms that Floridians are just starting to see the benefits of. Thus, this legislation unwinds a critical piece of the monumental 2022 & 2023 tort reform efforts.

The House bill passed two of its committees while the Senate bill was never heard. These bills are dead.

**3. FAILED HB 947/SB 1520 Civil Actions [Accuracy in Damages (Evidence of Damages to Prove Medical Expenses in Personal Injury or Wrongful Death Actions)]**

The bill reverses Transparency in Damages provisions of the 2023 lawsuit abuse reform package, which has improved Florida's bottom-five legal climate by requiring juries to see all the relevant medical costs when determining damages. HB 947 undoes this provision and may allow juries to only see the "sticker price" of medical care, and not the amounts that are commonly accepted for payment of these procedures. The

House amended provisions of this bill onto SB832, a liability immunity bill for phosphate mining landowners, but the Senate refused to concur.

This bill is dead.

## CYBERSECURITY/ARTIFICIAL INTELLIGENCE

### 1. **FAILED** 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.

SB 794 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 was referred to two committees and the Senate bill in three committees. The Senate bill was heard in Banking & Insurance committee on March 25 where a "delete all" amendment was filed to adopt language similar to the AI provisions of SB 1740. Neither of the Senate bills moved again. The House bill was not heard. An amendment was also adopted on HB 1433, which was temporarily postponed in the Commerce Committee on April 22. The Commerce Committee is not slated to meet again. Ultimately all of these bills died.

**2. FAILED 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. The Senate bill had an OIR strike-all amendment that was late-filed containing changes to the reciprocal financial and governance requirements in the bill. This amendment was passed in committee on March 17 in its first stop. The bill has yet to move again in the Senate but the Senate sponsor has been meeting with stakeholders for their input on a future amendment to the bill. The House bill was set to be heard on April 3 but was temporarily postponed. This issue will likely be caught up with the House hearings into property insurance profits. The Insurance committee held two hearings focusing on profits in insurance affiliates with an MGA structure.

Ultimately these bills died.

**3. FAILED 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. The bill was amended on April 3 with the following changes:

A plaintiff cannot raise as evidence in a civil cause of action the fact that a defendant could have obtained a liability shield or a presumption against liability had they complied with the requirements of the bill.

The House bill has passed two committees while the Senate bill was never heard. These bills are dead.