

1 A bill to be entitled
2 An act relating to biological sex; amending s. 1.01,
3 F.S.; defining terms relating to the sex of an
4 individual in the context of the construction of the
5 Florida Statutes; amending s. 103.091, F.S.; providing
6 that a certain birth certificate statement determines
7 whether a person is male or female and may serve as a
8 committeeman or committeewoman, respectively; amending
9 ss. 322.051, 322.08, and 322.14, F.S.; revising
10 provisions related to applications for disability
11 identification cards, application requirements for
12 driver licenses and identification cards, and
13 requirements for issued driver licenses, respectively,
14 to replace references to the term "gender" with the
15 term "sex"; creating s. 322.195, F.S.; prohibiting the
16 department from issuing original or replacement driver
17 licenses or identification cards that contain
18 specified information; requiring the department to
19 require applicants to sign an affidavit certifying
20 specified information submitted on the application for
21 a new or replacement driver license or identification
22 card; requiring the department to revoke a driver
23 license or identification card if it determines that
24 an applicant made a false attestation; creating s.
25 627.6411, F.S., and amending ss. 627.657, 627.6699,

26 | and 641.31, F.S.; requiring that individual health
27 | insurance policies, group health insurance policies,
28 | health benefit plans, and health maintenance
29 | contracts, respectively, providing coverage for sex-
30 | reassignment prescriptions or procedures must also
31 | provide coverage for treatment to detransition from
32 | such sex-reassignment prescriptions or procedures;
33 | defining the term "detransition"; requiring health
34 | insurers, insurance carriers, and health maintenance
35 | organizations providing coverage of sex-reassignment
36 | prescriptions or procedures to also offer policies,
37 | plans, and contracts, as applicable, that do not
38 | provide such coverage; providing that policies, plans,
39 | and contracts may not prohibit coverage of certain
40 | mental health and therapeutic services; amending s.
41 | 760.02, F.S.; defining the term "sex" for purposes of
42 | the Florida Civil Rights Act of 1992; amending s.
43 | 760.07, F.S.; revising provisions related to remedies
44 | for unlawful discrimination to include protection on
45 | the basis of sex, rather than gender; creating s.
46 | 760.09, F.S.; defining terms and providing
47 | construction for the application of specified
48 | provisions; specifying the standard of scrutiny for
49 | specified provisions; providing construction;
50 | requiring certain governmental entities to identify

51 specified information for data-gathering purposes;
 52 amending ss. 760.60 and 760.80, F.S.; revising
 53 provisions related to discriminatory practices of
 54 certain clubs and minority representation on boards,
 55 commissions, councils, and committees, respectively,
 56 to replace references to the term "gender" with the
 57 term "sex"; amending s. 627.6475, F.S.; conforming
 58 cross-references; providing severability; providing an
 59 effective date.

60

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

62

63 Section 1. Subsection (20) is added to section 1.01,
 64 Florida Statutes, to read:

65 1.01 Definitions.—In construing these statutes and each
 66 and every word, phrase, or part hereof, where the context will
 67 permit:

68 (20) Notwithstanding any state law to the contrary, with
 69 respect to the identification of a person's sex in the
 70 application of any state law or rules or regulations, the
 71 following terms have the following meanings:

72 (a) "Sex" means the classification of a human person as
 73 either male or female based on the organization of the body of
 74 such person for a specific reproductive role, as indicated by
 75 the person's sex chromosomes, naturally occurring sex hormones,

76 and internal and external genitalia present at birth. All
77 references to the term "gender" in these statutes must be deemed
78 to refer solely to sex as defined in this section, unless a
79 different meaning is plainly required by context to qualify,
80 limit, or define a specific word or phrase.

81 (b) "Female" means a person belonging, at birth, to the
82 biological sex that has the specific reproductive role of
83 producing ova.

84 (c) "Male" means a person belonging, at birth, to the
85 biological sex that has the specific reproductive role of
86 producing sperm.

87 (d) "Woman" and "girl" refer to human females, and the
88 terms "man" and "boy" refer to human males.

89 (e) "Mother" means a female parent, and the term "father"
90 means a male parent.

91 (f) "Equal," with respect to sex, does not mean "same" or
92 "identical."

93 Section 2. Subsection (9) is added to section 103.091,
94 Florida Statutes, to read:

95 103.091 Political parties.—

96 (9) For purposes of this section, the statement of
97 biological sex on a person's official birth certificate filed at
98 or near the time of the person's birth determines whether the
99 person is male or female and may serve as a committeeman or
100 committeewoman, respectively.

101 Section 3. Paragraph (a) of subsection (1) of section
 102 322.051, Florida Statutes, is amended to read:

103 322.051 Identification cards.—

104 (1) Any person who is 5 years of age or older, or any
 105 person who has a disability, regardless of age, who applies for
 106 a disabled parking permit under s. 320.0848, may be issued an
 107 identification card by the department upon completion of an
 108 application and payment of an application fee.

109 (a) The application must include the following information
 110 regarding the applicant:

111 1. Full name (first, middle or maiden, and last), sex
 112 ~~gender~~, proof of social security card number satisfactory to the
 113 department, which may include a military identification card,
 114 county of residence, mailing address, proof of residential
 115 address satisfactory to the department, country of birth, and a
 116 brief description.

117 2. Proof of birth date satisfactory to the department.

118 3. Proof of identity satisfactory to the department. Such
 119 proof must include one of the following documents issued to the
 120 applicant:

121 a. A driver license record or identification card record
 122 from another jurisdiction that required the applicant to submit
 123 a document for identification which is substantially similar to
 124 a document required under sub-subparagraph b., sub-subparagraph
 125 c., sub-subparagraph d., sub-subparagraph e., sub-subparagraph

- 126 f., sub-subparagraph g., or sub-subparagraph h.;
- 127 b. A certified copy of a United States birth certificate;
- 128 c. A valid, unexpired United States passport;
- 129 d. A naturalization certificate issued by the United
- 130 States Department of Homeland Security;
- 131 e. A valid, unexpired alien registration receipt card
- 132 (green card);
- 133 f. A Consular Report of Birth Abroad provided by the
- 134 United States Department of State;
- 135 g. An unexpired employment authorization card issued by
- 136 the United States Department of Homeland Security; or
- 137 h. Proof of nonimmigrant classification provided by the
- 138 United States Department of Homeland Security, for an original
- 139 identification card. In order to prove nonimmigrant
- 140 classification, an applicant must provide at least one of the
- 141 following documents. In addition, the department may require
- 142 applicants to produce United States Department of Homeland
- 143 Security documents for the sole purpose of establishing the
- 144 maintenance of, or efforts to maintain, continuous lawful
- 145 presence:
- 146 (I) A notice of hearing from an immigration court
- 147 scheduling a hearing on any proceeding.
- 148 (II) A notice from the Board of Immigration Appeals
- 149 acknowledging pendency of an appeal.
- 150 (III) A notice of the approval of an application for

151 adjustment of status issued by the United States Citizenship and
 152 Immigration Services.

153 (IV) An official documentation confirming the filing of a
 154 petition for asylum or refugee status or any other relief issued
 155 by the United States Citizenship and Immigration Services.

156 (V) A notice of action transferring any pending matter
 157 from another jurisdiction to Florida, issued by the United
 158 States Citizenship and Immigration Services.

159 (VI) An order of an immigration judge or immigration
 160 officer granting relief that authorizes the alien to live and
 161 work in the United States, including, but not limited to,
 162 asylum.

163 (VII) Evidence that an application is pending for
 164 adjustment of status to that of an alien lawfully admitted for
 165 permanent residence in the United States or conditional
 166 permanent resident status in the United States, if a visa number
 167 is available having a current priority date for processing by
 168 the United States Citizenship and Immigration Services.

169 (VIII) On or after January 1, 2010, an unexpired foreign
 170 passport with an unexpired United States Visa affixed,
 171 accompanied by an approved I-94, documenting the most recent
 172 admittance into the United States.

173
 174 An identification card issued based on documents required in
 175 sub-subparagraph g. or sub-subparagraph h. is valid for a period

176 | not to exceed the expiration date of the document presented or 1
177 | year, whichever occurs first.

178 | Section 4. Paragraph (a) of subsection (2) of section
179 | 322.08, Florida Statutes, is amended to read:

180 | 322.08 Application for license; requirements for license
181 | and identification card forms.—

182 | (2) Each such application shall include the following
183 | information regarding the applicant:

184 | (a) Full name (first, middle or maiden, and last), sex
185 | ~~gender~~, proof of social security card number satisfactory to the
186 | department, which may include a military identification card,
187 | county of residence, mailing address, proof of residential
188 | address satisfactory to the department, country of birth, and a
189 | brief description.

190 | Section 5. Paragraph (a) of subsection (1) of section
191 | 322.14, Florida Statutes, is amended to read:

192 | 322.14 Licenses issued to drivers.—

193 | (1)(a) The department shall, upon successful completion of
194 | all required examinations and payment of the required fee, issue
195 | to every qualified applicant a printed driver license that must
196 | bear a color photograph or digital image of the licensee; the
197 | name of the state; a distinguishing number assigned to the
198 | licensee, which, beginning November 1, 2023, must have a minimum
199 | of four randomly generated digits on each original, renewal, or
200 | replacement driver license; and the licensee's full name, date

201 of birth, and residence address; a brief description of the
 202 licensee, including, but not limited to, the licensee's sex
 203 ~~gender~~ and height; and the dates of issuance and expiration of
 204 the license. A space must ~~shall~~ be provided upon which the
 205 licensee must ~~shall~~ affix his or her usual signature. A license
 206 is invalid until it has been signed by the licensee except that
 207 the signature of the licensee is not required if it appears
 208 thereon in facsimile or if the licensee is not present within
 209 this ~~the~~ state at the time of issuance.

210 Section 6. Section 322.195, Florida Statutes, is created
 211 to read:

212 322.195 Specification of a person's sex on driver licenses
 213 and identification cards.—The department may not issue an
 214 original or replacement driver license or identification card
 215 that specifies a person's sex as different from that specified
 216 on the person's original certificate of live birth. The
 217 department must require an applicant to sign an affidavit
 218 certifying that the sex specified on the application submitted
 219 for a new or replacement driver license or identification card
 220 is identical to that specified on the applicant's original
 221 certificate of live birth. If the department determines that the
 222 applicant made a false attestation, the department must revoke
 223 his or her driver license or identification card.

224 Section 7. Section 627.6411, Florida Statutes, is created
 225 to read:

226 627.6411 Coverage of certain treatment.-

227 (1) Any health insurance policy delivered or issued in
228 this state on or after July 1, 2024, which provides, for an
229 appropriate additional premium, coverage for sex-reassignment
230 prescriptions or procedures as defined in s. 456.001 must also
231 provide coverage for treatment to detransition from such sex-
232 reassignment prescriptions or procedures. As used in this
233 subsection, the term "detransition" means to reverse or attempt
234 to reverse the effects of sex-reassignment prescriptions or
235 procedures as defined in s. 456.001.

236 (2) A health insurer that delivers or issues a health
237 insurance policy in this state providing coverage described
238 under subsection (1) must also offer a health insurance policy
239 that does not provide such coverage.

240 (3) Any health insurance policy delivered or issued in
241 this state on or after July 1, 2024, may not prohibit the
242 coverage of mental health or therapeutic services to treat a
243 person's perception that his or her sex is inconsistent with the
244 person's sex at birth by affirming the insured's sex as defined
245 in s. 456.001.

246 Section 8. Subsections (4), (5), and (6) are added to
247 section 627.657, Florida Statutes, to read:

248 627.657 Provisions of group health insurance policies.-

249 (4) Any group health insurance policy delivered or issued
250 in this state on or after July 1, 2024, which provides, for an

251 appropriate additional premium, coverage for sex-reassignment
252 prescriptions or procedures as defined in s. 456.001 must also
253 provide coverage for treatment to detransition from such sex-
254 reassignment prescriptions or procedures. As used in this
255 subsection, the term "detransition" means to reverse or attempt
256 to reverse the effects of sex-reassignment prescriptions or
257 procedures as defined in s. 456.001.

258 (5) A group health insurer that delivers or issues a group
259 health insurance policy in this state providing coverage
260 described under subsection (4) must also offer a group health
261 insurance policy that does not provide such coverage.

262 (6) Any group health insurance policy delivered or issued
263 in this state on or after July 1, 2024, may not prohibit the
264 coverage of mental health or therapeutic services to treat a
265 person's perception that his or her sex is inconsistent with the
266 person's sex at birth by affirming the insured's sex as defined
267 in s. 456.001.

268 Section 9. Present subsections (5) through (17) of section
269 627.6699, Florida Statutes, are redesignated as subsections (6)
270 through (18), respectively, a new subsection (5) is added to
271 that section, and paragraphs (a), (n), (p), (q), (s), and (t) of
272 subsection (3), paragraph (b) of present subsection (6),
273 paragraphs (c) and (d) of present subsection (9), and paragraphs
274 (a) through (d) of present subsection (10) are amended, to read:

275 627.6699 Employee Health Care Access Act.—

276 (3) DEFINITIONS.—As used in this section, the term:
277 (a) "Actuarial certification" means a written statement,
278 by a member of the American Academy of Actuaries or another
279 person acceptable to the office, that a small employer carrier
280 is in compliance with subsection (7) ~~(6)~~, based upon the
281 person's examination, including a review of the appropriate
282 records and of the actuarial assumptions and methods used by the
283 carrier in establishing premium rates for applicable health
284 benefit plans.

285 (n) "Modified community rating" means a method used to
286 develop carrier premiums which spreads financial risk across a
287 large population; allows the use of separate rating factors for
288 age, gender, family composition, tobacco usage, and geographic
289 area as determined under paragraph (6) (f) ~~(5) (f)~~; and allows
290 adjustments for: claims experience, health status, or duration
291 of coverage as permitted under subparagraph (7) (b) 5. ~~(6) (b) 5.~~;
292 and administrative and acquisition expenses as permitted under
293 subparagraph (7) (b) 5. ~~(6) (b) 5.~~

294 (p) "Plan of operation" means the plan of operation of the
295 program, including articles, bylaws, and operating rules,
296 adopted by the board under subsection (12) ~~(11)~~.

297 (q) "Program" means the Florida Small Employer Carrier
298 Reinsurance Program created under subsection (12) ~~(11)~~.

299 (s) "Reinsuring carrier" means a small employer carrier
300 that elects to comply with the requirements set forth in

301 subsection (12) ~~(11)~~.

302 (t) "Risk-assuming carrier" means a small employer carrier
 303 that elects to comply with the requirements set forth in
 304 subsection (11) ~~(10)~~.

305 (5) REQUIREMENTS FOR CERTAIN COVERAGE.-

306 (a) Any health benefit plan delivered or issued in this
 307 state on or after July 1, 2024, which provides, for an
 308 appropriate additional premium, coverage for sex-reassignment
 309 prescriptions or procedures as defined in s. 456.001 must also
 310 provide coverage for treatment to detransition from such sex-
 311 reassignment prescriptions or procedures. As used in this
 312 subsection, the term "detransition" means to reverse or attempt
 313 to reverse the effects of sex-reassignment prescriptions or
 314 procedures as defined in s. 456.001.

315 (b) A carrier that delivers or issues a health benefit
 316 plan in this state providing coverage described under paragraph
 317 (a) must also offer a health benefit plan that does not provide
 318 such coverage.

319 (c) Any health benefit plan delivered or issued in this
 320 state on or after July 1, 2024, may not prohibit the coverage of
 321 mental health or therapeutic services to treat a person's
 322 perception that his or her sex is inconsistent with the person's
 323 sex at birth by affirming the insured's sex as defined in s.
 324 456.001.

325 (7)-(6) RESTRICTIONS RELATING TO PREMIUM RATES.-

326 (b) For all small employer health benefit plans that are
327 subject to this section and issued by small employer carriers on
328 or after January 1, 1994, premium rates for health benefit plans
329 are subject to the following:

330 1. Small employer carriers must use a modified community
331 rating methodology in which the premium for each small employer
332 is determined solely on the basis of the eligible employee's and
333 eligible dependent's gender, age, family composition, tobacco
334 use, or geographic area as determined under paragraph (6)(f)
335 ~~(5)(f)~~ and in which the premium may be adjusted as permitted by
336 this paragraph. A small employer carrier is not required to use
337 gender as a rating factor for a nongrandfathered health plan.

338 2. Rating factors related to age, gender, family
339 composition, tobacco use, or geographic location may be
340 developed by each carrier to reflect the carrier's experience.
341 The factors used by carriers are subject to office review and
342 approval.

343 3. Small employer carriers may not modify the rate for a
344 small employer for 12 months from the initial issue date or
345 renewal date, unless the composition of the group changes or
346 benefits are changed. However, a small employer carrier may
347 modify the rate one time within the 12 months after the initial
348 issue date for a small employer who enrolls under a previously
349 issued group policy that has a common anniversary date for all
350 employers covered under the policy if:

351 a. The carrier discloses to the employer in a clear and
 352 conspicuous manner the date of the first renewal and the fact
 353 that the premium may increase on or after that date.

354 b. The insurer demonstrates to the office that
 355 efficiencies in administration are achieved and reflected in the
 356 rates charged to small employers covered under the policy.

357 4. A carrier may issue a group health insurance policy to
 358 a small employer health alliance or other group association with
 359 rates that reflect a premium credit for expense savings
 360 attributable to administrative activities being performed by the
 361 alliance or group association if such expense savings are
 362 specifically documented in the insurer's rate filing and are
 363 approved by the office. Any such credit may not be based on
 364 different morbidity assumptions or on any other factor related
 365 to the health status or claims experience of any person covered
 366 under the policy. This subparagraph does not exempt an alliance
 367 or group association from licensure for activities that require
 368 licensure under the insurance code. A carrier issuing a group
 369 health insurance policy to a small employer health alliance or
 370 other group association shall allow any properly licensed and
 371 appointed agent of that carrier to market and sell the small
 372 employer health alliance or other group association policy. Such
 373 agent shall be paid the usual and customary commission paid to
 374 any agent selling the policy.

375 5. Any adjustments in rates for claims experience, health

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376 status, or duration of coverage may not be charged to individual
377 employees or dependents. For a small employer's policy, such
378 adjustments may not result in a rate for the small employer
379 which deviates more than 15 percent from the carrier's approved
380 rate. Any such adjustment must be applied uniformly to the rates
381 charged for all employees and dependents of the small employer.
382 A small employer carrier may make an adjustment to a small
383 employer's renewal premium, up to 10 percent annually, due to
384 the claims experience, health status, or duration of coverage of
385 the employees or dependents of the small employer. If the
386 aggregate resulting from the application of such adjustment
387 exceeds the premium that would have been charged by application
388 of the approved modified community rate by 4 percent for the
389 current policy term, the carrier shall limit the application of
390 such adjustments only to minus adjustments. For any subsequent
391 policy term, if the total aggregate adjusted premium actually
392 charged does not exceed the premium that would have been charged
393 by application of the approved modified community rate by 4
394 percent, the carrier may apply both plus and minus adjustments.
395 A small employer carrier may provide a credit to a small
396 employer's premium based on administrative and acquisition
397 expense differences resulting from the size of the group. Group
398 size administrative and acquisition expense factors may be
399 developed by each carrier to reflect the carrier's experience
400 and are subject to office review and approval.

401 6. A small employer carrier rating methodology may include
402 separate rating categories for one dependent child, for two
403 dependent children, and for three or more dependent children for
404 family coverage of employees having a spouse and dependent
405 children or employees having dependent children only. A small
406 employer carrier may have fewer, but not greater, numbers of
407 categories for dependent children than those specified in this
408 subparagraph.

409 7. Small employer carriers may not use a composite rating
410 methodology to rate a small employer with fewer than 10
411 employees. For the purposes of this subparagraph, the term
412 "composite rating methodology" means a rating methodology that
413 averages the impact of the rating factors for age and gender in
414 the premiums charged to all of the employees of a small
415 employer.

416 8. A carrier may separate the experience of small employer
417 groups with fewer than 2 eligible employees from the experience
418 of small employer groups with 2-50 eligible employees for
419 purposes of determining an alternative modified community
420 rating.

421 a. If a carrier separates the experience of small employer
422 groups, the rate to be charged to small employer groups of fewer
423 than 2 eligible employees may not exceed 150 percent of the rate
424 determined for small employer groups of 2-50 eligible employees.
425 However, the carrier may charge excess losses of the experience

426 pool consisting of small employer groups with less than 2
427 eligible employees to the experience pool consisting of small
428 employer groups with 2-50 eligible employees so that all losses
429 are allocated and the 150-percent rate limit on the experience
430 pool consisting of small employer groups with less than 2
431 eligible employees is maintained.

432 b. Notwithstanding s. 627.411(1), the rate to be charged
433 to a small employer group of fewer than 2 eligible employees,
434 insured as of July 1, 2002, may be up to 125 percent of the rate
435 determined for small employer groups of 2-50 eligible employees
436 for the first annual renewal and 150 percent for subsequent
437 annual renewals.

438 9. A carrier shall separate the experience of
439 grandfathered health plans from nongrandfathered health plans
440 for determining rates.

441 (10)~~(9)~~ SMALL EMPLOYER CARRIER'S ELECTION TO BECOME A
442 RISK-ASSUMING CARRIER OR A REINSURING CARRIER.—

443 (c) An election to become a risk-assuming carrier is
444 subject to approval under subsection (11) ~~(10)~~.

445 (d) A small employer carrier that elects to cease
446 participating as a reinsuring carrier and to become a risk-
447 assuming carrier is prohibited from reinsuring or continuing to
448 reinsure any small employer health benefits plan under
449 subsection (12) ~~(11)~~ as soon as the carrier becomes a risk-
450 assuming carrier and must pay a prorated assessment based upon

451 business issued as a reinsuring carrier for any portion of the
452 year that the business was reinsured. A small employer carrier
453 that elects to cease participating as a risk-assuming carrier
454 and to become a reinsuring carrier is permitted to reinsure
455 small employer health benefit plans under the terms set forth in
456 subsection (12) ~~(11)~~ and must pay a prorated assessment based
457 upon business issued as a reinsuring carrier for any portion of
458 the year that the business was reinsured.

459 (11) ~~(10)~~ ELECTION PROCESS TO BECOME A RISK-ASSUMING
460 CARRIER.—

461 (a)1. A small employer carrier may become a risk-assuming
462 carrier by filing with the office a designation of election
463 under subsection (10) ~~(9)~~ in a format and manner prescribed by
464 the commission. The office shall approve the election of a small
465 employer carrier to become a risk-assuming carrier if the office
466 finds that the carrier is capable of assuming that status
467 pursuant to the criteria set forth in paragraph (b).

468 2. The office must approve or disapprove any designation
469 as a risk-assuming carrier within 60 days after filing.

470 (b) In determining whether to approve an application by a
471 small employer carrier to become a risk-assuming carrier, the
472 office shall consider:

473 1. The carrier's financial ability to support the
474 assumption of the risk of small employer groups.

475 2. The carrier's history of rating and underwriting small

476 employer groups.

477 3. The carrier's commitment to market fairly to all small
478 employers in the state or its service area, as applicable.

479 4. The carrier's ability to assume and manage the risk of
480 enrolling small employer groups without the protection of the
481 reinsurance program provided in subsection (12) ~~(11)~~.

482 (c) A small employer carrier that becomes a risk-assuming
483 carrier pursuant to this subsection is not subject to the
484 assessment provisions of subsection (12) ~~(11)~~.

485 (d) The office shall provide public notice of a small
486 employer carrier's designation of election under subsection (10)
487 ~~(9)~~ to become a risk-assuming carrier and shall provide at least
488 a 21-day period for public comment prior to making a decision on
489 the election. The office shall hold a hearing on the election at
490 the request of the carrier.

491 Section 10. Subsections (48), (49), and (50) are added to
492 section 641.31, Florida Statutes, to read:

493 641.31 Health maintenance contracts.—

494 (48) Any health maintenance contract delivered or issued
495 in this state on or after July 1, 2024, which provides, for an
496 appropriate additional premium, coverage for sex-reassignment
497 prescriptions or procedures as defined in s. 456.001 must also
498 provide coverage for treatment to detransition from such sex-
499 reassignment prescriptions or procedures. As used in this
500 subsection, the term "detransition" means to reverse or attempt

501 to reverse the effects of sex-reassignment prescriptions or
 502 procedures as defined in s. 456.001.

503 (49) A health maintenance organization that delivers or
 504 issues a health maintenance contract providing coverage
 505 described under subsection (48) must also offer a health
 506 maintenance contract that does not provide such coverage.

507 (50) Any health maintenance contract delivered or issued
 508 in this state on or after July 1, 2024, may not prohibit the
 509 coverage of mental health or therapeutic services to treat a
 510 person's perception that his or her sex is inconsistent with the
 511 person's sex at birth by affirming the subscriber's sex as
 512 defined in s. 456.001.

513 Section 11. Subsection (12) is added to section 760.02,
 514 Florida Statutes, to read:

515 760.02 Definitions.—For the purposes of ss. 760.01-760.11
 516 and 509.092, the term:

517 (12) "Sex" means the classification of a human person as
 518 either male or female based on the organization of the body of
 519 such person for a specific reproductive role, as indicated by
 520 the person's sex chromosomes, naturally occurring sex hormones,
 521 and internal and external genitalia present at birth.

522 Section 12. Section 760.07, Florida Statutes, is amended
 523 to read:

524 760.07 Remedies for unlawful discrimination.—Any violation
 525 of any Florida statute that makes unlawful discrimination

526 | because of race, color, religion, ~~sex~~ gender, pregnancy,
 527 | national origin, age, handicap, or marital status in the areas
 528 | of education, employment, or public accommodations gives rise to
 529 | a cause of action for all relief and damages described in s.
 530 | 760.11(5), unless greater damages are expressly provided for. If
 531 | the statute prohibiting unlawful discrimination provides an
 532 | administrative remedy, the action for equitable relief and
 533 | damages provided for in this section may be initiated only after
 534 | the plaintiff has exhausted his or her administrative remedy.
 535 | The term "public accommodations" does not include lodge halls or
 536 | other similar facilities of private organizations which are made
 537 | available for public use occasionally or periodically. The right
 538 | to trial by jury is preserved in any case in which the plaintiff
 539 | is seeking actual or punitive damages.

540 | Section 13. Section 760.09, Florida Statutes, is created
 541 | to read:

542 | 760.09 Construction.—

543 | (1) Notwithstanding any state law to the contrary, with
 544 | respect to the identification of an individual's sex in the
 545 | application of this chapter, the following construction applies
 546 | and the following terms have the following meanings:

547 | (a) "Sex" means an individual's biological sex, either
 548 | male or female, at birth.

549 | (b) "Female" means an individual whose biological
 550 | reproductive system is developed to produce ova, and the term

551 "male" means an individual whose biological reproductive system
552 is developed to fertilize the ova of a female.

553 (c) "Woman" and "girl" refer to human females, and the
554 terms "man" and "boy" refer to human males.

555 (d) "Mother" means a female parent, and the term "father"
556 means a male parent.

557 (e) "Equal," with respect to biological sex, does not mean
558 "same" or "identical."

559 (f) With respect to biological sex, separate
560 accommodations are not inherently unequal.

561 (g) An individual born with a medically verifiable
562 diagnosis of a disorder in sex development must be provided
563 legal protections and accommodations afforded under the
564 Americans with Disabilities Act and applicable state law.

565 (2) Laws and rules that distinguish between the sexes are
566 subject to intermediate constitutional scrutiny. Intermediate
567 constitutional scrutiny forbids unfair discrimination against
568 similarly situated male and female individuals but allows the
569 law to distinguish between the sexes where such distinctions are
570 substantially related to important state interests.

571 Notwithstanding any state law to the contrary, distinctions
572 between the sexes with respect to athletics, prisons or other
573 detention facilities, domestic violence shelters, rape crisis
574 centers, locker rooms, restrooms, and other areas where biology,
575 safety, or privacy are implicated which result in separate

576 accommodations are substantially related to the important state
 577 interest of protecting the health, safety, and privacy of
 578 individuals in such circumstances.

579 (3) Any school district, or public school therein, and any
 580 state agency, department, or office or political subdivision
 581 thereof that collects vital statistics for the purpose of
 582 complying with antidiscrimination laws or for the purpose of
 583 gathering accurate public health, crime, economic, or other data
 584 must identify the sex, as defined in s. 1.01(20), of each
 585 individual who is part of the collected data identify set.

586 Section 14. Subsection (1) of section 760.60, Florida
 587 Statutes, is amended to read:

588 760.60 Discriminatory practices of certain clubs
 589 prohibited; remedies.—

590 (1) It is unlawful for A person to discriminate against
 591 any individual because of race, color, religion, sex ~~gender~~,
 592 national origin, handicap, age above the age of 21, or marital
 593 status in evaluating an application for membership in a club
 594 that has more than 400 members, that provides regular meal
 595 service, and that regularly receives payment for dues, fees, use
 596 of space, facilities, services, meals, or beverages directly or
 597 indirectly from nonmembers for business purposes. It is unlawful
 598 for A person, on behalf of such a club, to publish, circulate,
 599 issue, display, post, or mail any advertisement, notice, or
 600 solicitation that contains a statement to the effect that the

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601 accommodations, advantages, facilities, membership, or
602 privileges of the club are denied to any individual because of
603 race, color, religion, sex ~~gender~~, national origin, handicap,
604 age above the age of 21, or marital status. This subsection does
605 not apply to fraternal or benevolent organizations, ethnic
606 clubs, or religious organizations where business activity is not
607 prevalent.

608 Section 15. Subsection (4) of section 760.80, Florida
609 Statutes, is amended to read:

610 760.80 Minority representation on boards, commissions,
611 councils, and committees.—

612 (4) Each appointing authority described in subsection (3)
613 shall submit a report to the Secretary of State annually by
614 December 1 which discloses the number of appointments made
615 during the preceding year from each minority group and the
616 number of nonminority appointments made, expressed both in
617 numerical terms and as a percentage of the total membership of
618 the board, commission, council, or committee. In addition,
619 information must ~~shall~~ be included in the report detailing the
620 number of physically disabled persons appointed to boards,
621 commissions, councils, and committees in the previous calendar
622 year. A copy of the report must ~~shall~~ be submitted to the
623 Governor, the Speaker of the House of Representatives, and the
624 President of the Senate. In addition, each appointing authority
625 shall designate a person responsible for retaining all

626 applications for appointment, who shall ensure that information
 627 describing each applicant's race, ethnicity, sex ~~gender~~,
 628 physical disability, if applicable, and qualifications is
 629 available for public inspection during reasonable hours. Nothing
 630 in this section requires disclosure of an applicant's identity
 631 or of any other information made confidential by law.

632 Section 16. Subsection (4), paragraphs (a), (e), and (g)
 633 of subsection (7), and paragraph (a) of subsection (8) of
 634 section 627.6475, Florida Statutes, are amended to read:

635 627.6475 Individual reinsurance pool.—

636 (4) MAINTENANCE OF RECORDS.—Each health insurance issuer
 637 that offers individual health insurance must maintain at its
 638 principal place of business a complete and detailed description
 639 of its rating practices and renewal practices, as required for
 640 small employer carriers pursuant to s. 627.6699(9) ~~s.~~
 641 ~~627.6699(8)~~.

642 (7) INDIVIDUAL HEALTH REINSURANCE PROGRAM.—

643 (a) The individual health reinsurance program shall
 644 operate subject to the supervision and control of the board of
 645 the small employer health reinsurance program established
 646 pursuant to s. 627.6699(12) ~~s. 627.6699(11)~~. The board shall
 647 establish a separate, segregated account for eligible
 648 individuals reinsured pursuant to this section, which account
 649 may not be commingled with the small employer health reinsurance
 650 account.

651 (e)1. Before March 1 of each calendar year, the board
652 shall determine and report to the office the program net loss in
653 the individual account for the previous year, including
654 administrative expenses for that year and the incurred losses
655 for that year, taking into account investment income and other
656 appropriate gains and losses.

657 2. Any net loss in the individual account for the year
658 shall be recouped by assessing the carriers as follows:

659 a. The operating losses of the program shall be assessed
660 in the following order subject to the specified limitations. The
661 first tier of assessments shall be made against reinsuring
662 carriers in an amount that may not exceed 5 percent of each
663 reinsuring carrier's premiums for individual health insurance.
664 If such assessments have been collected and additional moneys
665 are needed, the board shall make a second tier of assessments in
666 an amount that may not exceed 0.5 percent of each carrier's
667 health benefit plan premiums.

668 b. Except as provided in paragraph (f), risk-assuming
669 carriers are exempt from all assessments authorized pursuant to
670 this section. The amount paid by a reinsuring carrier for the
671 first tier of assessments shall be credited against any
672 additional assessments made.

673 c. The board shall equitably assess reinsuring carriers
674 for operating losses of the individual account based on market
675 share. The board shall annually assess each carrier a portion of

676 the operating losses of the individual account. The first tier
677 of assessments shall be determined by multiplying the operating
678 losses by a fraction, the numerator of which equals the
679 reinsuring carrier's earned premium pertaining to direct
680 writings of individual health insurance in the state during the
681 calendar year for which the assessment is levied, and the
682 denominator of which equals the total of all such premiums
683 earned by reinsuring carriers in the state during that calendar
684 year. The second tier of assessments shall be based on the
685 premiums that all carriers, except risk-assuming carriers,
686 earned on all health benefit plans written in this state. The
687 board may levy interim assessments against reinsuring carriers
688 to ensure the financial ability of the plan to cover claims
689 expenses and administrative expenses paid or estimated to be
690 paid in the operation of the plan for the calendar year prior to
691 the association's anticipated receipt of annual assessments for
692 that calendar year. Any interim assessment is due and payable
693 within 30 days after receipt by a carrier of the interim
694 assessment notice. Interim assessment payments shall be credited
695 against the carrier's annual assessment. Health benefit plan
696 premiums and benefits paid by a carrier that are less than an
697 amount determined by the board to justify the cost of collection
698 may not be considered for purposes of determining assessments.

699 d. Subject to the approval of the office, the board shall
700 adjust the assessment formula for reinsuring carriers that are

701 approved as federally qualified health maintenance organizations
 702 by the Secretary of Health and Human Services pursuant to 42
 703 U.S.C. s. 300e(c)(2)(A) to the extent, if any, that restrictions
 704 are placed on them which are not imposed on other carriers.

705 3. Before March 1 of each year, the board shall determine
 706 and file with the office an estimate of the assessments needed
 707 to fund the losses incurred by the program in the individual
 708 account for the previous calendar year.

709 4. If the board determines that the assessments needed to
 710 fund the losses incurred by the program in the individual
 711 account for the previous calendar year will exceed the amount
 712 specified in subparagraph 2., the board shall evaluate the
 713 operation of the program and report its findings and
 714 recommendations to the office in the format established in s.
 715 627.6699(12) ~~s. 627.6699(11)~~ for the comparable report for the
 716 small employer reinsurance program.

717 (g) Except as otherwise provided in this section, the
 718 board and the office shall have all powers, duties, and
 719 responsibilities with respect to carriers that issue and
 720 reinsure individual health insurance, as specified for the board
 721 and the office in s. 627.6699(12) ~~s. 627.6699(11)~~ with respect
 722 to small employer carriers, including, but not limited to, the
 723 provisions of s. 627.6699(12) ~~s. 627.6699(11)~~ relating to:

724 1. Use of assessments that exceed the amount of actual
 725 losses and expenses.

726 2. The annual determination of each carrier's proportion
727 of the assessment.

728 3. Interest for late payment of assessments.

729 4. Authority for the office to approve deferment of an
730 assessment against a carrier.

731 5. Limited immunity from legal actions or carriers.

732 6. Development of standards for compensation to be paid to
733 agents. Such standards shall be limited to those specifically
734 enumerated in s. 627.6699(13)(d) ~~s. 627.6699(12)(d)~~.

735 7. Monitoring compliance by carriers with this section.

736 (8) STANDARDS TO ASSURE FAIR MARKETING.—

737 (a) Each health insurance issuer that offers individual
738 health insurance shall actively market coverage to eligible
739 individuals in the state. The provisions of s. 627.6699(13) ~~s.~~
740 ~~627.6699(12)~~ that apply to small employer carriers that market
741 policies to small employers shall also apply to health insurance
742 issuers that offer individual health insurance with respect to
743 marketing policies to individuals.

744 Section 17. If any provision of this act or the
745 application thereof to any person or circumstance is held
746 invalid, the invalidity does not affect other provisions or
747 applications of the act which can be given effect without the
748 invalid provision or application, and to this end the provisions
749 of this act are declared severable.

750 Section 18. This act shall take effect July 1, 2024.