

FLORIDA HOUSE OF REPRESENTATIVES FINAL BILL ANALYSIS

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BILL #: CS/CS/HB 1291 TITLE: Florida Birth-related Neurological Injury Compensation Association SPONSOR(S): Anderson	COMPANION BILL: CS/CS/SB 1668 (Burton) LINKED BILLS: None RELATED BILLS: None
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FINAL HOUSE FLOOR ACTION: 96 Y's 2 N's **GOVERNOR'S ACTION:** Pending

SUMMARY

Effect of the Bill:

The bill amends operational and financial requirements for the Birth-Related Neurological Injury Compensation Plan (Plan) administered by the Florida Birth-Related Neurological Injury Compensation Association (NICA). It codifies current benefit policies, increases access to psychotherapy providers, requires continuous comprehensive major medical health coverage for the participant or enrollment in Medicaid, if eligible, and requires the Plan to cover a participant's premiums and out-of-pocket costs. The bill requires the Plan to compensate the Medicaid program for costs incurred for Plan participants, and authorizes the Plan to recoup overpaid expenses from family members via administrative proceedings.

The bill revises NICA financial oversight by establishing timelines for existing provider assessments to ensure timely collection, requiring NICA to perform actuarial soundness analyses, revising requirements for management of program assets and liabilities, revising the actuarial valuation review process conducted by the Office of Insurance Regulation (OIR), and restructuring the remedies available to OIR to address financial unsoundness. The bill limits the current authority for a \$20 million transfer to address actuarial unsoundness to a cumulative \$20 million over the life of the NICA program instead of annually, and applies it to situations of inadequate cash flow. If OIR finds NICA is not actuarially sound after applying the available remedies, and NICA notifies the Governor and the Legislature, the bill requires NICA to obtain express legislative authority before accepting any new claim unless an exception applies. In the event of a finding of actuarial unsoundness, the bill prohibits NICA from creating new benefits or expanding existing benefits that result in additional costs.

Fiscal or Economic Impact:

The bill may have an indeterminate impact on the private sector.

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ANALYSIS

EFFECT OF THE BILL:

CS/CS/HB 1291 passed as [CS/CS/SB 1668](#).

The bill makes several changes to the benefit structure and financial governance of the Birth-Related Neurological Injury Compensation Plan and its governing body, the Florida Birth-Related Neurological Injury Compensation Association, to stabilize the program financially and avoid enrollment stoppage.

Birth-Related Neurological Injury Compensation Plan

The bill makes several changes to the governing framework of the Birth-Related Neurological Injury Compensation Plan (Plan), administered by the Florida Birth-Related Neurological Injury Compensation Association (NICA), relating to the petition process, benefits, third-party health coverage, and Medicaid recoupment.

STORAGE NAME: h1291z

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Definitions

The bill defines “participant” to mean “the person who suffered a birth-related neurological injury as an infant and who accepted compensation under the Plan by final order entered by an administrative law judge pursuant to [s. 766.309, F.S.](#)” (Section 2). The bill replaces the terms “infant” and “child” with “participant.” (Sections 3, 6, and 8). According to NICA, 40% of its participants are adults.¹

The bill revises the definition of “claimant” to mean any person who files a claim, regardless of whether they’re seeking compensation or not. It also substitutes the term “injuries” for “injury claims.” The bill also removes references to “compensation” from the [petition filing process](#), allowing claimants who are neither the participant nor a family member of the participant to file a petition with the Division of Administrative Hearings (DOAH). (Sections 2, 3, and 4).

The bill defines “office” as the Office of Insurance Regulation. (Section 2).

Compensation Awards

Health Coverage

The bill requires a family member to continuously maintain comprehensive major medical health coverage for the participant. A family member must obtain insurance coverage within 60 days after an administrative law judge enters a final order approving a claim for compensation or apply for Medicaid coverage within 30 days after entry of such order. If the participant is ineligible for Medicaid, the family member must obtain other coverage within 60 days after receipt of a Medicaid denial. A family member of an individual who is a participant on June 30, 2026, must obtain the required coverage for the participant by January 1, 2027. The bill requires the Plan to reimburse Plan participants for the costs of this coverage obligation, including the premium and any out-of-pocket expenses incurred by the participant for commercial coverage, codifying current NICA policy.² (Section 6)

In addition, the Plan will pay for reasonable, medically necessary care received by the participant on or before June 30, 2026, which was reduced or not paid by the Plan because the participant did not have health coverage. The Plan must reimburse these participants by December 31, 2026. (Section 6). This will remediate families that did not comply³ with the NICA policy requiring them to maintain major medical coverage for the participants.

For Plan participants who are Medicaid enrollees, the bill requires the Plan to reimburse Medicaid for services rendered, and related administrative and support costs, on both a fee-for-service basis⁴ and via capitation payments,⁵ as applicable. The bill requires the Agency for Health Care Administration (AHCA) to recover reimbursement directly from NICA for the full amount of all Medicaid medical assistance rendered to Plan participants. Medicaid must implement this requirement through its existing [third-party liability](#) functions. The bill requires the credit of such funds to the AHCA Medical Care Trust Fund. (Sections 1 and 6). The changes follow NICA’s settlement of a legal dispute with the United States and AHCA’s legislative recommendations for Medicaid third-party payer liability reform.⁶

¹ Email from Hilary Brazzell, External Affairs Manager, Florida Birth-Related Neurological Injury Compensation Association, NICA Information (Jan. 28, 2026), on file with the House Commerce Committee.

² NICA, *Benefit Handbook: Approved December 12, 2025*, at 19 https://nica.com/wp-content/uploads/2026/01/Draft_BenefitHandbook_Reformatted_12312025.pdf (last visited Mar. 30, 2026).

³ According to NICA, one family has not obtained coverage and others have expressed a preference not to obtain coverage. See Florida Birth-Related Neurological Injury Compensation Association, *HB 1291/SB 1168 Florida Birth-Related Neurological Injury Compensation Association: Summary and Analysis*, at 14 (Jan. 27, 2026).

⁴ The Medicaid fee-for-service model is the one in which doctors and other providers are paid directly by the state for each service provided to the patient. See HealthCare.gov, *Fee for Service*, <https://www.healthcare.gov/glossary/fee-for-service/> (last visited Mar. 18, 2026).

⁵ The Medicaid capitated model is one in which the state pays health Plans a set rate for each enrollee. See Centers for Medicare & Medicaid Services, *Capitated Model*, <https://www.cms.gov/medicaid-chip/medicare-coordination/financial-alignment/capitated-model> (last visited Mar. 18, 2026).

⁶ Agency for Health Care Administration, *The Neurological Injury Compensation Association and Florida Medicaid Third-Party Liability: Report to the Legislature*, at 9-10 (Nov. 2021) https://ahca.myflorida.com/content/download/5873/file/NICA_Florida_Medicaid_TPL.pdf (last visited Mar. 18, 2026).

Health Services

The bill also revises the types of compensation of actual expenses for medically necessary care or services, codifying some current NICA policy⁷, which include:

- Coverage of medically necessary and reasonable dental services.
- Expanded coverage of behavioral health services for the participant’s family, adding coverage for psychotherapeutic services for any relative who resided with the participant, rather than only the father, mother, or legal guardians, all of whom will share in the aggregate annual benefit of \$10,000 currently allotted for psychotherapeutic services for immediate family members.
- Expanded providers for family behavioral health services covered to include psychiatrists and psychotherapists who maintain equivalent licensure in another jurisdiction.
- Coverage of legal costs associated with establishing and maintaining guardianship for a participant.
- Expanded coverage of the types of vehicles the Plan replaces, which currently only includes vans purchased by the Plan.
- Expanded coverage of the types of available uses for the housing assistance benefit, which currently only applies to home construction and modification costs, to include a down payment on a new home and moving expenses.

The bill limits coverage of certain care provided by family members. The Plan will not provide compensation for nursing, home health care, or family care provided while such care is being provided by another person or entity, or while a family member works another job while seeking compensation from the Plan as a home health aide for the Plan participant. (Section 6).

Florida Birth-Related Neurological Injury Compensation Association

The bill makes several changes to the operational and financial framework of NICA, related to revenue collection, cash flow maintenance, actuarial soundness standards, remedies for financial unsoundness, and transparency.

Plan Assets and Liabilities

Provider Assessments

The bill requires the Department of Health (DOH) to collect provider assessments from newly licensed physicians, which is consistent with current practice.⁸ (Section 7). This means newly licensed physicians will direct their first provider assessment to DOH and all future provider assessments to NICA.

Hospitals

The bill requires hospitals to pay all required live birth assessments by December 31 of the calendar year immediately subsequent to the birth year. (Section 7). This means that hospitals will make one annual payment that aggregates all required live birth assessments for Year A by the deadline of December 31 in Year B. The current statute is silent regarding the timing of these assessment payments.

Participating Physicians

The bill establishes an annual assessment payment deadline of December 31 for physicians who elect NICA-related liability protection under the Plan. The bill also creates a 31-day grace period, allowing physicians to pay the annual assessment by January 31 and still secure participating physician status and liability protection for the

⁷ NICA, *Benefit Handbook: Approved December 12, 2025*, https://nica.com/wp-content/uploads/2026/01/Draft_BenefitHandbook_Reformatted_12312025.pdf (last visited Mar. 30, 2026).

⁸ See, Florida Board of Medicine, *Fees*, available at [Medical Doctor \(MD\) - Florida Board of Medicine](https://www.flores.org/medical-doctor-md-florida-board-of-medicine), (last visited March 30, 2026).

entire calendar year. However, if a physician pays the annual assessment after January 31 participating physician status is prorated: the physician will not have medical malpractice liability protection through the Plan for the time period in which the assessment was unpaid. (Section 7).

Other Physicians

The bill establishes the annual payment deadline for all other physician assessments as December 31. Physicians must pay assessments on or before December 31. (Section 7).

Financial Soundness

Currently, as a “[threshold requirement](#),” NICA must maintain reserves sufficient to cover 100 percent of the present value of future claims associated with each accepted claim.⁹ If the estimated future claim costs exceed the funds on hand, plus funds that will become available to NICA over the following 12 months, NICA must stop enrolling new participants in the Plan.¹⁰ Since 2021, NICA’s annual operating expenses have exceeded its net annual assessment revenue. This funding gap is covered by investment income from its reserves and any surplus;¹¹ but, without legislative action, this may become inadequate to avoid an enrollment stop.¹²

The bill addresses the prospect of an imminent enrollment stop by specifying when the Plan is considered actuarially sound and empowering OIR to consider NICA’s risk margin before requiring an enrollment stop. Specifically, the bill provides that the Plan is actuarially sound, i.e., resetting the threshold requirement, when its assets are equal to or greater than 90 percent of the present value of estimated liabilities, excluding any risk margin. This reduces the mandatory minimum amount of reserves and allows OIR to consider the impacts of short-term, negative market changes in the investment market. This will minimize the prospect that the enrollment stop is triggered.¹³ Since OIR must consider a risk margin, which could identify short-term cash flow issues, it revises the current remedies that address a potential funding crisis to allow OIR to address a short-term cash flow problem separately from addressing actuarial soundness problems.

These changes are discussed in detail below.

Claims Management and Cash Flow

The bill establishes new requirements for NICA to manage Plan benefits in a more accountable manner.

The bill requires NICA to include a fraud and overpayment detection and prevention program in its plan of operation. (Section 7).

The bill expressly authorizes NICA to seek adjudication of compensation overpayments. If NICA believes an overpayment was made and the family member disputes it, NICA may file a petition for DOAH review and determination of the amount, if any, to be recouped by NICA. (Section 6).

Current law requires NICA to estimate the present value of the total cost of a claim within 60 days after a claim is filed and to update these estimates quarterly based on the actual costs incurred by NICA. The bill requires NICA to submit these quarterly estimates to OIR within 15 business days after completion. (Section 7).

⁹ NICA is required to estimate future claim costs on a quarterly basis. [s. 766.314, F.S.](#)

¹⁰ [S. 766.314\(9\)\(b\), F.S.](#)

¹¹ Florida Birth-Related Neurological Injury Compensation Association, *HB 1291/SB 1168 Florida Birth-Related Neurological Injury Compensation Association: Summary and Analysis*, at 5 (Jan. 27, 2026).

¹² In 2023, NICA estimated that it would fail the threshold requirement in the near future due to negative market conditions and reduced investment revenue and, thus, the enrollment stop may be triggered in the near future. The Legislature has been addressing this issue with short-term, stop gaps. In 2024, the Legislature passed a revision to the calculation of the threshold requirement, which allowed NICA to reallocate surplus to reserves. S. 60, Ch. 2024-140, Laws of Fla. The uncertainty in potential investment returns, defined by actuaries as a “risk margin,” is not expressly included in the previous or revised threshold requirement. In 2025, the Legislature suspended the threshold requirement for FY 2025-2026. S. 47, Ch. 2025-199, Laws of Fla.

¹³ Florida Birth-Related Neurological Injury Compensation Association, *supra* note 11, at 8.

The bill prohibits the NICA Board of Directors from creating new benefits or expanding existing benefits that result in additional costs to the Plan, if the Plan is operating at an annual cash flow deficit. (Section 8).

The bill changes the current authority for a \$20 million transfer to address actuarial unsoundness, instead making it a short-term remedy for inadequate cash flow. It also limits the authority for such transfers to a cumulative \$20 million over the life of the Plan instead of the annual \$20 million allocation in current law. (Section 7).

The bill eliminates the prohibition on accepting new claims required by current law when the total of all future claims equals or exceeds 100 percent of the funds on hand plus the funds that will become available to NICA within the next 12 months. Instead, the [enrollment stop](#) will be triggered by a lack of actuarial soundness, and only after other remedies are utilized (below).

Actuarial Unsoundness

The bill also requires NICA to calculate whether the Plan is actuarially sound after the completion of its quarterly revisions of claims estimates. The bill defines “actuarially sound” as the total Plan assets available to fund future liabilities being equal to or greater than 90 percent of the present value of total estimated liabilities excluding any risk margin. (Section 2). This term is used in current NICA statutes; however, it is currently not defined.

The bill defines “risk margin” as “an additional, explicit allowance above the best-estimate reserve to reflect uncertainty in future claim payments, including variation in claimant life expectancy and the number and cost of pending or unreported claims. The risk margin is not included in the reserve amount used to calculate the funding ratio.” (Section 2). The inclusion of the concept of a risk margin in the determination of the Plan’s financial soundness will allow OIR to consider the impacts of negative market developments on cash flow and estimated prospective investment returns, as well as the enumerated claims-related factors. This will allow identification and addressing of short-term cash flow issues, which may occur independent of or in conjunction with actuarial unsoundness determinations.

If NICA determines the Plan is not actuarially sound, NICA must immediately notify OIR. Then, OIR must review NICA’s calculations and, within 60 days after NICA’s notification, determine whether to initiate an actuarial valuation, and notify NICA of its determination. OIR must, at a minimum, make its determination based on the degree to which NICA’s calculations indicate that the Plan is not actuarially sound, the direction and consistency of recent trends in the calculations of the Plan’s actuarial soundness, and the length of time since the most recent actuarial analysis conducted by OIR and until the next biennial valuation. OIR must initiate such actuarial valuation within 30 days after its determination there is a need for a valuation. (Section 7).

The bill requires OIR to make an actuarial valuation as provided upon calculation and notification by NICA that the Plan is not actuarially sound, in addition to the current requirement that OIR biennially review NICA’s actuarial valuation. (Section 7).

The valuation by OIR must be based on the assets and liabilities of the Plan for the calendar year before the year in which the actuarial valuation is due. Further, OIR must determine whether the Plan has adequate estimated cash flows for the following fiscal year, whether, based on actuarial valuation, the Plan is actuarially sound, and if not, whether the Plan is likely to return to actuarial soundness before the next biennial review. (Section 7).

The bill imposes a duty on OIR to remedy a lack of actuarial soundness issues in chronological sequence according to an existing statutory list of remedies within 60 calendar days of an OIR determination that the Plan is not actuarially sound. First, the bill requires OIR to activate the existing [casualty insurance annual special assessment](#) remedy in current law. The bill subjects this remedy to two new time-related parameters: OIR must levy such an assessment in an amount necessary to achieve actuarial soundness within a five-year period and cannot extend such assessments beyond that initial five-year period. Current law does not establish a time limit for casualty insurance remedial assessments, which makes the payment period for remedial assessments indefinite. Second,

the bill requires OIR to activate the existing health [provider assessment remedy](#) in current law only if the casualty insurance special assessment remedy is insufficient for the Plan to achieve actuarial soundness. (Section 7).

The bill requires that if NICA finds that the Plan is not actuarially sound and the insurer assessments and hospital and physician assessments are insufficient to achieve actuarial soundness of the Plan, NICA must, within 5 days of such finding, notify the Governor, the President of the Senate, the Speaker of the House of Representatives, and OIR. If NICA issues the notice, it may not accept any new claims without express authority from the Legislature. (Section 7). The bill makes the enrollment stop remedy applicable to a longer-term financial problem (actuarial unsoundness, rather than cash flow), and makes it apply in the last instance, after all other remedies have been utilized. NICA was within \$2 million of instituting an enrollment stop under this trigger in 2023; these changes create a more reasonable financial soundness standard, and significantly reduce the likelihood that an enrollment stop will occur. This will maintain the availability of the Plan and the stability of the tort protections it enables.

Reporting

In the event OIR determines that the Plan is not actuarially sound, the bill requires NICA to provide quarterly reports projecting the Plan's financial condition, and, if OIR ordered remedial assessments, projecting Plan revenue from such remedial assessments. (Section 7). Current law does not require these quarterly status reports.

The bill requires NICA to report and publish compensation paid to independent contractors, in addition to existing [financial transparency requirements](#) that NICA must report under current law. (Section 8).

The bill provides that the legislative recommendations to improve the program within its annual report to the Governor, the President of the Senate, the Speaker of the House of Representatives, and the Chief Financial Officer required under current law must relate to the creation of new benefits or the expansion of current benefits for Plan participants. Such recommendations must include cost estimates for providing new or expanded benefits on an annual basis. (Section 8).

Miscellaneous

The bill makes conforming changes in the NICA statutes to reflect these changes. (Sections 3, 4, 5, 6, 7 and 8).

Subject to the Governor's veto powers, the bill takes effect upon becoming a law. (Section 9).

FISCAL OR ECONOMIC IMPACT:

STATE GOVERNMENT:

OIR may experience workload increases related to the bill's more rigorous, actuarial, approach to NICA financial oversight. OIR can absorb these costs within existing resources.

PRIVATE SECTOR:

The bill may have an indeterminate economic impact on the private sector. The bill may have an indeterminate impact on obstetricians' malpractice premiums and on patients' medical costs to the extent that the bill may preserve the current obstetrics tort environment.

Additionally, the bill expands certain benefits to Plan participants, which will assist parents, other family members, and legal guardians in funding medical and legal expenses and other necessary services for the care of Plan participants.

RELEVANT INFORMATION

SUBJECT OVERVIEW:

Florida Birth-Related Neurological Injury Compensation Plan

In 1988, the Legislature established the Florida Birth-Related Neurological Injury Compensation Plan (Plan) to provide compensation, on a no-fault basis, for a limited class of catastrophic birth-related neurological injuries that result in unusually high costs for custodial care and rehabilitation. The Legislature ventured to design the Plan to stabilize and reduce malpractice insurance premiums for OB/GYNs.¹⁴ To manage the Plan, the Legislature created the Florida Birth-Related Neurological Injury Compensation Association (NICA).¹⁵

[Petition Filing Process](#)

Jurisdiction

A prospective plaintiff must exhaust all administrative remedies at the Division of Administrative Hearings (DOAH)¹⁶ before he or she may pursue medical malpractice litigation for a birth-related neurological injury. Current law vests the presiding administrative law judge (ALJ) with exclusive original jurisdiction to hear claims filed for birth-related neurological injury compensation under the Plan.¹⁷ The ALJ makes a determination of whether a claim is compensable. To this end, the ALJ considers all available evidence related to the nature of the injury alleged as well as the immediate circumstances surrounding the alleged injury.¹⁸

A recent opinion from the First District Court of Appeal (DCA) put at issue whether DOAH has jurisdiction over claims involving parents or legal guardians who assert that they do not seek compensation under the Plan and assert that they are not “claimants” as the term is currently defined in the NICA statutes.¹⁹ That opinion was subsequently withdrawn by the First DCA.²⁰ NICA has expressed concerns that while the opinion was not binding, the issue of whether an ALJ has jurisdiction to enter a Final Order in a case in which a claimant is not seeking compensation from the Plan may be affirmatively raised in future proceedings.²¹

Evidentiary Standard

The claimant²² has the burden of establishing a rebuttable presumption that the injury alleged is a birth-related neurological injury, which is a brain or spinal cord injury caused by oxygen deprivation or mechanical injury that rendered the infant permanently and substantially mentally and physically impaired.²³

¹⁴ [Ss. 766.301 and 766.303\(1\), F.S.](#)

¹⁵ See [s. 766.302\(1\), F.S.](#)

¹⁶ DOAH is housed within the Florida Department of Management Services.

¹⁷ [Ss. 766.304 and 766.305\(1\), F.S.](#) A claimant may appeal a DOAH order to the District Court of Appeal. [S. 766.311, F.S.](#)

¹⁸ [S. 766.309, F.S.](#)

¹⁹ *Shands Jacksonville Medical Center, Inc. v. Chavez*, 2024 WL 5059326 (Fla. 1st DCA 2024).

²⁰ *Shands Jacksonville Medical Center, Inc. v. Chavez*, 416 So.3d 1226 (Fla. 1st DCA 2025).

²¹ Florida Birth-Related Neurological Injury Compensation Association, *supra* note 11, at 9.

²² A claimant means any person who files a claim pursuant to s. 766.305 for compensation for a birth-related neurological injury to an infant. Such a claim may be filed by any legal representative on behalf of an injured infant; and, in the case of a deceased infant, the claim may be filed by an administrator, personal representative, or other legal representative thereof. [s. 766.302\(3\), F.S.](#)

²³ [S. 766.309\(1\)\(a\), F.S.](#) A birth-related neurological injury applies to live births only and does not include disability or death cause by genetic or congenital abnormality. The infant must also meet the weight requirement at birth, which is at least 2,500 grams for a single gestation or at least 2,000 grams in the event of multiple gestation. [s. 766.302\(2\), F.S.](#)

The ALJ must also determine, as a matter of fact, whether the birth-related neurological injury occurred during the provision of obstetrical services delivered by a participating physician,²⁴ or a certified nurse midwife supervised by a participating physician, during the course of labor, delivery, or resuscitation in the immediate postdelivery period in a hospital.²⁵

Claim Adjudication

If the ALJ determines a claim is compensable, meaning the infant sustained a birth-related neurological injury and that obstetrical services were delivered by an attending or supervising participating physician at the infant's birth, current law requires the ALJ to make an award providing compensation.²⁶

If the ALJ determines a claim is compensable, the rights and remedies granted by the Plan on account of a birth-related neurological injury become the exclusive remedy, which means the successful claimant is barred from pursuing a medical malpractice claim against any person or entity directly involved with the labor, delivery, or immediate postdelivery resuscitation during which a birth-related neurological injury occurs.^{27, 28} In addition, an award may not be rendered if the claimant recovers under a settlement or a final judgment in a civil action.²⁹

If the ALJ determines a claim is not compensable, current law authorizes him or her to file a medical malpractice lawsuit.³⁰

Awards Approved without a Determination

After a claimant files a petition for claim under the Plan, DOAH serves NICA with a copy of the petition.³¹ After its own independent review, NICA may accept the claim for compensation and ask the ALJ to approve the claimant's claim as compensable. The ALJ may, without determining whether the claim is compensable, approve such claim as compensable.³² If the claimant accepts an award under the Plan benefits, current law precludes the claimant from bringing or continuing a medical malpractice lawsuit.³³

Compensation Awards

Lifetime Benefits

Once an ALJ determines a child is eligible under the Plan, the child is covered for life, and no other compensation from a medical malpractice lawsuit or settlement is available. Instead, there are lifetime benefits and care available through the Plan, which include actual expenses for:³⁴

- Medical and hospital services.

²⁴ A participating physician means a physician licensed in Florida to practice medicine who practices obstetrics or performs obstetrical services either full time or part time and who had paid or was exempted from payment at the time of the injury the assessment required for participation in the Florida Birth-Related Neurological Injury Compensation Plan for the year in which the injury occurred. Such term shall not apply to any physician who practices medicine as an officer, employee, or agent of the federal government. [S. 766.302\(7\), F.S.](#)

²⁵ [S. 766.309\(1\)\(b\), F.S.](#)

²⁶ [S. 766.31\(1\), F.S.](#)

²⁷ [S. 766.304, F.S.](#)

²⁸ However, current law does permit plaintiffs to bring a civil action in cases where there is clear and convincing evidence of bad faith, malicious purpose, or willful and wanton disregard of human rights, safety, or property. [S. 766.303\(2\), F.S.](#)

²⁹ [S. 766.304, F.S.](#)

³⁰ [S. 766.304, F.S.](#) Current law tolls the five-year statute of limitations period for birth-related neurological injury administrative claims pending or on appeal. [S. 766.306, F.S.](#) See [s. 766.313, F.S.](#)

³¹ [S. 766.305\(2\), F.S.](#)

³² [S. 766.305\(7\), F.S.](#)

³³ [S. 766.304, F.S.](#)

³⁴ [S. 766.31, F.S.](#)

- Habilitative services and training.
- Family residential or custodial care.
- Professional residential care.
- Medications.
- Special equipment and facilities.
- Related travel expenses.

At a minimum, immediate family members who reside with the covered child are entitled to a total annual benefit of \$10,000, to be shared amongst themselves, for psychotherapeutic services obtained from licensed psychologists and psychotherapists.³⁵

For the life of the covered child, the Plan must also provide the child's parents or legal guardians with a reliable method of transportation, accounting for the special accommodations required for the covered child regardless of the child's age or weight.³⁶ In addition, the Plan must fund home construction and modification costs, which current law caps at a lifetime limit of \$100,000 in housing assistance.³⁷

Current law limits actual expenses to the reasonable prevailing charges within the community for similar treatment of injured persons when the injured person pays for the treatment. The parents or legal guardians may dispute the amount of actual expenses reimbursed or the denial of reimbursement by filing a petition with DOAH.³⁸

Intermittent Benefits

The Plan may also provide:

- Periodic payments or a lump sum cash award as determined by the ALJ to the infant's parents or guardians, not to exceed \$250,000.³⁹
- A \$50,000 death benefit for the infant.
- Compensation for reasonable expenses incurred for filing the claim, including attorney's fees.⁴⁰

Current law requires the Plan to immediately pay expenses previously incurred at the time the ALJ awards compensation, and future expenses as they are incurred.⁴¹

In 2025, the Plan incurred \$143,129,789 in claims; in 2024, the Plan incurred \$189,722,125 in claims.⁴²

³⁵ [S. 766.31\(1\)\(a\), F.S.](#)

³⁶ [S. 766.31\(1\)\(a\), F.S.](#)

³⁷ [S. 766.31\(1\)\(a\), F.S.](#)

³⁸ [S. 766.31\(1\)\(c\), F.S.](#)

³⁹ This one-time award is in addition to the other recoverable lifetime expenses. Each January 1st, the award cap authorized in current law will increase by 3 percent. As of January 1, 2026, this one-time cash award cap is \$289,818.51.

⁴⁰ [S. 766.31\(1\)\(d\), F.S.](#)

⁴¹ [S. 766.31\(2\), F.S.](#)

⁴² THF Certified Public Accountants, *Florida Birth-Related Neurological Injury Compensation Association: Years ended June 30, 2025 and 2024 with Report of Independent Auditors*, at 6 (Sept. 9, 2025) <https://nica.com/wp-content/uploads/2025/09/Audited-Financial-Statements-06-30-2025.pdf> (last visited Mar. 18, 2026).

Florida Birth-Related Neurological Injury Compensation Association (NICA)

Board of Directors

To manage the Plan, the Legislature created NICA as an independent association governed by a seven-member board of directors.⁴³ Although NICA is not a state agency, board, or commission,⁴⁴ the Chief Financial Officer (CFO) appoints NICA board members.⁴⁵ The Governor or CFO may remove a NICA board director from office for misconduct, malfeasance, misfeasance, or neglect of duty in office.⁴⁶

To lawfully exercise its powers, current law requires four directors to vote in the affirmative on the agenda item.⁴⁷ All NICA board of director meetings are public meetings, and the board may not adopt a resolution, rule, or formal action outside of these meetings. NICA must publish notice of board of director meetings and the corresponding meeting agenda on its website not fewer than seven days before the meeting. However, a claim file in NICA's possession (or its representative) is confidential and exempt from public records law⁴⁸ until the termination of litigation or settlement of the claim.⁴⁹

Current law exempts directors from any liability with respect to Plan administration.⁵⁰

Plan Assets and Liabilities

Assets – Provider Assessments

NICA and the Plan are primarily funded by assessments from hospitals and physicians, and the Legislature may appropriate additional funds.⁵¹ NICA holds assessment deposits and must use all funds and income collected solely for making benefit disbursements under the Plan and for reasonable administrative expenses.⁵² In 2025, NICA collected \$38,012,647 in hospital and physician assessments; in 2024, NICA collected \$37,945,268.⁵³

Hospitals

Each hospital licensed under Chapter 395 must pay an annual assessment of \$50 per infant delivered during the previous calendar year.⁵⁴ However, infants born to a charity patient⁵⁵ or to a patient for whom the hospital receives Medicaid reimbursement must not be included in the annual assessment, provided that the sum of the annual

⁴³ [S. 766.315\(1\), F.S.](#), [s. 766.315\(4\), F.S.](#) The board of directors is composed of one citizen representative, one representative of participating physicians, one representative of hospitals, one representative of casualty insurers, one representative of physicians other than participating physicians, one parent or legal guardian representative of an injured infant under the Plan, and one representative of an advocacy organization for children with disabilities.

⁴⁴ Notwithstanding its nongovernmental status, current law authorizes NICA to use the state seal. [s. 766.315\(1\), F.S.](#)

⁴⁵ [S. 766.315\(1\), F.S.](#) The CFO may not appoint a participating physician named in a pending petition for a claim to the board. A NICA board member who is concurrently a participating physician may not vote on any board matter relating to a claim accepted for an award for compensation if the physician is named in the petition for the claim. [S. 766.315\(2\)\(a\), F.S.](#)

⁴⁶ [S. 766.315\(2\)\(c\), F.S.](#) Current law applies a code of ethics to board directors, the NICA executive director, and NICA senior manager employees. In addition, as a condition of employment, all prospective NICA employees must sign and submit a conflict-of-interest statement, which attests that they do not have a conflict of interest. [S. 766.3145, F.S.](#)

⁴⁷ [S. 766.315\(3\), F.S.](#)

⁴⁸ See [s. 119.07\(1\), F.S.](#) and s. 24(a), Art. I, Fla. Const.

⁴⁹ [S. 766.315\(5\), F.S.](#) NICA board meetings are subject to the requirements of [s. 286.011, F.S.](#) Medical records and other portions of the claim file may remain confidential and exempt as otherwise provided by law.

⁵⁰ [S. 766.315\(3\), F.S.](#)

⁵¹ [Ss. 766.314\(1\) and 766.314\(2\), F.S.](#)

⁵² [S. 766.314\(3\), F.S.](#)

⁵³ THF Certified Public Accountants, *supra* note 42, at 6.

⁵⁴ [S. 766.314\(5\)\(a\), F.S.](#)

⁵⁵ AHCA rule defines a charity care patient as a medically indigent patient whose charges are, in whole or in part, classified according to the Florida Hospital Uniform Reporting System Manual. Rule 59E-5.101(3), F.A.C. See [s. 766.314\(4\)\(a\), F.S.](#)

charges for charity patients plus Medicaid patients exceeds 10 percent of the hospital's total annual gross operating revenues.⁵⁶

Participating Physicians

A participating physician under the Plan is a licensed Florida physician who either practices obstetrics or performs obstetrical services on a full or part-time basis⁵⁷ and pays an annual assessment⁵⁸ of \$5,000 for coverage running January 1st through December 31st.⁵⁹ Participating physicians are bound by DOAH rulings, or any appeals of DOAH rulings, with respect to whether a birth-related neurological injury occurred.⁶⁰ If the physician did not pay his or her assessment for the year in which the injury occurred, there is no NICA-related liability coverage. Hospitals that allow doctors who do not participate in NICA to deliver babies are subject to multi-million-dollar catastrophic injury lawsuits.⁶¹

Other Physicians

Current law requires all licensed allopathic or osteopathic physicians, regardless of medical specialty, to pay an annual assessment of \$250. This means obstetricians who decline to pay the \$5,000 annual assessment for NICA-related liability coverage must still pay the \$250 assessment.⁶²

Claims Liabilities – Medicaid Third-Party Liability

The Plan does not reimburse or pay expenses that might otherwise be covered by insurance or any private or governmental programs, unless such exclusion is prohibited by federal law.⁶³ Many children with birth-related injuries are either covered by programs such as Children's Medical Services or Medicaid. Under current state and federal law, Medicaid is the payor of last resort for medically necessary goods and services furnished to Medicaid recipients; therefore, current law prohibits the Plan from shifting covered costs onto Medicaid.⁶⁴

⁵⁶ [S. 766.314\(4\)\(a\), F.S.](#) Current law makes the hospital responsible for documenting, to NICA's satisfaction, the exclusion of any birth from the computation of the assessment. Upon demonstration of financial need by a hospital, current law authorizes NICA to provide for installment payments of assessments.

⁵⁷ The term "participating physician" does not apply to any physician who practices medicine as an officer, employee, or agent of the federal government. [S. 766.302\(7\), F.S.](#)

⁵⁸ Current law exempts certain "participating physicians" from paying the annual assessment, including:

- A resident physician, assistant resident physician, or intern in an approved postgraduate training program;
- A retired physician who maintains an active license with the Department of Health;
- A physician who holds a limited license pursuant to s. 458.317 and who is not being compensated for medical services;
- A physician employed full-time by the U.S. Department of Veterans Affairs (VA) and whose practice is confined to VA hospitals;
- A physician in the U.S. Armed Forces and who meets the requirements of s. 456.024;
- A physician employed full-time by the State of Florida and whose practice is confined to state-owned facilities; and
- A physician employed full-time by the Department of Health. [S. 766.314\(4\)\(b\), F.S.](#)

⁵⁹ See [ss. 766.314\(5\)\(a\), 766.314\(7\)\(a\), and 766.302\(7\), F.S.](#) Current law requires the Office of Insurance Regulation to establish the rate of contribution for participating physicians for each tax year. [s. 766.314\(7\)\(a\), F.S.](#) If NICA receives the assessment after January 31 of any calendar year, the physician shall qualify as a participating physician for that calendar year only from the date the payment was received by the association. [S. 766.314\(5\)\(a\), F.S.](#)

⁶⁰ [S. 766.309\(3\), F.S.](#)

⁶¹ Brad Blystone, *A Statutory Primer: Birth-Related Neurological Injury Compensation Act*, Florida Medical Business (March/April 2012), https://marshalldennehey.com/sites/default/files/pdf-articles/O%20243%20by%20B.%20Blystone%20%2803_04.12%29.pdf (last visited Mar. 18, 2026).

⁶² [Ss. 766.314\(4\)\(b\) and 766.314\(5\)\(a\), F.S.](#)

⁶³ [S. 766.31\(1\)\(b\), F.S.](#)

⁶⁴ [S. 409.910, F.S.](#) (which may be cited as the "Medicaid Third-Party Liability Act"); 42 C.F.R. § 433.136; 42 U.S.C. § 1396a.

In 2022, NICA entered into a settlement agreement with the United States to resolve a lawsuit⁶⁵ which alleged that NICA held itself out as the payer of last resort for Plan expenses and submitted false reimbursement claims to Medicaid in violation of the federal False Claims Act.⁶⁶ The settlement agreement declares that it does not constitute an admission of liability by NICA nor a concession by the United States that its claims are not well founded.⁶⁷ NICA paid \$51 million plus interest to the federal government to settle the suit.⁶⁸

While NICA litigation was pending, the Legislature passed a NICA reform bill in 2021. The bill required the Agency for Health Care Administration (AHCA) to analyze the extent and value of NICA liabilities as a third-party benefit provider and recommend new policies and procedures for NICA regarding Medicaid third-party benefits payable and recoverable from the Plan.⁶⁹

In its November 2021 report, AHCA suggested three possible approaches to ensure the primacy of NICA's third-party liability, each of which would require legislative change.⁷⁰ AHCA's recommendations were as follows.

1. Amend [s. 766.31, F.S.](#), to expressly require NICA payment to AHCA/Medicaid, thus ensuring that AHCA does have a right to recoupment, and require NICA payment to AHCA/Medicaid for previous services rendered by Medicaid which should have been the Plan's obligation.
2. Require a data-sharing agreement between AHCA and NICA, or obtain Plan enrollment information from DOAH, so that AHCA can identify Plan participants.
3. Authorize AHCA and NICA to intervene as a subrogee/assignee/lienholder in the DOAH proceedings of each Medicaid recipient, thus ensuring a means for AHCA to pursue claim recoveries.⁷¹

In July 2025, AHCA and NICA formalized an interagency agreement to coordinate payment for Medicaid services for individuals dually enrolled in Medicaid and the Plan, with the Plan being the primary payor for services rendered. NICA reimburses AHCA for managed care capitation rate payments and fee-for-service payments made. AHCA is currently seeking an average of \$11.5 million for state fiscal years 2022-2023 through 2024-2025 in reimbursable expenses from NICA.⁷²

Balance Sheet Overview

Current law declares that Plan funds are funds of the State of Florida.⁷³ Current law requires each person authorized to receive deposits, issue vouchers, or withdraw or otherwise disburse any funds to post a fidelity bond

⁶⁵ *U.S. ex. rel. Arven v. The Florida Birth-Related Neurological Injury Compensation Association, et al.*, No. 0:19-cv-61053 (S.D. Fla. 2019) and No. 20-13448 (11th Cir. 2022).

⁶⁶ The federal False Claims Act allows the federal government to pursue perpetrators of fraud against government programs, including its authorization of private citizens to file civil suits on behalf of the United States. Successful litigants receive a portion of the government's recovery. U.S. Department of Justice, Civil Division, *The False Claims Act*, (updated Jan. 15, 2025) <https://www.justice.gov/civil/false-claims-act> (last visited Jan. 9, 2026). See 31 U.S.C. §§ 3729-3733.

⁶⁷ *U.S. ex. rel. Arven supra* note 65, at 4 (available at <https://nica.com/reports/medicaid-settlement/>) (last visited Mar. 18, 2026).

⁶⁸ *Id.*

⁶⁹ Ch. 2021-134, Laws of Fla.

⁷⁰ Agency for Health Care Administration, *The Neurological Injury Compensation Association and Florida Medicaid Third-Party Liability: Report to the Legislature*, at 2 (Nov. 2021)

https://ahca.myflorida.com/content/download/5873/file/NICA_Florida_Medicaid_TPL.pdf (last visited Mar. 18, 2026).

⁷¹ *Id.* at pp. 9-10.

⁷² Agency for Health Care Administration, *Agency Bill Analysis for HB 1291* (2026), at 2 (Jan. 13, 2026)

<http://abar.laspbs.state.fl.us/ABAR/Attachment.aspx?ID=37304> (last visited Mar. 18, 2026).

⁷³ [S. 766.315\(5\)\(f\), F.S.](#)

in an amount reasonably sufficient to protect Plan assets.⁷⁴ Current law requires the cost of fidelity bonds to be paid from Plan assets.⁷⁵

Current law authorizes NICA to only invest Plan funds in the investment and securities described in [s. 215.47, F.S.](#) Investment income are Plan funds. NICA may approve a trust agreement with the State Board of Administration (“SBA”), where the SBA may invest and reinvest Plan funds within the provisions of s. 215.44-215.53.⁷⁶

As of June 30, 2025, NICA’s total assets increased by 8.08%, primarily due to an increase in investments, from approximately \$1.4 billion to more than \$1.5 billion. However, NICA’s total liabilities remain greater than its total assets; NICA’s total liabilities amount to \$1.7 billion for 2025, which increased by almost \$100 million from 2024 levels.

This means NICA has a deficit net position of approximately \$189.3 million. Notwithstanding this figure, NICA’s deficit net position is an improvement from June 30, 2024, where NICA’s deficit net position was about \$216.6 million. This indicates that, for the moment, the growth in total assets currently exceeds the growth of total liabilities, which was 5.31% year-over-year. The independent auditors of NICA’s financial statements attribute the increase in total liabilities to an increase in claim reserves.⁷⁷

The independent auditors’ report also notes that the five-year change in average claim size for an open active claim increased from \$3.68 million (June 30, 2020) to \$5.42 million (June 30, 2025). The average number of open claims increased from 225 to 261. During this same five-year period, NICA’s overall claims reserve liability increased by \$660.5 million while the annual revenues from assessments only increased by \$10.2 million.⁷⁸

Financial Soundness

NICA and the Plan’s benefits are funded by assessments paid by physicians and hospitals. However, the value of these assessments has not been changed since the inception of NICA nearly 40 years ago. The only growth in assessment revenue is due to any increase in the number of licensed physicians, the number of physicians that elect to participate in NICA-related liability protection, and Florida’s birth rate. In the decades since NICA’s inception, the life expectancy of Plan beneficiaries and the cost of benefits, especially medical benefits, have increased and continue to do so.

Until 2021, NICA’s assessment and investment revenue exceeded its operating expenses, which allowed NICA to establish a sizable portfolio of invested reserves and surplus. The current net annual assessment revenue is less than its annual operating expenses. This funding gap is covered by investment income from its reserves and surplus, if any.⁷⁹

Claims Management and Cash Flow

Current law requires NICA to estimate the present value of a new claim’s total cost within 60 days after a claimant files a claim for a birth-related neurological injury.⁸⁰ NICA must revise its initial estimate for a claim each quarter

⁷⁴ Current law prohibits withdrawals of funds from the Plan unless NICA authorizes a withdrawal voucher. [S. 766.315\(5\)\(a\), F.S.](#)

⁷⁵ [S. 766.315\(5\)\(d\), F.S.](#)

⁷⁶ [S. 766.315\(5\)\(f\), F.S.](#)

⁷⁷ THF Certified Public Accountants, *supra* note 42, at 5.

⁷⁸ THF Certified Public Accountants, *supra* note 42, at 25.

⁷⁹ Florida Birth-Related Neurological Injury Compensation Association, *supra* note 11, at 5-8.

⁸⁰ The total cost analysis includes the estimated amount to be paid to the claimant, the claimant’s attorney, the attorney’s fees of the association incident to the claim, and any other expenses that are reasonably anticipated to be incurred by the association in connection with the adjudication and payment of the claim. NICA factors in the maximum benefits for noneconomic damages. [S. 766.314\(9\)\(a\), F.S.](#)

based upon the actual costs incurred and any additional information that becomes available to the association since the last review of such estimate, deducting amounts paid by NICA towards the claim balance.⁸¹

Enrollment Stop

NICA is required to maintain reserves sufficient to cover 100 percent of the present value of future claims associated with each accepted claim.⁸² If estimated future claim costs exceed the funds on hand, plus funds that will become available to NICA over the following 12 months (i.e., future assessment and investment revenue), NICA is statutorily prohibited from accepting new claims without express authority of the Legislature.⁸³ This is referred to as the “[threshold requirement](#)” and the prohibition on new enrollment is known as the “enrollment stop.” In this event, NICA must notify the Governor, the Speaker of the House of Representatives, the President of the Senate, OIR, the Agency for Health Care Administration, and the Department of Health of the enrollment stop on new claims within the first 30 days.⁸⁴

In 2023, NICA estimated that it would fail the threshold requirement in the near future due to negative market conditions and reduced investment revenue and, thus, the enrollment stop may be triggered in the near future. According to NICA, it has recently been as close as 3.7 percent points from triggering the enrollment stop.⁸⁵ NICA’s quarterly calculation at September 2023 revealed that NICA came within \$2 million of breaching the liability-to-cash-flow threshold. The Plan’s ratio of assets to liabilities was about 89%, which NICA attributes to a significant loss in market value due to aggressive interest rate hikes by the Federal Reserve in response to inflation during the preceding 17 months.⁸⁶

The Legislature has been addressing this issue with short-term, stop gaps.

- In 2024, the Legislature passed a revision to the calculation of the threshold requirement, which allowed NICA to reallocate surplus to reserves, resulting in it essentially being reset at 85 percent of the required funding level, when the effect of including the next 12 months of revenues is considered.⁸⁷ The uncertainty in potential investment returns, defined by actuaries as a “risk margin,”⁸⁸ is not expressly included in the previous or revised threshold requirement.
- In 2025, the Legislature suspended the threshold requirement for FY 2025-2026.⁸⁹

If the enrollment stop precludes a prospective plaintiff from asserting a claim for a birth-related neurological injury against the Plan, current law waives the requirement to exhaust all administrative remedies with DOAH and NICA before pursuing medical malpractice litigation.⁹⁰ This vitiates the original purpose of the Plan, which was to institute a no-fault medical malpractice alternative.

Actuarial Soundness

Current law requires NICA to inform the Legislature of its determination as to the annual cost of maintaining the Plan on an actuarially sound basis.⁹¹ Current law also requires OIR to conduct an actuarial valuation of the Plan’s

⁸¹ [S. 766.314\(9\)\(b\), F.S.](#)

⁸² NICA must estimate future claim costs on a quarterly basis. [S. 766.314, F.S.](#)

⁸³ [S. 766.314\(9\)\(b\), F.S.](#)

⁸⁴ [S. 766.314\(9\)\(c\), F.S.](#)

⁸⁵ Florida Birth-Related Neurological Injury Compensation Association, *supra* note 11, at 5.

⁸⁶ Florida Birth-Related Neurological Injury Compensation Association, *supra* note 11, at 7.

⁸⁷ S. 60, Ch. 2024-140, Laws of Fla.

⁸⁸ According to the Actuarial Standards Board, a “risk margin” is a provision for uncertainty in a cash flow analysis, reflecting process risk, parameter risk, or model risk. See Actuarial Standards Board, *Actuarial Standard of Practice No. 20*, <https://www.actuarialstandardsboard.org/asops/asop-no-20-analysis-of-property-casualty-cash-flows-including-discounting/#29-risk-margin> (last visited April 1, 2026).

⁸⁹ S. 47, Ch. 2025-199, Laws of Fla.; [s. 766.314\(9\)\(b\), F.S.](#)

⁹⁰ [S. 766.314\(9\)\(d\), F.S.](#)

⁹¹ [S. 766.314\(8\), F.S.](#)

assets and liabilities on a biennial basis.⁹² Should a time come when these funds prove insufficient to keep the Plan actuarially sound, current law authorizes OIR to transfer \$20 million from the Insurance Regulatory Trust Fund to the Plan.⁹³

In the event the additional \$20 million transfer is insufficient to bring the Plan back to actuarial soundness, current law authorizes OIR to levy an [annual special assessment on licensed casualty insurance carriers](#), not to exceed 0.25% of its net direct premiums written individually.⁹⁴ If OIR finds that NICA cannot maintain the Plan on an actuarially sound basis, current law requires OIR to increase [provider assessments](#) on a proportional basis.⁹⁵

In 2024, the Legislature required NICA, in consultation with OIR and AHCA, to provide a report by September 1, 2024, to the Governor, CFO, President of the Senate, and the Speaker of the House of Representatives that recommends how to define actuarial soundness, how to structure a reporting obligation timeline for actuarial soundness updates, and how to ensure a sufficient revenue level to maintain actuarial soundness.⁹⁶ Pursuant to this directive, NICA recommended that:

- The funding ratio of assets-to-liabilities should be used as a point-in-time measure of actuarial soundness and as a key indicator for revenue increases;
- Actuarial soundness account for net cash flow;
- NICA post funding ratios for each quarter on its website to document adherence to reporting timelines;
- NICA request any increase in provider assessments as a percentage of the reserve requirement in relation to the funding ratio, subject to OIR approval; and
- The casualty insurer assessment becomes the last option for additional Plan revenue.⁹⁷

[Financial Transparency Requirements](#)

NICA must provide on an annual basis audited financial reports to any Plan participant upon request, to OIR and to the Joint Legislative Auditing Committee.⁹⁸ The reports must be prepared following accepted accounting procedures and must include information as may be required by OIR and the Joint Legislative Auditing Committee.⁹⁹

NICA must also publish a report on its website by January 1 of each year, which must include:¹⁰⁰

- The names and terms of each board member and executive staff member.
- The amount of compensation paid to each association employee.
- A summary of reimbursement disputes and resolutions.
- A list of expenditures for attorney fees and lobbying fees.
- Other expenses to oppose each Plan claim. Any personal identifying information of the parent, legal guardian, or child involved in the claim must be removed from this list.

NICA must provide an annual report to the Governor, the President of the Senate, the Speaker of the House of Representatives, and the Chief Financial Officer.¹⁰¹ The report must include:¹⁰²

⁹² [S. 766.314\(7\), F.S.](#)

⁹³ [S. 766.314\(5\)\(b\), F.S.](#)

⁹⁴ [S. 766.314\(5\)\(c\), F.S.](#) Casualty insurance carriers may recover their initial and annual assessments through a surcharge on future policies, a rate increase applicable prospectively, or a combination of the two.

⁹⁵ [S. 766.314\(7\), F.S.](#)

⁹⁶ Ch. 2024-182, Laws of Fla.

⁹⁷ NICA, *Report on Actuarial Soundness: September 2024*, at 3 (Sept. 2024) <https://nica.com/wp-content/uploads/2025/06/NICA-Report-on-Actuarial-Soundness-%E2%80%93-September-2024-Final.pdf> (last visited Mar. 18, 2026).

⁹⁸ [S. 766.315\(5\)\(e\), F.S.](#)

⁹⁹ *Id.*

¹⁰⁰ [S. 766.315\(7\), F.S.](#)

¹⁰¹ [S. 766.315\(8\), F.S.](#)

¹⁰² *Id.*

- The number of petitions filed for compensation with DOAH, the number of claimants awarded compensation, the number of claimants denied compensation, and the reasons for the denial of compensation.
- The number and dollar amount of paid and denied compensation for expenses by category and the reasons for any denied compensation for expenses by category.
- The average turnaround time for paying or denying compensation for expenses.
- Legislative recommendations to improve the program.
- A summary of any pending or resolved litigation during the year which affects the Plan.
- The amount of compensation paid to each association employee or member of the board of directors.

RECENT LEGISLATION:

YEAR	BILL #/SUBJECT	HOUSE/SENATE SPONSOR(S)	OTHER INFORMATION
2025	SB 2502 - Implementing the 2025-2026 General Appropriations Act	McClure/ <i>Hooper</i>	Became law on July 1, 2025.
2024	CS/CS/HB 1611 - Insurance	Stevenson/ <i>Trumbull</i>	Became law on July 1, 2024.
2024	CS/CS/CS/HB 989 - Chief Financial Officer	LaMarca/ <i>DiCeglie</i>	Became law on May 2, 2024.
2021	CS/CS/SB 1786 - Florida Birth-Related Neurological Injury Compensation Plan	Koster/ <i>Book</i>	Became law on June 21, 2021.

OTHER RESOURCES:

[2025 NICA Actuarial Report \(June 30, 2025\)](#)

[2025 NICA Audited Financial Statements \(September 2025\)](#)

[Agency for Health Care Administration Report on NICA as Third-Party Benefit Payer \(November 2021\)](#)

[Auditor General Operational Audit of NICA \(October 2023\)](#)

[Medicaid Settlement Agreement \(December 2022\)](#)

[NICA Benefit Handbook \(December 2025\)](#)

[NICA Report on Actuarial Soundness \(September 2024\)](#)

[Legislatively Mandated Report \(January 2026\)](#)

[U.S. ex. rel. Arven v. Florida Birth-Related Neurological Injury Compensation Association, 2020 WL 5540367 \(S.D. Fla. September 8, 2020\)](#)

[U.S. ex. rel. Arven v. Florida Birth-Related Neurological Injury Compensation Association, 2022 WL 1180142 \(11th Cir. April 22, 2022\)](#)