

Amendment No.

COMMITTEE/SUBCOMMITTEE ACTION

ADOPTED	<u> </u>	(Y/N)
ADOPTED AS AMENDED	<u> </u>	(Y/N)
ADOPTED W/O OBJECTION	<u> </u>	(Y/N)
FAILED TO ADOPT	<u> </u>	(Y/N)
WITHDRAWN	<u> </u>	(Y/N)
OTHER	<u> </u>	

1 Committee/Subcommittee hearing bill: Commerce Committee
2 Representative Cassel offered the following:

3
4 **Amendment (with title amendment)**

5 Remove everything after the enacting clause and insert:

6 **Section 1. Section 440.131, Florida Statutes, is created**

7 **to read:**

8 440.131 Mandatory human reviews of claim denials.—

9 (1) As used in this section, the term:

10 (a) "Artificial intelligence system" means a machine-based
11 system that may have varying levels of autonomy and that can,
12 for a given set of objectives, generate outputs, such as
13 predictions, recommendations, or content, influencing decisions
14 made in real or virtual environments.

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15 (b) "Machine learning system" means an artificial
16 intelligence system that has the ability to learn from provided
17 data without being explicitly programmed.

18 (c) "Qualified human professional" means an individual
19 who, under the Florida Insurance Code, has the authority to
20 adjust or deny a claim or a portion of a claim and may exercise
21 such authority over a particular claim.

22 (2) A carrier may use an artificial intelligence system or
23 a machine learning system to assist in processing claims,
24 including generating recommendations to approve or deny a claim
25 or a portion of a claim, in accordance with this section.

26 (3) A decision to reduce a claim payment or deny a claim
27 or a portion of a claim may not be made solely on the basis of
28 an artificial intelligence system or a machine learning system.
29 A carrier's decision to reduce a claim payment or deny a claim
30 or a portion of a claim must be made by a qualified human
31 professional.

32 (4) If an artificial intelligence system or a machine
33 learning system assists in processing a claim, the qualified
34 human professional must do all of the following before reducing
35 a claim payment or denying the claim or a portion of the claim:

36 (a) Analyze the facts of the claim and the terms of the
37 insurance policy independently of any artificial intelligence
38 system or machine learning system.

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39 (b) Review the accuracy of any output generated by such a
40 system.

41 (c) Determine that the claim or portion of the claim is
42 not payable under the terms of the insurance policy and should
43 be denied or that the claim payment should be reduced.

44 (5) A carrier shall maintain detailed records of the
45 actions of qualified human professionals who are required to
46 perform the actions under subsection (4), including:

47 (a) The name, the title, the business address, and the
48 unique identifier associated with the name of the qualified
49 human professional who made the decision to reduce the claim
50 payment or deny the claim or a portion of the claim.

51 (b) The date and time of the qualified human
52 professional's decision.

53 (c) Documentation of the basis for the reduction of the
54 claim payment or denial of the claim or a portion of the claim,
55 including any information provided by an artificial intelligence
56 system or a machine learning system.

57 (6) In all written denial communications to an injured
58 employee, a carrier shall include:

59 (a) An e-mail address, a telephone number, a business
60 address, and a unique identifier, in lieu of the name of the
61 qualified human professional who made the decision to reduce the
62 claim payment or deny the claim or a portion of the claim; and

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63 (b) A written statement affirming that an artificial
64 intelligence system or a machine learning system did not serve
65 as the sole basis for determining whether to reduce the claim
66 payment or deny the claim or a portion of the claim.

67 (7) A carrier that uses an artificial intelligence system
68 or a machine learning system as part of its claims-handling
69 process shall detail in its claims-handling manual the manner in
70 which such systems are to be used and the manner in which the
71 carrier complies with this section.

72 (8) The department may conduct examinations and
73 investigations it deems necessary to verify compliance with this
74 section.

75 (9) The department may adopt rules to implement this
76 section.

77 (10) Failure to comply with this section shall be
78 considered a violation of this chapter and is subject to
79 penalties as provided for in s. 440.525.

80 **Section 2. Section 627.4263, Florida Statutes, is created**
81 **to read:**

82 627.4263 Mandatory human reviews of claim denials.-

83 (1) As used in this section, the term:

84 (a) "Artificial intelligence system" means a machine-based
85 system that may have varying levels of autonomy and that can,
86 for a given set of objectives, generate outputs, such as

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87 predictions, recommendations, or content, influencing decisions
88 made in real or virtual environments.

89 (b) "Machine learning system" means an artificial
90 intelligence system that has the ability to learn from provided
91 data without being explicitly programmed.

92 (c) "Qualified human professional" means an individual
93 who, under the Florida Insurance Code, has the authority to
94 adjust or deny a claim or a portion of a claim and may exercise
95 such authority over a particular claim.

96 (2) An insurer may use an artificial intelligence system
97 or machine learning system to assist in processing claims,
98 including generating recommendations to approve or deny a claim
99 or a portion of a claim, in accordance with this section.

100 (3) A decision to reduce a claim payment or deny a claim
101 or a portion of a claim may not be made solely on the basis of
102 an artificial intelligence system or a machine learning system.
103 An insurer's decision to reduce a claim payment or deny a claim
104 or a portion of a claim must be made by a qualified human
105 professional.

106 (4) If an artificial intelligence system or a machine
107 learning system assists in processing a claim, the qualified
108 human professional must do all of the following before reducing
109 a claim payment or denying the claim or a portion of the claim:

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110 (a) Analyze the facts of the claim and the terms of the
111 insurance policy independently of any artificial intelligence
112 system or machine learning system.

113 (b) Review the accuracy of any output generated by such a
114 system.

115 (c) Determine that the claim or portion of the claim is
116 not payable under the terms of the insurance policy and should
117 be denied or that the claim payment should be reduced.

118 (5) An insurer shall maintain detailed records of the
119 actions of qualified human professionals who are required to
120 perform the actions under subsection (4), including:

121 (a) The name, the title, the business address, and the
122 unique identifier associated with the name of the qualified
123 human professional who made the decision to reduce the claim
124 payment or deny the claim or a portion of the claim.

125 (b) The date and time of the qualified human
126 professional's decision.

127 (c) Documentation of the basis for the reduction of the
128 claim payment or denial of the claim or a portion of the claim,
129 including any information provided by an artificial intelligence
130 system or a machine learning system.

131 (6) In all written denial communications to an insured, an
132 insurer shall include:

133 (a) An e-mail address, a telephone number, a business
134 address, and a unique identifier, in lieu of the name of the

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135 qualified human professional who made the decision to reduce the
136 claim payment or deny the claim or a portion of the claim; and

137 (b) A written statement affirming that an artificial
138 intelligence system or a machine learning system did not serve
139 as the sole basis for determining whether to reduce the claim
140 payment or deny the claim or a portion of the claim.

141 (7) An insurer that uses an artificial intelligence system
142 or a machine learning system as part of its claims-handling
143 process shall detail in its claims-handling manual the manner in
144 which such systems are to be used and the manner in which the
145 insurer complies with this section.

146 (8) The office may conduct market conduct examinations and
147 investigations it deems necessary to verify compliance with this
148 section.

149 (9) The commission may adopt rules to implement this
150 section.

151 **Section 3. Section 641.31091, Florida Statutes, is created**
152 **to read:**

153 641.31091 Mandatory human reviews of claim denials.—

154 (1) As used in this section, the term:

155 (a) "Artificial intelligence system" means a machine-based
156 system that may have varying levels of autonomy and that can,
157 for a given set of objectives, generate outputs, such as
158 predictions, recommendations, or content, influencing decisions
159 made in real or virtual environments.

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160 (b) "Machine learning system" means an artificial
161 intelligence system that has the ability to learn from provided
162 data without being explicitly programmed.

163 (c) "Qualified human professional" means an individual
164 who, under the Florida Insurance Code, has the authority to
165 adjust or deny a claim or a portion of a claim and may exercise
166 such authority over a particular claim.

167 (2) A health maintenance organization may use an
168 artificial intelligence system or a machine learning system to
169 assist in processing claims, including generating
170 recommendations to approve or deny a claim or a portion of a
171 claim, in accordance with this section.

172 (3) A decision to reduce a claim payment or deny a claim
173 or a portion of a claim may not be made solely on the basis of
174 an artificial intelligence system or machine learning system. A
175 health maintenance organization's decision to reduce a claim
176 payment or deny a claim or a portion of a claim must be made by
177 a qualified human professional.

178 (4) If an artificial intelligence system or a machine
179 learning system assists in processing a claim, the qualified
180 human professional must do all of the following before reducing
181 a claim payment or denying the claim or a portion of the claim:

182 (a) Analyze the facts of the claim and the terms of the
183 health maintenance contract independently of any artificial
184 intelligence system or machine learning system.

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185 (b) Review the accuracy of any output generated by such a
186 system.

187 (c) Determine that the claim or portion of the claim is
188 not payable under the terms of the health maintenance contract
189 and should be denied or that the claim payment should be
190 reduced.

191 (5) A health maintenance organization shall maintain
192 detailed records of the actions of qualified human professionals
193 who are required to perform the actions under subsection (4),
194 including:

195 (a) The name, the title, the business address, and the
196 unique identifier associated with the name of the qualified
197 human professional who made the decision to reduce the claim
198 payment or deny the claim or a portion of the claim.

199 (b) The date and time of the qualified human
200 professional's decision.

201 (c) Documentation of the basis for the reduction of the
202 claim payment or denial of the claim or a portion of the claim,
203 including any information provided by an artificial intelligence
204 system or a machine learning system.

205 (6) In all written denial communications to a subscriber,
206 a health maintenance organization shall include:

207 (a) An e-mail address, a telephone number, a business
208 address, and a unique identifier, in lieu of the name of the

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209 qualified human professional who made the decision to reduce the
210 claim payment or deny the claim or a portion of the claim; and

211 (b) A written statement affirming that an artificial
212 intelligence system or a machine learning system did not serve
213 as the sole basis for determining whether to reduce the claim
214 payment or deny the claim or a portion of the claim.

215 (7) A health maintenance organization that uses an
216 artificial intelligence system or a machine learning system as
217 part of its claims-handling process shall detail in its claims-
218 handling manual the manner in which such systems are to be used
219 and the manner in which the health maintenance organization
220 complies with this section.

221 (8) The office may conduct market conduct examinations and
222 investigations or use any method it deems necessary to verify
223 compliance with this section.

224 (9) The commission may adopt rules to implement this
225 section.

226 **Section 4.** This act shall take effect July 1, 2026.

227

228

229

T I T L E A M E N D M E N T

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Remove everything before the enacting clause and insert:

231

An act relating to mandatory human reviews of

232

insurance claim denials; creating s. 440.131, F.S.;

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defining terms; authorizing workers' compensation

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234 carriers to use artificial intelligence systems and
235 machine learning systems to assist in processing
236 claims; prohibiting the use of artificial intelligence
237 or machine learning systems as the sole basis for
238 determining whether to reduce a claim payment or deny
239 a claim or portion of a claim; requiring that
240 carriers' decisions to deny a claim or portion of a
241 claim or reduce a claim be made by qualified human
242 professionals; specifying the duties of qualified
243 human professionals; requiring a carrier to maintain
244 certain records; requiring carriers to include certain
245 information in denial communications to claimants;
246 requiring that certain carriers detail certain
247 information in their claims-handling manual;
248 authorizing the Department of Financial Services to
249 conduct examinations and investigations under certain
250 circumstances and to adopt rules; providing penalties;
251 creating s. 627.4263, F.S.; defining terms;
252 authorizing insurers to use artificial intelligence
253 systems and machine learning systems to assist in
254 processing claims; prohibiting the use of artificial
255 intelligence or machine learning systems as the sole
256 basis for determining whether to reduce a claim
257 payment or deny a claim or portion of a claim;
258 requiring that insurers' decisions to deny a claim or

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259 | portion of a claim or reduce a claim be made by
260 | qualified human professionals; specifying the duties
261 | of qualified human professionals; requiring an insurer
262 | to maintain certain records; requiring insurers to
263 | include certain information in denial communications
264 | to claimants; requiring that certain insurers detail
265 | certain information in their claims-handling manual;
266 | authorizing the Office of Insurance Regulation to
267 | conduct market conduct examinations and investigations
268 | under certain circumstances; authorizing the Financial
269 | Services Commission to adopt rules; creating s.
270 | 641.31091, F.S.; defining terms; authorizing health
271 | maintenance organizations to use artificial
272 | intelligence systems and machine learning systems to
273 | assist in processing claims; prohibiting the use of
274 | artificial intelligence or machine learning systems as
275 | the sole basis for determining whether to reduce a
276 | claim payment or deny a claim or portion of a claim;
277 | requiring that health maintenance organizations'
278 | decisions to deny a claim or reduce a claim or portion
279 | of a claim be made by qualified human professionals;
280 | specifying the duties of qualified human
281 | professionals; requiring a health maintenance
282 | organization to maintain certain records; requiring
283 | health maintenance organizations to include certain

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284 information in denial communications to claimants;
285 requiring that certain health maintenance
286 organizations detail certain information in their
287 claims-handling manual; authorizing the office to
288 conduct market conduct examinations and investigations
289 under certain circumstances; authorizing the
290 commission to adopt rules; providing an effective
291 date.