

January 13, 2026

What's New In Our Workers' Compensation Industry Florida

“An up-to-date summary of what is happening in Florida related to workers' compensation in all branches of government.”

Legislative Branch of Government

The Bill filing deadline for matters to be considered in the 2026 Legislative Session (The session began on January 13, 2026) was scheduled for January 9, 2026. The following summaries of Bills filed in this year's legislative session represent a complete list of all pending workers' compensation bills including those filed immediately prior to the closing date for filing and those that were previously sent in the prior Newsletter.

HB 527 (Compare SB202) Mandatory Human Reviews of Insurance Claim Denials – Use of Artificial Intelligence (AI) in Claims Adjusting Bills require a “qualified human professional” to review and finalize any decision reducing or denying insurance claims rather than just utilizing AI and algorithms i.e., “machine learning” can be used to assist in claims processing but developed technologies cannot be the sole basis for making decisions on benefits payable. The Bills require detailed records of the human professional's, review and the information used to support claims decisions. If benefits are denied, insurers must include a written statement in denial notices confirming that any claims decisions were not based solely on AI. Developed claims handling manuals and AI manuals must be updated to reflect how AI systems are utilized in the claims handling process. Regulatory agencies are authorized to examine and investigate compliance with developed standards and impose penalties for violations. **The Bills should be of particular interest to the claims industry. These Bills bring up all kinds of questions that concern workers compensation matters. For example, do the Bills apply to the handling of workers' compensation cases? Most assuredly they do. Does it specifically relate to the denial of the payment of prescriptions and the pharmaceutical industry's push for “deemed authorized” on all medications that are not properly denied? Would these proposed Bills prevent a carrier or claims handler from “auto adjudicating” and denying a prescription request without a claims professional reviewing each denial? It appears that**

extensive claims file documentation will be needed to confirm proper compliance with these proposed statutory claims compliance requirements which will be subject to extensive regulatory oversight and rule development. Has anyone priced these additional costs? (Copies of Bills attached to previous Newsletter. Please contact our office if you need a copy). If either of these Bills pass and are signed into law, handling attorneys should consider developing and adopting a standard process for attorneys to gather necessary information from a claim file to ensure compliance. There is no question that in defending workers' compensation cases, there will be Motions to Produce filed by claimant's attorneys requesting copies of developed standards which more likely than not, will require increased depositions of adjusters.

SB410 (Similar Bill HB0661) Public Records/Private Investigators – Bill adds the personal information of private investigators licensed by the Department of Agriculture and Consumer Services to the list of individuals whose home addresses, phone numbers, dates of birth, photographs and related family information are exempt from public disclosure in accordance with Section 119.070(1) Florida Statutes and Section 24 (a) Article I of the State Constitution. This exemption from disclosure is subject to the Open Government Sunset Review Act pursuant to Section 119.15 Florida Statutes. and shall stand repealed on October 2, 2031, unless reviewed and saved from repeal through re-enactment by the Legislature.

SB330 –(Compare Bill HB0739) Firefighters, Fire Service Providers, Law Enforcement, and Correctional Officers Tuberculosis, Heart Disease and Hypertensions Claims – Expands the definition of “Fire Service Providers” entitled to the presumption of compensability in regards to entitlement of workers' compensation benefits caused by tuberculosis, heart disease and hypertension resulting in total or partial disability. The expanded definition includes workers employed by an organization under an agreement to provide fire services to any governmental entity referenced in Section 633.102, Florida Statutes.

Law enforcement officers, correctional officers, correctional probation officers and others entitled to the presumption of compensability for the stated medical conditions must have undergone a pre-employment physical examination upon entering service of the employer against whom a claim for such benefits is filed. Such pre-employment physical exam requirement is met if such an exam was completed with a prior employer. In order to use a prior employment physical exam, it must be demonstrated that the current employing agency against whom a claim is filed did not require such an examination.

Medical care entitlement based on the presumption of compensability cases is defined as that provided by a physician licensed under Chapter 458, FS or Chapter 459 Florida Statutes who is board certified in a medical specialty that includes care and

treatment for these medical conditions. Medical care includes prescribed medications for the specific disease or diseases recorded in the patient's medical records.

SB618 (Identical Bill HB1243) – Excess Workers' Compensation Premium Rates And The Florida Insurance Guaranty Association Section 627.171, F.S. allows insurers to use rates for insurance coverages in excess of applicable filed rates only with the written consent of the insured which is executed prior to a policy inception date. However, insurers may not use excess rates for more than 10% of their commercial insurance policies written or renewed in Florida for each calendar year. This Bill seeks to allow workers compensation insurers' the ability to write no more than 20% of its coverages at such rates. In determining the 20% limitation for writing policies with excess rates, the insurer can exclude any workers compensation policies that are written for an employer that had coverage in the Joint Underwriting Plan (assigned risk) created by Section 627.311(5), F.S. Such joint underwriting workers' compensation policies would be excluded from the 20% limitation for the first 3 years of coverage of the issued policy.

Amendments to the Florida Workers' Compensation Insurance Guaranty Association (Association) statute are proposed specifically related to the Association Board of Directors. The number of Board members are reduced in number to nine members from 11. One of the members shall be the insurance consumer advocate appointed under Section 627.0613 FS, or his or her designee. (One of the nine Board members of the amended Board membership is the consumer Advocate. The amendment allows for the Consumer Advocate to appoint his or her designee). The two new Board members would consist of a person nominated by a statewide trade association representing Florida employers as designated by the Chief Financial Officer, and one person nominated by the largest property and casualty insurance agents association in Florida. The Chief financial Officer may appoint other persons with experience in workers compensation insurance to the board to serve in place of a nominee of either Association.

HB145 (Compare Bill SB1366) – Suits Against the Government – This Bill increases statutory limits on liability for tort claims against the state and its agencies and subdivisions; authorizes a subdivision of the state to settle claims in excess of the statutory limit without legislative action regardless of insurance coverage limits; prohibits insurance policies from conditioning payment of benefits on enactment of a claim bill by the Legislature; specifies that limitations in effect on the date a claim accrues applies to that claim; revises period within which certain claims must be presented; revises exceptions relating to instituting tort claims against state or agencies or subdivisions; revises period after which failure of certain entities to make final disposition of claims shall be deemed final denial of claim for certain purposes; and revises statute of limitations for tort claims against state or its agencies or subdivisions and provides exceptions.

SB374 (Similar Bill HB0683) – Authority of Physician Assistants to Provide Medical Care Including Prescribing of Medications - Amends Sections 458.374(4) FS, and 459.022 FS in regards to the ability of fully licensed physician assistants (Physician Assistant) to provide medical care and prescribe and dispense medication as follows:

- 1) Current law allows physician assistants to provide medical care if a supervising physician notifies the State Regulator of the intent to delegate this responsibility. Amendment seeks to delete the requirement that the state regulator be advised of this delegation.
- 2) Current law requires prescriptions issued by Physician Assistants to bear the name of the physician assistant and his/her supervising physicians. Amending Bill seeks to delete the requirement that the supervising physician's name appear on the prescription.
- 3) Current law provides for a formulary listing medicinal drugs that a physician assistant may not prescribe. Schedule II controlled drugs are limited to a 7-day supply. However, for Schedule II psychiatric mental prescriptions the supply is limited to 30-days. If such medicine is for a child younger than the age of 18, current law allows for the prescribing of a 14-day supply if medical care is under the supervision of a pediatrician. Amendment deletes the limitations of the 14-day supply in such a situation.
- 4) If the Governor issues an Executive Order or Proclamation a physicians assistant or advanced practice registered nurse may render medical services without physician supervision in any county covered by the Executive Order or Proclamation. Out-of-state physicians registered to provide telehealth services in this state and Physician Assistants holding a temporary certificate to practice are not authorized to practice medicine without physician supervision.

HB739 (Compare Bill SB0330) – Law Enforcement Officers – The current law in regards to workers' compensation claims for tuberculosis, heart disease or hypertension claims to be presumed to be job related requires that upon being hired by the hiring agency against which a claim for such benefits is made, there must be a showing that the claimant did not have such condition or conditions prior to being employed. In regards to such claims filed by Firefighters, if there was no pre-employment physical exam required by the employing agency, the physical examination requirement required for licensure pursuant to Section 633.412(5), FS, can be utilized to establish that the lack of pre-existing conditions to support such a claim. (Compare SB330) This statutory amendment seeks to add law enforcement officers to employees that can establish the lack of pre-existing conditions where the hiring agency did not require a pre-employment physical exam by utilizing the licensure requirements for a physical exam pursuant to Section 943.13, FS.

Current law creates a presumption that claims for tuberculosis, heart disease or hypertension benefits to law enforcement officers, correctional officers and correctional probational officers are not in the line of duty if, among other things it is determined that such employees “departed in a material fashion from the prescribed course of treatment of an authorized physician.” From a previously compensated claim under Chapter 440, FS. This Bill seeks to delete the statutory definition of “prescribed course of treatment.”

HB 813 – (Companion Bill – SB984) Firefighter Cancer Benefits as an Alternative to Workers’ Compensation Benefits As an alternative to the receipt of Workers’ compensation benefits upon a diagnosis of cancer, a firefighter can elect to receive benefits under certain conditions in accordance with Section 112.1816, FS. Benefits include medical care. If the firefighter is covered by an employer-sponsored health plan or through a group health insurance Trust, the employer must reimburse the firefighter out-of-pocket expenses paid by the firefighter, including deductible payments, co-payments, and co-insurance costs due to the treatment of the cancer. If the firefighter elects to continue coverage under these health plans after he or she terminates employment, such benefits must be made available to the firefighter for 10-years after the date on which the firefighter terminated employment.

A benefit payable under the workers’ compensation alternative plan also includes a cash payout of \$25,000.00 upon the diagnosis of cancer. Such benefits must be made available by his or her former employer for 10-years after termination of employment so long as the firefighter otherwise meets the conditions for entitlement to the alternative plan and he or she was not employed as a firefighter after the termination date. The cash payment of \$25,000 is not conditioned upon the firefighter continuing coverage in the employer-sponsored health plan or group health insurance Trust fund after termination from employment.

Under the alternative plan, if the firefighter dies as a result of cancer or circumstances that arise out of the treatment of cancer, death benefits would be payable to the firefighter’s beneficiary. Such death benefits must be made available by the employer for one year after the date on which the firefighter terminated employment and is not contingent on the firefighter continuing coverage in the employer-sponsored health plan or group health insurance trust so long as the firefighter otherwise meets the conditions for the payment of such benefits.

HB 607–Notice of Workers’ Compensation Coverage This Bill consolidates the licensing authority for certain professionals under the Department of Business and Professional Regulation (Department) by transferring licensing authority from various Boards to the Department. In accordance with Section 489.114, FS, any person, business organization or qualifying agent engaged in the business of contracting in this State shall, as a condition precedent to the issuance or renewal of a license, provide the Construction

Industry Licensing Board evidence of workers' compensation coverage pursuant to Chapter 440. Evidence of such coverage under this Bill would be sent to the Department. Failure to provide such evidence could be grounds for penalties assessed by the Board. In regards to electrical contractors, the need to provide notice of workers' compensation coverage in the current statute must be provided to the Electrical Contractors Licensing Board. The Department has replaced the Boards as the regulatory agency to provide notice of workers' compensation coverage.

SB1156 – Ambulatory Surgical Centers (ASAC) (Similar Bill HB1207; Comparative Bill SB1596) – Creates Chapter 396 F.S., to govern ambulatory surgical centers separate from hospital provisions in the law and Chapter 395 F.S. Among other regulatory requirements the proposed legislation:

- a) Requires ASCs to meet minimum clinical and diagnostic testing standards, implement peer review processes and establish internal risk management programs;
- b) Ensure public availability of inspection reports and transparency in financial disclosures and billing procedures;
- c) Prohibit health care providers from paying or receiving referral kickbacks and requires ASCs to enforce these prohibitions;
- d) Amends various statutory provisions referencing ASC licensing under Chapter 395 F.S., (Hospitals) and substituting the new Chapter 396, F.S.

HB1307 (Similar Bill SB1380, Comparative SB1542) Redefines employees entitled to receive workers' compensation benefits for workplace injuries to exclude aliens not authorized for employment under Federal Law. However, in regards to minors injured in workplace accidents, they are entitled to workers compensation benefits whether lawfully or unlawfully employed. Section 440.1001, F.S. created defining "unauthorized aliens" as provided for under Section 908.111(1), F.S. An employer that knowingly hires individuals not authorized to work in the U.S. under Federal law is personally and fully liable for all medical and treatment costs if the unauthorized alien is injured in a workplace accident. Obligations of employers to pay such medical costs cannot be shifted to third parties, including an insurance company, a state agency or any other entity. The Bill provides for penalties against the employer for violations of this new section in the law. Before an employer may submit a claim for workers' compensation benefits for an employee, the employer must first verify the employee's employment status through the E-Verify system as provided for under Section 448.095(1), F.S. The Department is authorized to adopt rules to employment and enforce this new section of the proposed law.

SB1452 (Identical Bill HB1221) Health Care Provider Contesting The Disallowance or Adjustment of a Payment By A Carrier If a health care provider elects to contest the disallowance or adjustment of the payment of a medical bill by a carrier, notice time for contesting such action is increased from 45-days to 60-days. Such notice of appeal must be served by the U.S. Postal Service Certified Mail or by common carrier with verifiable tracking methods. Such notice must be given to all affected parties listed on the Notice of Disallowance or Adjustment.