

Office of Insurance Regulation

2024 Legislative Summary



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**Summary of Insurance, Administrative, and Budget-Related Legislation
Enacted by the Florida Legislature during the 2024 Regular Session**

BUDGET

General Appropriations Act (HB 5001 by Appropriations Committee)

Action by Governor: Approved by Governor with Appropriation Veto (Chapter No. 2024-231)

Effective Date: July 1, 2024

The Legislature approved the FY 2023-24 General Appropriations Act on March 8th, 2024 during Regular Session. The Governor signed the budget into law on June 12, 2024. Funds appropriated to OIR from the Insurance Regulatory Trust Fund are shown in Table 1.

Table 1. Appropriations Overview Fiscal Year 2024-25: Office of Insurance Regulation			
Positions	FY 2023-24	FY 2024-25	Over/(Under)
Full-time equivalent (FTE) positions	310	310	0
Funding (By Budget Category)	FY 2023-24	FY 2024-25	Over/(Under)
Salaries and Benefits*	\$25,389,571	\$31,568,416	\$6,178,845
Other Personal Services	\$842,220	\$1,042,220	\$200,000
Expenses	\$2,761,482	\$2,496,390	(\$265,092)
Operation Capital Outlay	\$1,000	\$1,000	\$0
Contracted Services	\$1,780,726	\$4,055,726	\$2,275,000
Financial Examination Contracts*	\$5,901,673	\$5,901,673	\$0
Florida Public Hurricane Model (Enhancements)	\$1,273,439	\$7,273,439	\$6,000,000
Lease or Lease-Purchase of Equipment	\$47,603	\$47,603	\$0
Risk Management Insurance	\$75,516	\$95,901	\$20,385
DMS Human Resources Contract	\$104,268	\$110,447	\$6,179
Lookback Study	\$0	\$500,000	\$500,000
Mitigation Research Contract	\$0	\$200,000	\$200,000
Contracted Services for Reinsurance Expert	\$0	\$475,000	\$475,000
TOTAL	\$40,956,212	\$53,767,815	\$12,811,603
<p><i>*In 2023-24, OIR received an additional \$1.2 million for the statewide 5% pay increase, an additional \$1.1 million in discretionary pay, and an additional \$2.7 million in supplemental appropriations through the PBM and Insurer Accountability bills.</i></p> <p><i>*In 2024-25, OIR received an additional \$1.9 million for the statewide 3% pay increase</i></p> <p><i>*Budget authority for financial examinations of Property and Casualty insurance companies and Life and Health insurance companies. Insurance companies reimburse the Insurance Regulatory Trust Fund for examination costs. The Trust Fund acts as a pass-through.</i></p>			

Appropriations Proviso for the Office, Fiscal Year 2024-25

Line 2613 – Existing Proviso (Public Hurricane Loss Model) \$2,273,439

Funds in Specific Appropriation 2613 shall be transferred to Florida International University and utilized to promote and enhance collaborative research among state universities. The Florida Public Hurricane Loss Model located at Florida International University may consult with the private sector and the Florida Catastrophic Storm Risk Management Center located at the Florida State University to enhance the marketability, viability, and applications of the Florida Public Hurricane Loss Model. The Office of Insurance Regulation (Office) shall have the ability to accurately calculate hurricane risk and project catastrophic losses, and nothing shall interfere with or supersede the Office's authority to enter into agreements with Florida International University.

Line 2613 – New Proviso (Public Hurricane Loss Model) \$5,000,000

Funds in Specific Appropriation 2613 shall be transferred to Florida International University for the purpose of upgrading and enhancing the capability of the Florida Public Hurricane Loss Model to make improvements in geography and to include perils not currently contemplated in the model including but not limited to severe convective storms. Florida International University shall update the Florida Public Hurricane Loss Model in coordination with the Office of Insurance Regulation and the Division of Emergency Management. The Office of Insurance Regulation is authorized to direct funding provided to Florida International University towards specified programs or initiatives. Florida International University shall, at the direction of the Office of Insurance Regulation, ensure transparent and effective utilization of allocated funds, through periodic reporting requirements and completion of assigned tasks and deliverables.

Line 2616 – New Proviso (Lookbacks) \$500,000

Funds in Specific Appropriation 2616 are appropriated to the Office of Insurance Regulation to procure a study on the benefits and long-term effects of specifying substantial improvement periods, also known as lookbacks, for counties and municipalities, specifying county and municipality ordinance reporting requirements and setting substantial improvement period maximum durations in Florida. For this study, "substantial improvement period" means the calculated length of time for any repair, reconstruction, rehabilitation, or improvement of a structure to harden a home for purposes of resiliency, as a preventative measure rather than in a response to storm. This study shall analyze the impact of substantial improvement periods on community rating system discounts and insurance rates as calculated by FEMA and Florida's local floodplain managers. In addition, the study should address any concerns with local ordinances that make allowances for the repair or replacement of the elements of a structure that do not directly harden a home. The study must be submitted to the Governor, the President of the Senate, and the Speaker of the House of Representatives by December 1, 2024.



COVERAGE FOR SKIN CANCER SCREENINGS

HB 241

Representative Massullo

ACTION BY GOVERNOR

Approved by Governor

Chapter No. 2024-63

STATUTE(S) AFFECTED

110.12303

EFFECTIVE DATE

July 1, 2024

FINAL ANALYSIS

For a copy of the final House staff analysis, please [click here](#).

ANALYSIS

HB 241 requires the state group health insurance plan to provide coverage for annual skin cancer screening by a dermatologist, physician assistant, or an advanced registered practice nurse.

The bill prohibits the state group health insurance plans from imposing a deductible, copayment, coinsurance, or any other cost sharing requirement for the screening visit. It further prohibits an insurer or HMO contracted with the Program from bundling a payment for the skin cancer screening with services performed with any other service or procedure, including an evaluation and management visit which is performed during the same office visit or a subsequent office visit.



COVERAGE FOR BIOMARKER TESTING

HB 885

Representative Gonzalez
Pittman

ACTION BY GOVERNOR

Approved by Governor

Chapter No. 2024-249

STATUTE(S) AFFECTED

110.12303, 409.906,
409.9745

EFFECTIVE DATE

July 1, 2024

FINAL ANALYSIS

For a copy of the final House
staff analysis, please click
here.

ANALYSIS

HB 885 requires coverage within the state group insurance plan and Medicaid program for biomarker testing for the purposes of diagnosis, treatment, appropriate management, or ongoing monitoring of an enrollee's disease or condition or to guide treatment.

The bill expressly provides that the coverage requirements for biomarker testing services do not include testing for screening purposes.

Further authorizes AHCA to seek federal approval, if necessary to implement the coverage requirement.

Requires each state group health insurance plan to provide a clear and convenient process for enrollees to request authorization for biomarker testing. The process must be readily accessible to providers and enrollees and providers online.



DENTAL INSURANCE CLAIMS

SB 892

Senator Harrell

ACTION BY GOVERNOR

Approved by Governor

Chapter No. 2024-196

STATUTE(S) AFFECTED

627.6131, 636.032, 636.035,
641.315

EFFECTIVE DATE

January 1, 2025

FINAL ANALYSIS

For a copy of the final Senate staff analysis, please click [here](#).

ANALYSIS

SB 892 revises provisions within the Florida Insurance Code relating to covered dental services, contractual agreements, and dental claims payments by an insurer.

The bill prohibits health insurers under chs. 627, 636, and 641, F.S., from requiring reimbursement of claims through credit card payments as the only acceptable method of payment in a contract with a dentist licensed under ch. 466, F.S. Currently, state law is silent on acceptable forms of payment between a health plan and a provider in a private contract; however federal law has established specific standards for covered entities, which includes both the plan and the provider, as to how such transaction must be carried out, and what privacy and security specifications apply to the information involved.

Under the bill, an insurer may not deny any claim submitted by a dentist licensed under ch. 466, F.S., for procedures specifically included in a prior authorization, unless qualifications are met.



EDUCATION

HB 5101

Representative Tomkow

ACTION BY GOVERNOR

Approved by Governor

Chapter No. 2024-230

STATUTE(S) AFFECTED

Relevant statutes –

110.123

EFFECTIVE DATE

July 1, 2024

FINAL ANALYSIS

For a copy of the final House staff analysis, please click [here](#).

ANALYSIS

HB 5101 authorizes the Florida College System (FCS) institutions to participate in the State Group Health Insurance Program and requires the coverage period to begin in the 2025 plan year, by July 31, 2025, and to be for at least three years.

There are 28 member colleges in the FCS and each college is governed by a district board of trustees and is under the jurisdiction of the State Board of Education. The FCS requested inclusion into the State Group Health Insurance Program to strengthen faculty recruitment and retention.



TRANSPARENCY IN HEALTH AND HUMAN SERVICES

HB 7089

Representative Grant

ACTION BY GOVERNOR

Approved by Governor

Chapter No. 2024-183

STATUTE(S) AFFECTED

Relevant statutes –

624.27, 627.446, 627.6387,
627.6648, 641.31076

EFFECTIVE DATE

July 1, 2024

FINAL ANALYSIS

For a copy of the final House
staff analysis, please click
here.

ANALYSIS

HB 7089 applies to hospitals, ambulatory surgical centers, health insurers, and HMOs to increase patient access to health care cost information and offers a measure of protection from burdensome medical debt and unreasonable collections activity. The bill requires compliance by facilities and insurers as a condition of state licensure, better ensuring that these provisions will be fully adopted and adequately enforced in Florida.

The bill establishes a new set of debt collection exemptions in Chapter 222, F.S. that apply explicitly to debt incurred as a result of medical services provided in hospitals, ASCs, or urgent care centers. Under current law, this type of medical debt is subject to the uniform exemptions that apply to all types of debt. It prohibits extraordinary collection actions against patients prior to determining whether that patient is eligible for financial assistance, before providing an itemized bill, prior to billing any applicable insurance coverage, for 30 days after notifying a patient in writing that a collections action will commence, and while the patient is negotiating in good faith the final amount of the bill or is complying with the terms of a payment plan with the facility.



RISK RETENTION GROUPS

HB 215

Representative Truenow

ACTION BY GOVERNOR

Approved by Governor

Chapter No. 2024-172

STATUTE(S) AFFECTED

324.021

EFFECTIVE DATE

July 1, 2024

FINAL ANALYSIS

For a copy of the final House staff analysis, please click [here](#).

ANALYSIS

HB 215 establishes that motor vehicle insurance coverage issued by Risk Retention Groups operating under federal law, and registered to do business in the state, satisfies the financial responsibility requirements of state motor vehicle law.

RRGs may operate in Florida if they obtain a certificate of authority as a liability insurer or are licensed in another state and provide a copy of their business plan and annual financial statement to the Office of Insurance Regulation (OIR) and designate the Chief Financial Officer as their agent for service of process. According to OIR, 146 risk retention groups are licensed in a state other than Florida and registered to do business in Florida.



BUILDER WARRANTIES

HB 623

Representative Steele

ACTION BY GOVERNOR

Approved by Governor

Chapter No. 2024-95

STATUTE(S) AFFECTED

553.837

EFFECTIVE DATE

July 1, 2024

FINAL ANALYSIS

For a copy of the final House staff analysis, please click [here](#).

ANALYSIS

HB 623 defines a “newly constructed home” as residential properties including single-family dwellings, duplexes, triplexes, or quadruplexes that have not been previously occupied.

The bill requires builders to provide a one-year warranty against construction defects, requires the builder warranty to cover defects in equipment, material, or workmanship resulting in a material violation of the Florida Building Code.

The bill requires the warranty to cover the newly constructed home for a minimum full one-year period, even if the home is sold or transferred, and makes enforcement of the builder warranty limited to private civil actions by purchasers against non-compliant builders.



CONSUMER PROTECTION

HB 939

Representative Griffitts

ACTION BY GOVERNOR

Approved by Governor

Chapter No. 2024-139

STATUTE(S) AFFECTED

212.134, 489.147, 559.9611,
624.424, 626.9796,
627.43141, 627.6426,
627.70132, 791.01, 791.012

EFFECTIVE DATE

July 1, 2024

FINAL ANALYSIS

For a copy of the final House staff analysis, please click [here](#).

ANALYSIS

HB 939 requires a contractor that enters into a contract to replace or repair the roof of a residential property during a declared state of emergency by the Governor must include specific language in the contract that allows the residential property owner to cancel the contract by the earlier of: ten days following the contract execution; or the official start date that the work on the roof will commence.

The bill requires that the residential property owner send notice of cancellation of such contract to the address specified in the contract by certified mail, return receipt requested, or another form of mailing that provides proof of mailing.

The bill requires that public adjusters' contracts relating to property and casualty claims contain the license numbers of the public adjusting firms by which they are employed.

The bill requires that the renewal notice sent to the named insured containing changes in policy terms must be presented in bold type face of not less than 14 points. Additionally, the notice may extend beyond a single page if needed.

The bill updates the disclosures that must be provided to a purchaser of a short-term plan to include the following additional items: the duration of the plan, including any waiting period; any essential health benefits that the plan does not provide; the content of coverage; and any exclusions of preexisting conditions.

The bill establishes that a notice of claim for loss assessment coverage must occur not later than 3 years after the date of loss and must be provided to the insurer by the later of: one year after the date of loss; or within 90 days after the date on which the condominium association or its governing board votes to levy an assessment resulting from a covered loss.



CHIEF FINANCIAL OFFICER

HB 989

Representative LaMarca

ACTION BY GOVERNOR

Approved by Governor

Chapter No. 2024-140

STATUTE(S) AFFECTED

Relevant Statutes –

17.57, 20.121, 175.401,
185.5, 440.385, 627.351

EFFECTIVE DATE

Upon Becoming a Law

FINAL ANALYSIS

For a copy of the final House
staff analysis, please click
here.

ANALYSIS

HB 989 requires eligible surplus lines insurers to provide a written or electronic response to the Division of Consumer Services within DFS within 14 days of receiving a written request for documents and information related to a consumer complaint. Mandates licensed adjusters to clearly identify themselves in all advertisements, solicitations, or written documents, reflecting their specific adjuster appointment type.

Specifies that a general lines agent, while licensed as a surplus lines agent, is authorized to appoint licenses using a single surplus license agent appointment under s. 624.501, F.S., Establishes the Florida Life and Health Insurance Guaranty Association (FLHIGA). Every insurer licensed to sell direct life insurance policies, health insurance policies, annuity contracts, and supplemental contracts in the state must participate in FLHIGA.

Permits motor vehicle service agreement companies to employ multiple contractual liability insurance policies to support their financial obligations.

Specifies that home warranty associations are not obligated to establish an unearned premium reserve or maintain contractual liability insurance.



MY SAFE FLORIDA CONDOMINIUM PILOT PROGRAM

HB 1029

Representative Lopez, V.

ACTION BY GOVERNOR

Approved by Governor

Chapter No. 2024-108

STATUTE(S) AFFECTED

Relevant Statutes –

215.5587

EFFECTIVE DATE

July 1, 2024

FINAL ANALYSIS

For a copy of the final House staff analysis, please click [here](#).

ANALYSIS

HB 1029 establishes the My Safe Florida Condominium Pilot Program within the Department of Financial Services to provide licensed inspections and grants for condominium associations to mitigate hurricane damage.

The bill provides that, to apply for an inspection or grant for association property or condominium property, an association must receive approval by a majority vote of the board of administration or a majority vote of the total voting interests of the association to participate in the pilot program. Additionally, to apply for a grant which improves one or more units within a condominium, an association must receive both of the following: approval by a majority vote of the board of administration or a majority vote of the total voting interests of the association to participate in a mitigation inspection; and, an unanimous vote of all unit owners within the structure or building that is the subject of the mitigation grant.

Provides that a unit owner may participate in the MSFCP Program through a mitigation grant awarded to the association, but a unit owner may not participate individually in the MSFCP Program.



FLOOD DISCLOSURE IN THE SALE OF REAL PROPERTY

HB 1049

Representative Hunschofsky

ACTION BY GOVERNOR

Approved by Governor

Chapter No. 2024-215

STATUTE(S) AFFECTED

689.302

EFFECTIVE DATE

October 1, 2024

FINAL ANALYSIS

For a copy of the final House staff analysis, please click [here](#).

ANALYSIS

HB 1049 requires sellers of residential real property to provide a flood disclosure to prospective buyers before executing the sales contract.

The bill requires such flood disclosure to be made in the following form:

- The title of the form must be labeled “FLOOD DISCLOSURE.”
- A flood insurance disclaimer must be provided which states as follows: “Flood Insurance: Homeowners’ insurance policies do not include coverage for damage resulting from floods. Buyer is encouraged to discuss the need to purchase separate flood insurance coverage with Buyer’s insurance agent.”
- The seller must state whether he or she has filed a claim with an insurance provider relating to flood damage on the property, including, but not limited to, a claim with the National Flood Insurance Program.
- The seller must state whether he or she has received federal assistance for flood damage to the property, including, but not limited to, assistance from the Federal Emergency Management Agency.

For the purposes of the disclosure, the bill defines flooding as a general or temporary condition of partial or complete inundation of the property caused by any of the following: the overflow of inland or tidal waters; the unusual and rapid accumulation of runoff or surface waters from any established water source, such as a river, stream, or drainage ditch; and sustained periods of standing water resulting from rainfall.



CITIZENS PROPERTY INSURANCE CORPORATION

HB 1503

Representative Esposito

ACTION BY GOVERNOR

Approved by Governor

Chapter No. 2024-179

STATUTE(S) AFFECTED

627.351, 627.3511, 627.3518

EFFECTIVE DATE

July 1, 2024

FINAL ANALYSIS

For a copy of the final House staff analysis, please click [here](#).

ANALYSIS

HB 1503 makes various changes to Citizens Property Insurance Corporation, including: surplus lines, flood coverage, combining accounts, and operations and management.

Permits surplus lines insurers that meet certain financial requirements to take out policies from Citizens that are written on dwellings that are not primary residences or homesteaded properties.

Requires Citizens' policyholders who must purchase flood insurance as a condition of eligibility for Citizens' coverage to purchase only dwelling coverage for a flood loss rather than dwelling and contents coverage.

Eliminates a significant amount of statutory language that is no longer needed because Citizens has combined its three accounts into one account. These statutory deletions include references to the PLA, CLA, and Coastal Account.

Allows Citizens' executive director to appoint a designee to act as its agency head, allows Citizens to share information with NICB, and allows Citizens to obtain patents, copyrights, and trademarks, and to enforce related rights to the same.



INSURANCE

HB 1611

Representative Stevenson

ACTION BY GOVERNOR

Approved by Governor

Chapter No. 2024-182

STATUTE(S) AFFECTED

163.01, 624.3161, 624.424, 624.4305, 624.46226, 626.9201, 626.9531, 627.062, 627.351, 627.4133, 627.7011, 628.011, 628.061, 628.801, 629.011, 629.021, 629.061, 629.081, 629.091, 629.094, 629.101, 629.225, 629.227, 629.229, 629.261, 629.291, 629.525, 766.302, 766.314

EFFECTIVE DATE

July 1, 2024

FINAL ANALYSIS

For a copy of the final House staff analysis, please click [here](#).

ANALYSIS

HB 1611 makes various changes to insurance. The information that property insurers were reporting to OIR on a quarterly basis must be reported monthly instead, and the data must be reported on zip code rather than county level.

Provides the Financial Services Commission (FSC) with express rulemaking authority to adopt rules and forms to regulate how, and in what format, insurers will provide notice to OIR of nonrenewal of more than 10,000 residential property insurance policies within a 12-month period.

Revises the maximum per-loss occurrence amount that a Public Housing Authority (PHA) self-insurance fund may retain from \$350,000 to an amount that the fund can withstand.

Restricts the ability of surplus lines insurers to cancel or nonrenew personal and commercial lines residential insurance policies due to unrepaired damage after a hurricane or wind-loss following a declared emergency.

Specifies that if an insurer uses the average of two or more models in its rate filing, the same average model must be used throughout the state. However, if the insurer uses a weighted average, it must provide OIR with a justification for using the weighted average, which shows that it results in a rate that is reasonable, adequate, and fair.

Eliminates the statutory provision that allows Citizens to charge up to 50% above the established Citizens rate for policyholders whose coverage was last provided by an insurer determined to be unsound or place into receivership.

Adds roofing contractor to the list of authorized inspectors that an insurer may approve to conduct the inspection of a roof for determining its remaining useful life.

Updates the statutory chapter regarding reciprocal insurers to align it with OIR's existing authority to license and regulate other types of insurers. Creates reporting requirements for NICA and modifies the calculation of reserve estimates related to limitations on ongoing enrollment.



MY SAFE FLORIDA HOME PROGRAM

SB 7028

Senate Banking & Insurance
Committee

ACTION BY GOVERNOR

Approved by Governor

Chapter No. 2024-107

STATUTE(S) AFFECTED

215.5586

EFFECTIVE DATE

July 1, 2024

FINAL ANALYSIS

For a copy of the final Senate staff analysis, please click [here](#).

ANALYSIS

SB 7028 improves the operation of the My Safe Florida Home (MSFH) Program by allowing homeowners to submit subsequent mitigation inspection and grant applications for the same home if the certain criteria is met:

- The original application was denied or withdrawn due to errors or omissions in the application.
- The original application was denied or withdrawn because the home did not meet the eligibility criteria at the time of application, and the homeowner reasonably believes the home is now eligible for an inspection or grant.
- The MSFH Program's eligibility requirements have changed since the date of the original application, and the homeowner reasonably believes the home is now eligible for an inspection or grant.

The bill provides additional criteria for homes to be eligible for mitigation grants. Homeowners must agree to provide DFS with information from their homeowners' insurers that identifies premium discounts received as a result of improvements made with grant funds. Grant-funded projects must be completed within 1 year after grant approval, subject to a one-time six-month extension, or the grant is deemed abandoned and the grant funds revert to DFS.

Eliminates the requirement that DFS maintain a list of participating contractors for the grant portion of the MSFH Program.

Specifies that opening protection that may be improved with grant funds from the MSFH Program includes exterior doors, garage doors, windows, and skylights.



TAXATION

HB 7073

Representative McClain

ACTION BY GOVERNOR

Approved by Governor

Chapter No. 2024-158

STATUTE(S) AFFECTED

192.001, 192.0105, 193.155, 193.624, 193.703, 194.037, 196.011, 196.031, 196.075, 196.161, 196.1978, 196.1979, 197.319, 201.08, 201.21, 206.9931, 206.9955, 206.996, 206.997, 211.0254, 212.0306, 212.05, 212.054, 212.055, 212.11, 212.1835, 212.2, 213.21, 213.67, 220.02, 220.03, 220.19, 220.1915, 220.1992, 220.222, 374.986, 402.261, 402.62, 413.4021, 561.121, 561.1214, 571.26, 571.265, 624.509, 624.5107, 624.5108

EFFECTIVE DATE

July 1, 2024

FINAL ANALYSIS

For a copy of the final House staff analysis, please click [here](#).

ANALYSIS

HB 7073 requires insurers to provide a deduction of 1.75 percent of the total premium charged on residential property policies and on personal or commercial flood policies.

Requires insurers to provide a deduction on the total premium charged on residential properties in an amount equal to the State Fire Marshal regulatory assessment charged for such policy.

The bill creates a tax credit that can be used by an insurer against the insurer's insurance premium tax liability under s. 624.509, F.S.

Requires insurers to quarterly and annually report the number of policies receiving deductions and the total amount of deductions provided by the insurer, along with specific information about the impact on residential policies and flood policies.

Gives DOR the power to investigate and audit insurance companies providing the deductions created by the bill. DOR may request technical assistance from OIR with technical audits or examinations done to verify insurers compliance with the provisions of the bill. OIR can examine the information reported by an insurer and take corrective measures if an insurer is not in compliance.

Authorizes DOR and OIR to adopt emergency rules to implement this legislation.

