

THE ACCOUNTABILITY GAP:

Florida's Free Kill Law and the Case for Justice

Costs, Access, and Limits
of Accountability in
Medical Malpractice Law

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The Voices Florida Law Does Not Hear

On March 5, 2025, the Florida House Civil Justice and Claims Subcommittee convened to consider HB 6017, a bill that would eliminate a statute subsection (Fla. Stat. § 768.21(8)), commonly referred to as the 'Free Kill' law. Put simply, the law as it stands today prevents some adult children and parents from suing a hospital or doctor even if that hospital or doctor was at fault for the death of their loved one. One by one, families traveled to Tallahassee to describe what happens when medical negligence takes a life and the law says the family doesn't have a legal path to hold anyone accountable.

Sabrina Davis was among them. Her father, Keith Davis, was a Navy veteran. In 2020, he went to a Tampa-area hospital reporting knee pain. Five days later, he was dead. Both the Florida Department of Health and the Agency for Health Care Administration investigated and found that the treating physician committed medical malpractice. The doctor's consequence: a \$7,500 fine and required classes. Sabrina's consequence: being told by eight separate attorneys that because her father was single and she was over 25, they could not help her.

Cindy Jenkins came to tell the committee about her daughter Taylor. Taylor died March 22, 2023, two and a half months after turning 25. When Taylor arrived at the hospital following a car accident, a radiologist confirmed her abdominal cavity was full of blood. Despite repeated notifications, the trauma surgeon waited more than six hours before emergency surgery. Jenkins paid for her own autopsy and medical affidavit to document what she described as egregious negligence.

Under Florida law, she had no path to civil accountability, not because the case was weak, but because Taylor had been 25 for two and a half months.

Each case involved documented wrongdoing: government investigation, independent autopsy, clinical findings of negligence. None of these families had a viable path to civil accountability for the same reason: the structure of Florida law, not the weakness of their cases.

These stories share a common thread. None of these families were asking Florida law to make it easier to prove healthcare providers made a mistake. They were asking for the right to stand in a courtroom and try to prove what happened – the same right most people assume exists after a wrongful death.

What Is Free Kill Law?

Florida's so-called "Free Kill" law is a nickname for a specific part of the state's wrongful death law. The law was enacted in 1990 specifically to lower medical malpractice insurance premiums.

When someone dies because of negligence outside of the medical field – in an automobile accident, for example – the law allows certain family members to recover for the human loss: grief, loss of companionship, emotional suffering.

These are called "non-economic damages," or simply the value of the relationship that was taken away. But Florida treats medical negligence differently. If the death is caused by medical malpractice:

An adult child cannot recover for the loss of a parent if that parent was unmarried. A parent cannot recover for the loss of an adult child if that child was unmarried and had no minor children.

Florida is the only state in the country that imposes this restriction. No other state conditions a family's right to recover for a medical negligence death on the marital status or dependents of the person who died.

In other words, whether a family can recover for their loss depends not on what happened, but on who was left behind. In many cases – retirees, single adults, people without high incomes – the measurable financial losses are small. Without recognition of the human loss, there is often no practical way to bring a case at all in Florida's civil justice system, no matter how clear the mistake.

Why This Matters Now

Public confidence in institutional accountability has been eroding for years. Gallup polling shows confidence in the medical system fell from 51% in 2020, a pandemic-era high, to 32% in 2025. Americans increasingly believe large organizations avoid consequences that ordinary people face. That gap between expectation and reality – between the

promise of accountability and its absence – is where distrust grows.

This matters because it shapes what happens when a legal system produces outcomes many view as unfair. Does the system correct itself? In this case, the record shows repeated recognition of the issue without resolution.

Overwhelming Consensus, Blocked Every Time

At a high level, the question is straightforward: when a legal framework produces outcomes that many would view as fundamentally unfair, does the system correct itself? In this instance, the record shows repeated recognition of the issue without resolution.

In 2025, the Florida Legislature passed HB 6017, a bill designed to eliminate this limitation. The measure passed with overwhelming bipartisan support: 104–6 in the House, 33–4 in the Senate. Governor Ron DeSantis vetoed the bill on May 29, 2025. The following year, lawmakers tried again. In 2026, the Florida House passed HB 6003 by a vote of 88–17. The bill was never scheduled for a hearing in the Senate Rules Committee, the only committee to which it was referred, and died there without a vote when the Senate adjourned session on March 13, 2026. Its identical Senate companion, SB 1700, met the same fate: it died in the Judiciary Committee, also without ever receiving a hearing, on the same day. Similar

repeal or modification bills have been introduced repeatedly over the past several years, reflecting sustained legislative awareness without enacted reform.

When legislative solutions fail, the next question is whether the courts can intervene. That path has been tested and largely foreclosed. In *Mizrahi v. North Miami Medical Center*, plaintiffs challenged the statutory framework on equal protection grounds. The Florida Supreme Court acknowledged the policy concerns but upheld the law. Subsequent appellate decisions have followed this approach, reinforcing that the judiciary is not positioned to rewrite statutory policy choices in this area.



If the Legislature has not acted and the courts have declined to intervene, the remaining avenue is public engagement. That requires examining the arguments advanced by those seeking to preserve the statute.

What Detractors Say, and What the Data Shows

So why does this persist? How does a policy that many view as inequitable remain in place for more than three decades?

The answer lies in how opponents frame the debate: around predicted system-wide consequences. They argue that changing liability rules would trigger broader disruptions – higher insurance premiums, increased healthcare costs, reduced provider availability.

These concerns are supported by localized data points and projections. Industry groups cite Florida's relatively high rate of paid malpractice claims per physician and point to regional premium increases in counties like Miami-Dade as evidence of a challenging liability environment. They rely on proprietary models projecting tens of millions in additional annual losses if the statute is repealed.

But broader empirical evidence complicates this narrative. The Congressional Budget Office has repeatedly found that medical malpractice liability accounts for a small share of total healthcare spending – roughly 2-3% according to peer-reviewed research in Health Affairs. Economic analyses from the National Bureau of Economic Research show that while liability pressure may influence physician behavior in certain contexts, its overall impact on healthcare costs and physician supply is limited and inconsistent.

Florida-specific data further undermines the industry argument. While Florida has ranked higher in paid claims per physician, that metric reflects paid outcomes, not lawsuit frequency, and is influenced by demographic factors – Florida's large elderly population and higher utilization of complex medical care. Importantly, Florida has not experienced a sustained collapse in physician supply relative to population growth. Workforce projections from the state's Department of Health point to shortages driven primarily by population growth, aging demographics, and provider distribution, not liability environment alone.

The methodological contrast is significant: industry arguments rely on localized premium data, physician surveys, and proprietary loss projections lacking transparency. By contrast, the CBO and academic literature rely on observed, system-wide expenditure data across large populations. Survey-based evidence captures perception; proprietary models can magnify perceived risk without demonstrating comparable system-wide impact.

Physician Departure: What Florida's Own Data Actually Shows

Opponents of reform have repeatedly invoked the specter of physician exodus. Governor Ron DeSantis cited this concern explicitly in his May 2025 veto message. The concern is rooted in real conditions: Florida faces a physician retention challenge, and with one of the fastest-growing and oldest populations in the country, physician supply is genuinely strained.

But Florida's own workforce data tells a more complex story. According to the 2023 Physician Workforce Annual Report – administered as part of mandatory license renewal, making it more reliable than voluntary advocacy polling – 2,651 Florida physicians reported plans to relocate out of state within five years. These are meaningful numbers.

Yet the same survey asks why. The most commonly cited reasons are family considerations (34%), financial factors (21%), and desire for change (18%). Notably, liability exposure was cited by about 6% of physicians relocating out of Florida in the 2023 Physician Workforce Annual Report. By the 2025 report, that figure had fallen to roughly 3%, half as common a reason as two years earlier. If liability were truly driving an exodus, the trend should run the other way.

The larger factor is demographic. The 2025 report found that 35% of Florida's 62,209 direct patient care physicians are age 60 or older, and that 8,331 plan to stop providing direct patient care within five years, citing retirement as the primary reason. This projected retirement wave dwarfs the number of physicians planning to relocate – and has nothing to do with malpractice liability.

Opponents have emphasized obstetric physician data: approximately 23% of OB/GYNs answering the 2025 report's survey planned to stop providing obstetric care within two years, with liability exposure cited as a reason. OB/GYN carries an annual



malpractice claim rate of approximately 12%, and Florida premiums reach \$225,000 annually in some counties. The concern is rooted in genuine structural conditions.

However, this data does not support the conclusion that repealing Free Kill would worsen the OB/GYN situation. The reason is structural: non-fatal birth injury claims in Florida are not governed by the Wrongful Death Act. Florida operates NICA, a no-fault administrative compensation system that

diverts qualifying birth injury claims entirely out of the tort system. The Free Kill law governs adult medical negligence deaths – categorically different claims. It is the wrong argument for the wrong law. Whatever malpractice pressures OB/GYNs face, repeal would leave the underlying pressures largely unchanged.

Taken together, Florida's own data does not support a simple causal link between malpractice liability and physician departure.

The Floodgates Are Already Closed

Opponents frequently argue that repeal would open the floodgates to weak or excessive malpractice claims. The empirical record does not support that concern.

Most medical negligence never results in a lawsuit. The landmark Harvard Medical Practice Study found that only 8 out of 280 patients injured by medical negligence filed a claim. Subsequent research estimates that only a small fraction of patients harmed by negligence ever pursue litigation, well under 10%.

The filtering does not stop there. A comprehensive study of plaintiff-side malpractice attorneys found that lawyers act as significant gatekeepers, rejecting over 90% of the cases they evaluate, determining that potential damages are too low, negligence is uncertain, or the cost of expert-driven litigation is too high.

Florida imposes an additional layer of screening before any case can be filed. State law requires a pre-suit investigation, including a verified written opinion from a qualified medical expert establishing a reasonable basis for the claim. The claimant must then provide formal notice and proceed through a mandatory 90-day pre-suit period, during which the healthcare provider investigates and may admit liability, reject the claim, or seek settlement. Expert witnesses must meet strict specialty requirements.

These safeguards remain fully in place regardless of whether Florida's Free Kill law exists. Repealing that provision would not lower the burden of proof, eliminate expert review, or bypass pre-suit screening.

How the Deck Is Stacked

The debate over this issue is shaped not just by competing outcomes, but by how information is produced, organized, and delivered to decision-makers.

Healthcare systems, insurers, and professional associations operate within defined incentive structures. They have a job: manage risk, control costs, maintain financial stability. That job includes advocating for positions that protect their organizations. That advocacy is informed by data – but the data itself is not neutral. It is organized through projections, actuarial modeling, and risk assessments designed to inform decisions under uncertainty. These analyses are typically organized, timely, and tailored to policy audiences. They are also frequently based on proprietary methodologies that are not fully transparent or independently verifiable.

This matters because of how executive decision-making works. Governors operate under constant time and information constraints. In that environment, they rely heavily on established channels of information: agency leadership, advisors, and organized stakeholders who can provide structured analysis quickly. In technical areas like healthcare and insurance, those inputs carry particular weight. Governor Ron DeSantis's veto of HB 6017 reflects this dynamic – his message referenced consultations with healthcare

stakeholders and framed the issue in terms of cost, access, and system stability.

At the same time, not all forms of information are equally visible. The institutions most affected by liability rules have access to aggregated datasets, internal analytics, and dedicated policy infrastructure. By contrast, the harms experienced by patients and families are fragmented, underreported, and difficult to consolidate into comparable evidence. This imbalance is well established in regulatory theory: forward-looking projections about cost and risk are more likely to shape policy discussions than retrospective, case-based evidence of harm. Quantified financial models carry institutional weight; individual losses, even when real and recurring, are harder to aggregate and easier to discount.

None of this requires assuming bad faith. It reflects how modern policymaking functions. Those with better-organized information tend to prevail. (*See Appendix for fuller discussion of information asymmetry theory*).

The Influence Campaign

Public records show that in the lead-up to the 2025 veto, Governor Ron DeSantis met with representatives of healthcare systems and business groups opposing the legislation, including meetings with the Florida Chamber of Commerce and the Safety Net Hospital Alliance. Reporting indicates that families directly affected by the law did not receive comparable access.

This pattern reflects how modern policymaking operates. Well-resourced institutional actors – hospitals, insurers, and trade associations – maintain continuous lobbying efforts, retain professional advocates, and participate in campaign finance systems that support legislative leadership.

Florida lobbyist disclosure records for HB 6017 document coordinated participation by healthcare systems, malpractice insurers, business organizations, and tort-reform groups throughout the legislative process. Political committees associated with healthcare interests have directed substantial funding to legislative campaign committees that shape chamber leadership and determine which bills advance.

These mechanisms are lawful and embedded in the political system.

The sentiment is not new – comedian Robin Williams captured it memorably, suggesting that members of Congress "should be like NASCAR drivers" and wear jackets displaying the names of everyone sponsoring them. It is not a policy argument. But in a debate where one side has lobbyists, actuarial models, and PAC funding, and the other side has a comedian's punchline that won't go away, the durability of that joke is its own kind of data point about where public trust currently stands.



Reframing Failure as Safety

The imbalance in how information is produced is reinforced by how it is framed. In complex policy debates, language shapes reality.

Research demonstrates that people interpret identical outcomes differently depending on whether they are framed in terms of risk or protection. In healthcare policy, this effect is visible in the repeated use of terms such as "safeguards," "stability," and "protecting access to care," which frame legal changes as threats to a fragile system.

Governor Ron DeSantis used similar language in his veto, warning against removing "longstanding safeguards." Industry communications likewise emphasize increased liability exposure and system instability.

Alongside this is a more personalized narrative: litigation itself as a source of harm. Terms such as "predatory" or "abusive" characterize legal claims, shaping public perception of litigation as a systemic problem rather than a case-specific process. Yet research comparing adverse medical events to filed claims has consistently found that only a small fraction of potential negligence results in litigation, suggesting that public perception is influenced as much by framing as by measurable patterns. (See Appendix for fuller discussion of framing effects).



Accountability Works

The language used in policy debates tends to emphasize risks litigation may pose to institutions, while giving less attention to the role litigation plays within the system itself.

Civil litigation is one of the primary mechanisms through which corporate and institutional conduct is examined in the United States. In multiple industries, significant safety reforms have followed information uncovered through litigation and related investigations. In healthcare, analyses published in Health Affairs have documented how malpractice claims can surface patterns of error and contribute to patient-safety improvements.

That function is embedded in Florida's regulatory framework. The Florida Department of Health is authorized to investigate and discipline physicians based in part on malpractice findings. Florida law requires the reporting of certain malpractice settlements and judgments, and those reports can trigger or support

disciplinary review. Disciplinary proceedings show malpractice-related findings used to support administrative complaints and sanctions against physicians. Where internal reporting is incomplete or delayed, and where oversight agencies face resource constraints, civil litigation functions as an external source of fact development, surfacing conduct that may not otherwise come to light.

The policy question is not simply whether litigation imposes costs. It is whether the system can function without accounting for the role litigation plays in uncovering harm, informing regulatory action, and reinforcing professional standards. In a system where both government and private actors exercise significant authority, that role is crucial.

The Choice Florida Made

The health of Florida's healthcare system matters. Access to doctors matters. Rural coverage, specialist shortages, and the cost of care matter. Those concerns are real, and serious people can disagree about how liability rules affect them. But that is not the same as proving that this specific carveout is necessary to keep the system standing.

HB 6017 did not fail because the Legislature ignored those concerns. It passed the House 104–6 and the Senate 33–4 before Governor Ron DeSantis vetoed it on May 29, 2025. The following year, the Legislature tried again. HB 6003 passed the House 88–17 in 2026 – still lopsided, if slightly narrower. Its Senate companion never received a hearing; both bills died without a vote when the Senate adjourned on March 13, 2026. The pattern is now a multi-year sequence: overwhelming votes to end this, then blocked at the executive or procedural level.

The question that narrows from there is straightforward: do the arguments for the veto hold up?

Opponents claimed repeal would increase costs, reduce access, and destabilize the healthcare system. The Governor's veto message used the language of "safeguard[s]." The Medical Professional Liability Association urged a veto, forecasting higher premiums. But those claims, at least in the public record, rest heavily on projections, industry framing, and

internal analysis rather than transparent proof that this particular rule is a major independent driver of physician supply or statewide access to care.

The Governor's own examples do not survive scrutiny. His veto message leaned on obstetric physician concerns – yet the large majority of birth injury claims in Florida are routed through NICA, a no-fault system outside the Wrongful Death Act. The statute's repeal would not meaningfully change OB/GYN liability exposure. And the physician departure crisis he invoked is documented in Florida's own mandatory workforce surveys – surveys that identify family considerations, financial pressures, and retirement as the dominant drivers, not malpractice liability.

There's a third piece of the Governor's position: caps on damages. In his veto message and later remarks, Governor DeSantis pointed to the absence of a cap on non-economic damages as his reason for the veto, saying the Legislature could win his support by adding limits designed to prevent what he called "jackpot justice."

That fight already happened once, inside the same bill. During Senate debate on HB 6017 in April 2025, Sen. Clay Yarborough offered an amendment adding a \$1 million cap on non-economic damages; it failed by a single vote, 18–19, before the Senate passed the underlying repeal 33–4 without it. Caps have their own separate and unresolved history in Florida's courts: the Florida Supreme Court struck down the state's malpractice damages cap in 2014 (*Estate of McCall v. United States*) and again in 2017 (*North Broward Hospital District v. Kalitan*), both times on equal protection grounds. This paper takes no position on whether caps are good policy. What matters here is narrower: a cap limits how much a plaintiff who is already allowed to sue can recover. Free Kill decides who is allowed to sue at all. The families this law shuts out aren't combatants in the caps war. They are its collateral damage – caught in the no-man's-land between insurers, trial lawyers, and elected officials fighting over how much a claim is worth, while Free Kill has already decided they don't get a claim worth capping in the first place.

So the complexity is real. But complexity is not an answer. It is not a moral defense. It is not a substitute for justice.



The deeper issue is this: what does justice require when a life is lost to medical negligence and the law tells some families that, for purposes of pain, suffering, and human loss, they do not count? Those families are then asked to accept that the system cannot afford more justice. At the veto event, Surgeon General Joseph Ladapo made that logic explicit: "The issue of justice, legal justice, economic damages, non-economic damages – there simply isn't enough justice to go around and have the system be able to stand up on its two feet. It's just not possible."

That is a remarkable statement. Of course there is not infinite justice, just as there is not infinite money or infinite resources. Law always makes allocations. But in a just society, scarcity is not a reason to erase entire categories of human loss from legal recognition. It is one thing to argue over caps, standards, or procedures. It is another to preserve a rule that tells certain parents and adult children that the value of their grief is legally zero when the death was caused by medical negligence.

Florida did not merely tolerate that result. After overwhelming bipartisan votes to end it, the state's executive branch affirmatively chose to keep it in place.

This is not reducible to a turf war between doctors and lawyers. Most doctors are not villains. Most patients are not opportunists.

The question is whether civil justice remains available as a meaningful check when institutions fail. In American public life, that check has often come from outside the institution itself – from litigation that exposed internal corporate knowledge, unsafe products, hidden risks, and professional failures that regulators or executives did not stop on their own.

The civil system is imperfect. But it is one of the few places where an ordinary person can compel disclosure, test official narratives, and demand accountability from powerful actors.

If the state is going to deny relief, it should at least prove it with transparent evidence, not slogans that the denial is necessary. On the public record now available, that proof has not been made.

What has been made is a choice. And it is a choice against justice.



Appendix A:

Erosion of Institutional Trust

Across Florida and the United States, public confidence in institutions that are supposed to deliver accountability has been steadily eroding. Those institutions include government, healthcare systems, and large corporations. Long-term polling from Gallup shows that trust in key institutions remains well below historical highs; for example, confidence in the medical system dropped sharply during the COVID-19 period and has not fully rebounded. Gallup polling shows confidence in the medical system fell from 51% in 2020, a pandemic-era high, to 32% in 2025. Similarly, the Pew Research Center has documented a broader collapse in institutional trust, reporting that only about 20% of Americans say they trust the federal government to do what is right "just about always" or "most of the time," a dramatic decline from mid-20th century levels.

This erosion of trust is not abstract. It reflects the lived experience of many of us. Research published in *Health Affairs* has found that a substantial share of Americans believe profit motives influence medical decisions, while surveys from the Kaiser Family Foundation (KFF) report that roughly half of U.S. adults believe the healthcare system prioritizes profit over patient care. KFF polling further shows persistent concern about medical errors, billing opacity, and the inability of patients to meaningfully challenge decisions made within complex health systems.

At the same time, oversight gaps are well documented. Reports from the U.S. Department of Health and Human Services Office of Inspector General have repeatedly identified deficiencies in hospital reporting, patient safety monitoring, and enforcement of regulatory standards. Academic research has similarly shown that adverse events in healthcare are underreported and that accountability mechanisms often rely on self-policing structures.

Layered on top of this is a broader national sentiment: that economic and political power can outweigh individual harm. Surveys on fairness and institutional accountability consistently show that Americans across political lines believe large organizations are more likely to avoid consequences than ordinary individuals. This perception is particularly pronounced in sectors like healthcare, where decision-making is technical, outcomes can be opaque, and patients often lack access to information or leverage.

The result is a widening gap between expectation and reality. People expect systems to deliver accountability when serious harm occurs. Yet empirical research and public opinion data suggest that many believe those systems are inconsistent, inaccessible, or influenced by forces unrelated to fairness. That gap between the promise of accountability and the perception of its absence is where distrust grows, and where the demand for justice becomes most acute.

Appendix B:

Information Asymmetry in Policy Decisions

One of the most significant barriers to policy reform is not disagreement over facts, but unequal access to decision-making channels. When one party has better or more organized information than another, it gains disproportionate influence over outcomes – even when both parties have legitimate interests.

In the Free Kill debate, this is straightforward. Healthcare systems, insurers, and trade associations maintain dedicated policy staff, aggregated data, and established relationships with governors and legislative leadership. They deliver organized arguments quickly: actuarial projections, premium data, risk assessments. These are packaged, timely, and tailored to executives operating under time pressure.

Families harmed by this law have fragmented experiences. Their cases are individual, difficult to consolidate into comparable data, and underreported in official systems. Their information arrives unorganized, retrospective, and case-by-case – harder to aggregate and easier to discount in a policy discussion focused on forward-looking financial projections.

Regulated industries are often best positioned to influence the rules that govern them. They have resources, access, and technical expertise to shape policy debate. This does not require assuming bad faith. It reflects how governance functions: those with better-organized information tend to prevail more often than those without it.

Appendix C:

Framing Effects and Risk Perception

People interpret identical outcomes differently depending on how they are framed. If a choice is framed in terms of "gains," people tend to be risk-averse. If framed in terms of "losses," they become risk-accepting.

In healthcare policy, this effect is visible throughout the Free Kill debate. Industry arguments frame liability expansion in terms of "risk": removing "safeguards," creating "exposure," destabilizing "systems." Governor DeSantis's veto message warned against removing "longstanding safeguards" – a frame that positions the status quo as protective rather than harmful.

Litigation is framed as a source of harm. Terms like "predatory claims" or "abusive litigation" characterize legal action as a systemic problem. Yet evidence shows only a fraction of negligence results in litigation – suggesting perception is shaped by framing rather than measurable patterns.

Dominant frames in policy debate influence what seems reasonable or dangerous independent of objective facts. When one side controls the language of risk and protection, it shapes how decision-makers evaluate trade-offs. Framing is not dishonest; it is how language works. But it means policy outcomes depend partly on whose frame dominates the conversation.

Appendix D:

Calls-To-Action: What You Can Do

If you or a family member has been affected by this statute, or if you believe Florida's law should recognize the human loss caused by medical negligence regardless of family structure, there are concrete steps:

- **Contact your state legislators.**

Similar repeal bills are reintroduced regularly. Your state representative and senator need to hear from constituents. Lobbyists will contact them about costs. Individual voices contact them about justice.

- **Share this research.**

If you work in healthcare policy, patient advocacy, medical ethics, or the legal profession, distribute this analysis to colleagues and policymakers. Transparent data shapes better decisions than slogans.

- **Support organizations working on this issue.**

The Florida Medical Rights Association (floridamedicalrights.org) has publicly advocated regarding section 768.21(8) and connected affected families with the legislative process since 2018. Florida corporate records list Florida Medical Rights Association, Inc. as an active Florida not-for-profit corporation. Santini Research is not affiliated with the organization, has not audited its finances, and has not independently confirmed federal tax-exempt status. We name it as one example, not as an endorsement; readers should evaluate any organization before contributing.

- **Document your story.**

If you have direct experience with this law, your account matters. Patient and family voices are one form of evidence that aggregated data and institutional advocacy cannot replace.

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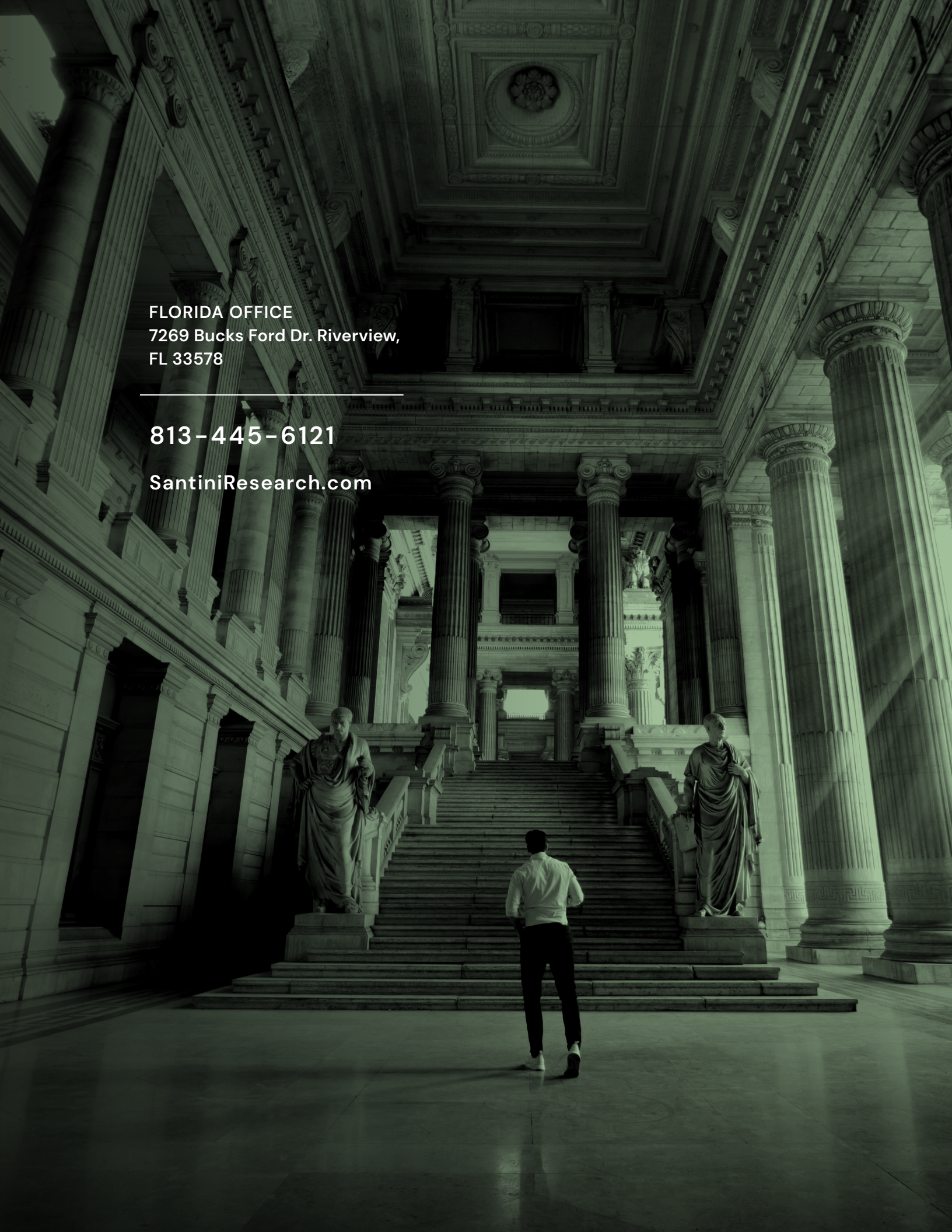
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About the Author



Frank Santini is a personal injury attorney with offices in Florida, New Jersey, and Pennsylvania. He graduated first in his full-time class (second overall) from Stetson University College of Law and holds an AV Preeminent rating from Martindale-Hubbell, the legal profession's highest peer-review designation. He has been recognized as a Super Lawyers Rising Star and has represented families affected by Florida's wrongful death statute.

Mr. Santini founded Santini Research as an investigative platform for data-driven analysis of legal, public safety, and policy issues. His research relies exclusively on publicly available data, peer-reviewed literature, and government sources – all of which are cited and independently verifiable.

A black and white photograph of a grand classical building interior. The scene is dominated by a wide, multi-tiered staircase leading up to a distant, brightly lit opening. On either side of the staircase are large, fluted columns and statues of figures in classical robes. The ceiling is high and features a large, ornate circular medallion. A person in a light-colored shirt and dark pants stands at the bottom of the stairs, looking up. The overall atmosphere is one of grandeur and historical significance.

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