HOUSE OF REPRESENTATIVES STAFF FINAL BILL ANALYSIS

BILL #: CS/CS/HB 1557 Parental Rights in Education

SPONSOR(S): Judiciary Committee and Education & Employment Committee, Harding and others

TIED BILLS: None IDEN./SIM. BILLS: SB 1834

FINAL HOUSE FLOOR ACTION: 69 Y's 47 N's GOVERNOR'S ACTION: Approved

SUMMARY ANALYSIS

CS/CS/HB 1557 passed the House on February 24, 2022, and subsequently passed the Senate on March 8, 2022.

The bill specifies how a parent's fundamental right to make decisions regarding the care and upbringing of his or her child must be addressed in the public school setting. The bill requires that school districts adopt procedures for notifying parents if there is a change in their student's services or monitoring related to a student's mental, emotional, or physical health or well-being. Such procedures must reinforce the fundamental right of parents to make decisions regarding the upbringing and control of their children by requiring school district personnel to encourage students to discuss issues related to their well-being with their parent. The bill reinforces this fundamental right by:

- prohibiting school districts from adopting procedures or support forms that prohibit school personnel
 from disclosing information related to a student's mental, emotional, or physical health or well-being to
 parents, or that encourage students to withhold such information;
- prohibiting classroom instruction on sexual orientation or gender identity in kindergarten through grade 3 or in a manner that is not age-appropriate or developmentally appropriate for students in accordance with state standards; and
- requiring that parents be notified of all health care services offered at their student's school and given
 the opportunity to individually consent to, or decline, each service. Additionally, schools may not
 administer a student well-being questionnaire or health screening form to a student in kindergarten
 through grade 3 without first receiving consent from the student's parent.

The bill requires the Department of Education (DOE), by June 30, 2023, to review and update, as necessary, all relevant guidelines, standards, and frameworks for compliance with this bill. Student support services training offered by school districts must adhere to guidelines, standards, and frameworks established by the DOE.

Parents must initially seek to resolve complaints related to school district compliance with the requirements of the bill through the school principal and, if needed, through the school district within specified time frames. However, if the complaint cannot be resolved at the local level, the bill authorizes a parent to file suit for declaratory or injunctive relief or request that the Commissioner of Education appoint a magistrate to review the complaint and make a recommended decision to the State Board of Education. A court may award damages and must award attorney fees and court costs to a parent if declaratory or injunctive relief is granted.

The bill does not appear have a fiscal impact. See Fiscal Comments.

The bill was approved by the Governor on March 28, 2022, ch. 2022-22, L.O.F., and will become effective on July 1, 2022.

I. SUBSTANTIVE INFORMATION

A. EFFECT OF CHANGES:

Present Situation

Constitutional Rights of Parents

It is well settled that the interest of parents in the care, custody, and control of their children is perhaps the oldest of the recognized fundamental liberty interests protected by the Due Process Clause of the Fourteenth Amendment to the United States Constitution.¹ This fundamental liberty interest is rooted in the fundamental right of privacy in making important decisions relating to marriage, family relationships, and child rearing and education.² The United States Supreme Court has explained the fundamental nature of this right is rooted in history and tradition:³

The history and culture of Western civilization reflect a strong tradition of parental concern for the nurture and upbringing of their children. This primary role of the parents in the upbringing of their children is now established beyond debate as an enduring American tradition.

The Florida Supreme Court has likewise recognized that parents have a fundamental liberty interest in determining the care and upbringing of their children.⁴ These rights may not be intruded upon absent a compelling state interest.⁵ According to the Florida Supreme Court, when analyzing a statute that infringes on the fundamental right of privacy, the applicable standard of review requires that the statute survive the highest level of scrutiny:⁶

The right of privacy is a fundamental right which we believe demands the compelling state interest standard. This test shifts the burden of proof to the state to justify an intrusion on privacy. The burden can be met by demonstrating that the challenged regulation serves a compelling state interest and accomplishes its goal through the use of the least intrusive means.

The United States Supreme Court has held that students in schools are 'persons' under the constitution and that they are possessed of fundamental rights which the state must respect. Florida's constitution provides broad protections to its citizens right to privacy and the Florida Supreme Court has held that

¹ Santosky v. Kramer, 455 U.S. 745, 748 and 753 (1982) (holding the fundamental liberty interest of natural parents in the care custody, and management of their child is protected by the Fourteenth Amendment, and termination of any parental rights requires due process proceedings); Troxel v. Granville, 530 U.S. 57, 66 (2000) (holding there is a fundamental right under the Fourteenth Amendment for parents to oversee the care, custody, and control of their children).

² Carey v. Population Svcs. Int'l, 431 US 678, 684-685 (1977) (recognizing the right of privacy in personal decisions relating to marriage, family relationships, child rearing, and education); See Wisconsin v. Yoder, 406, U.S. 205, 232-33 (1972) (holding a state law requiring that children attend school past eight grade violates the parents' constitutional right to direct the religious upbringing of their children); See Parham v. J.R., 442 U.S. 584, 602 (1979) (recognizing the presumption that parents act in their children's best interest); Meyer v. Nebraska, 262 U.S. 390, 400-01 (1923) (affirming that the Constitution protects the preferences of the parent in education over those of the state); Pierce v. Society of Sisters, 268 U.S. 510, 534-35 (1925) (recognizing the right of parents to direct the upbringing of and education of their children).

³ Wisconsin v. Yoder, 406, U.S. 205, 232 (1972).

⁴ Beagle v. Beagle, 678 So. 2d 1271, 1272 (Fla. 1996) (holding a state law violated a parent's constitutional right to privacy by imposing grandparent visitation rights over objection of the parent without evidence of harm to the child or other compelling state interest).

⁵ Id. See, e.g., Shevin v. Byron, Harless, Schaffer, Reid & Assocs., Inc., 379 So. 2d 633, 637 (Fla. 1980) and Belair v. Drew, 776 So. 2d 1105, 1107 (Fla. 5th DCA 2001).

⁶ Winfield v. Division of Pari-Mutuel Wagering, Dept. of Bus. Regulation, 477 So. 2d 544, 547 (Fla. 1985).

⁷ Tinker v. Des Moines Indep. Cmty. Sch. Dist., 393 U.S. 503, 511 (1969).

⁸ Art. I, s. 23, Fla. Const.

such protections extend to minors.⁹ However, the rights to privacy granted to minors do not invalidate a state's effort to protect minors from the conduct of others¹⁰ nor do they necessarily override the fundamental rights of parents related to child rearing.¹¹

Parents' Bill of Rights

Overview

In 2021,¹² the legislature created the Parents' Bill of Rights (PBOR) which enumerates parental rights with respect to a minor child for education, health care, and criminal justice procedures.¹³ The PBOR expressly prohibits the state, its political subdivisions, any other governmental entities and any other institutions from infringing upon the fundamental right of a parent to direct the upbringing, education, health care, and mental health of his or her minor child without demonstrating a compelling state interest for such actions.¹⁴

Additionally, the Legislature found that important information relating to a minor child should not be withheld, either inadvertently or purposefully, from his or her parent, including information relating to the minor child's health, well-being, and education, while the minor child is in the custody of the school district. Therefore, the PBOR provides for a consistent mechanism for parents to be notified of information relating to the health and well-being of their minor children.¹⁵

Parents' Rights Related to the Education of their Child

The PBOR enumerates several rights of a parent, such as:16

- The right to direct the education and care of his or her minor child.
- The right to direct the upbringing and the moral or religious training of the minor child.
- The right, pursuant to s. 1002.20(13), F.S., to access and review all school records relating to the minor child.
- The right to make health care decisions for his or her minor child, unless otherwise prohibited by law.
- The right to access and review all medical records of the minor child, unless prohibited by law or
 if the parent is the subject of an investigation of a crime committed against the minor child and a
 law enforcement agency or official requests that the information not be released.

The PBOR is not exhaustive but, unless required by law, the rights of a parent of a minor child in Florida may not be limited or denied.¹⁷ To this end, any employee of the state, or any of its political subdivisions, or any governmental entity may be subject to disciplinary action if they encourage or coerce a minor child to withhold information from his or her parent.¹⁸

However, the PBOR specifies that it does not:19

⁹ B.B. v. State, 659 So. 2d 256, 258 (Fla. 1995).

¹⁰ Id. at 259.

¹¹ Frazier ex rel. Frazier v. Winn, 535 F.3d 1279, 1285 (11th Cir. 2008) (holding that a law requiring a parent's approval for a student to refuse to stand during the pledge of allegiance survived a facial challenge as the rights of a parent to raise their children would control in a substantial number of cases). The court did acknowledge that in individual cases, such as those involving mature high school students, the balance of rights between parents, the school, and the student could favor the student. *Id*.

¹² Chapter 2021-199, L.O.F.

¹³ Chapter 1014, F.S.

¹⁴ Section 1014.03, F.S.

¹⁵ See Section 1014.02(1), F.S.

¹⁶ Section 1014.04(1), F.S.

¹⁷ Section 1014.04(4), F.S.

¹⁸ Section 1014.04(3), F.S.

¹⁹ Section 1014.04(2), F.S.

- Authorize a parent of a minor child in this state to engage in conduct that is unlawful or to abuse or neglect his or her minor child in violation of general law.
- Condone, authorize, approve, or apply to a parental action or decision that would end life.
- Prohibit a court of competent jurisdiction, law enforcement officer, or employees of a
 government agency that is responsible for child welfare from acting in his or her official capacity
 within the reasonable and prudent scope of his or her authority.
- Prohibit a court of competent jurisdiction from issuing an order that is otherwise permitted by law.

In addition to the above enumerated rights, the PBOR requires Florida's school districts to adopt policies designed to promote parental involvement in the public school system.²⁰ Such policies must provide for:²¹

- A plan, pursuant to s. 1002.23, F.S., for parental participation in schools to improve parent and teacher cooperation in such areas as homework, school attendance, and discipline.
- A procedure, pursuant to s. 1002.20(19)(b), F.S., for a parent to learn about his or her child's course of study, including the source of any supplemental education materials.
- Procedures for a parent to object to instructional materials, pursuant to s. 1006.28(2)(a)2., F.S. Such objections may be based on beliefs regarding morality, sex, and religion or the belief that such materials are harmful.
- Procedures, pursuant to s. 1002.20(3)(d), F.S., for a parent to withdraw his or her student from any portion of the school district's comprehensive health education required under s. 1003.42(2)(n), F.S., that relates to sex education or instruction in acquired immune deficiency syndrome education or any instruction regarding sexuality if the parent provides a written objection to his or her child's participation. Such procedures must provide for a parent to be notified in advance of such course content so that he or she may withdraw his or her student from those portions of the course.
- Procedures, pursuant to s. 1006.195(1)(a), F.S., for a parent to learn about the nature and purpose of clubs and activities offered at his or her child's school, including those that are extracurricular or part of the school curriculum.

Parents must be explicitly notified about a number of parental rights and responsibilities set forth in the education code.²² A school district may comply with these notice requirements by providing information to parents electronically or by publishing it to its website.²³

Florida School Districts Maintain Policies that Exclude Parents

While the PBOR provides that important information relating to a minor child should not be withheld from his or her parent while the minor child is in the custody of the school district,²⁴ multiple school districts in Florida maintain policies that exclude parents from discussions and decisions on sensitive topics relating to students.²⁵ In addition, at least one Florida school district is currently involved in

²⁰ Section 1014.05(1), F.S.

²¹ Id.

²² Section 1014.05(1)(f), F.S. For example, school districts must provide parents notice about the right to exempt their student from immunizations, the right to inspect school district instructional materials, and the right to opt out of any school district data collection not required by law. *Id*.

²³ Section 1014.05(2), F.S.

²⁴ Section 1014.02(1), F.S.

²⁵ See Broward County Public Schools, Lesbian, Gay, Bisexual, Transgender, Questioning + Critical Support Guide (2012), pp. 29-30. available at

https://www.browardschools.com/cms/lib/FL01803656/Centricity/Domain/13475/BCPS% 20LGBTQ% 20Critical% 20Support% 20Gui de% 20Edition% 20III% 202020FinalRev2421.pdf; School District of Palm Beach County, *The School District of Palm Beach County LGBTQ+ Critical Support Guide*, (2017), pp. 52-53, available at

https://p14cdn4static.sharpschool.com/UserFiles/Servers/Server 270532/File/Curriculum/Middle% 20&% 20HS/LGBTQ Critical Support Guide SDPBC v02 2021.pdf; Miami-Dade County Public Schools, 2020-2021 Guidelines for Promoting Safe and Inclusive Schools, p. 7, available at https://api.dadeschools.net/WMSFiles/94/pdfs/GUIDELINES-FOR-PROMOTING-SAFE-07-2020.pdf;

litigation with a parent after allegedly withholding information from the parent regarding their student's gender transition at school.²⁶

Parental Consent for Healthcare Services in Schools

Parental Consent for Medical Treatment

Parents generally have the right to be informed about, and give consent for, proposed medical procedures on their children. However, the state also has an obligation to ensure that children receive reasonable medical treatment that is necessary for the preservation of life.²⁷ The state's interest diminishes as the severity of an affliction and the likelihood of death increase:²⁸

There is a substantial distinction in the State's insistence that human life be saved where the affliction is curable, as opposed to the State interest where . . . the issue is not whether, but when, for how long and at what cost to the individual . . . life may be briefly extended.

A parent may reject medical treatment for a child and the state may not interfere with such decision if the evidence is not sufficiently compelling to establish the primacy of the state's interest, or that the child's own welfare would be best served by such treatment.²⁹

The PBOR establishes parental consent requirements for health care services. Specifically, unless otherwise permitted by law, without written, parental consent:³⁰

- A health care practitioner,³¹ or an individual employed by such health care practitioner, may not
 provide or solicit or arrange to provide health care services or prescribe medicinal drugs to a
 minor.
- A provider³² may not allow a medical procedure to be performed on a minor child in its facility.

It is a first-degree misdemeanor to violate these parental consent requirements, subject to a fine of up to \$1,000 and imprisonment of up to one year,³³ and health care practitioners may also be subject to disciplinary action³⁴ for such violations.³⁵

Medical Treatment without Parental Consent

Physicians, paramedics, emergency medical technicians, or other emergency medical services personnel are authorized to provide emergency medical care or treatment to a minor without parental

Sarasota County Schools, Creating Safe Schools for All Students: Gender Diverse Student Guidelines, (Oct. 2018), p. 2, available at https://www.sarasotacountyschools.net/cms/lib/FL50000189/Centricity/Domain/1167/SCSBGenderDiverseGuidelinesFINAL 10232018.pdf; Volusia County Schools, Lesbian, Gay, Bi-sexual, Transgender and Questioning (LGBTQ) Support Guide, pp. 11-12, available at https://www.vcsedu.org/sites/default/files/department-files/Equity/VCS%20LGBTQ%20Support%20Guide%202020.pdf; and Hillsborough County Public Schools, Creating Safe Schools for All Students, p. 5, available at https://www.lgba.org/wp-content/uploads/2019/12/lgbtq-resource-guide-1.pdf.

²⁶ Ana Goni-Lessan, Lawsuit against Leon Schools says district excluded parents from gender discussions, Nov. 16, 2021, https://www.tallahassee.com/story/news/2021/11/16/leon-county-schools-sued-over-lgbtq-guide-transgender-lgbtq-guide/6342695001/ (last visited March 17, 2022). The Leon County School District LGBTQ guide previously did not require disclosure of information to parents but has been taken down from the website and is undergoing review by the district. *Id*.

²⁷ Von Eiff v. Azicri, 720 So. 2d 510, 515 (Fla. 1998).

²⁸ M.N. v. S. Baptist Hosp., 648 So. 2d 769, 771 (Fla. 1st DCA 1994).

 $^{^{29}}$ *Id*.

³⁰ Section 1014.06(1)-(2), F.S.

³¹ Section 456.001, F.S.

³² "Provider" means any activity, service, agency, or facility regulated by the agency and listed in s. 408.802, F.S.

³³ Section 1014.06(5), F.S.

³⁴ Section 456.072(1), F.S., provides grounds for disciplinary action against health care practitioners. Section 408.813, F.S., authorizes the Agency for Health Care Administration to impose administrative fines against providers for violations of its regulations. *See e.g.* rule 64B9-8.006, F.A.C. (Board of Nursing rule including discipline for violations of s. 1014.06, F.S.).

³⁵ Section 1014.06(5), F.S.

consent when a child has been injured in an accident or is suffering from an acute illness, disease, or condition and delaying treatment would endanger the health or physical well-being of the minor.³⁶ Even in emergency situations, medical treatment can only be provided without parental consent if:³⁷

- The child's condition has rendered him or her unable to reveal the identity of his or her parents, guardian, or legal custodian, and such information is unknown to any person who accompanied the child to the hospital.
- The parents, guardian, or legal custodian cannot be immediately located by telephone at their place of residence or business.

The hospital must notify the parent or legal guardian as soon as possible after the emergency medical care or treatment is administered and document in the hospital records the reason parental consent was not initially obtained. This must include a statement from the attending physician that immediate emergency medical care or treatment was necessary for the child's health or physical well-being.³⁸

Current law establishes a list of people, by priority, who may consent to the medical care or treatment of a minor in instances where the treatment provider is unable to contact the parent or legal guardian and the provider has not been given contrary instructions.³⁹ Specifically, the following people may consent, in this order:⁴⁰

- A health care surrogate or a person with power of attorney to provide medical consent for the minor.⁴¹
- The stepparent.
- The grandparent of the minor.
- An adult brother or sister of the minor.
- An adult aunt or uncle of the minor.

If a parent or legal guardian cannot be reached while the child is committed to the Department of Children Families or the Department of Juvenile Justice, 42 then the following individuals may consent to the medical care or treatment of a minor, unless the parent or legal guardian has expressly stated otherwise:43

- The caseworker, juvenile probation officer, or person primarily responsible for the case management of the child.
- The administrator of the state-licensed facility⁴⁴ or state-contracted or state-operated delinquency residential treatment facility where the child is committed.

In both of these instances, the treatment provider must document the reasonable attempts made to contact the parent or legal guardian in the minor's treatment records, and must notify the parent or legal guardian as soon as possible after the medical care or treatment is administered.⁴⁵

³⁶ Section 743.064, F.S.

³⁷ Section 743.064(2), F.S.

³⁸ Section 743.064(3), F.S.

³⁹ Section 743.0645, F.S.

⁴⁰ Section 746.0645(2), F.S.

⁴¹ A health care surrogate designation unders. 765.2035, F.S., executed after September 30, 2015, or a power of attorney executed after July 1, 2001, to provide medical consent for a minor includes the power to consent to medically necessary surgical and general anesthesia services for the minor unless such services are excluded by the individual who executes the health care surrogate for a minor or power of attorney, s. 743.0645(2)(a), F.S.

⁴² Specifically, under chs. 39, 984, or 985, F.S.

⁴³ Section 743.0645, F.S.

⁴⁴ Section 393.067, F.S., licensed facilities for individuals with developmental disabilities; s. 394.875, F.S., licensed mental health facilities for children and adolescents; s. 409.175, F.S., licensed family fosterhomes, residential child-caring agencies, and child-placing agencies.

⁴⁵ Section 743.0645(2)-(4), F.S.

The PBOR consent requirements specifically do not apply to health care related to an abortion. 46 Additionally, the PBOR provides an exception for parental consent requirements for a clinical laboratory, unless the services provided are delivered through a direct encounter with the minor at the clinical laboratory facility. 47

School District Compliance with Parental Consent for Health Care Services

Public schools in Florida offer a wide range of health care services to students including treatment of minor cuts and scrapes; vision, hearing, scoliosis, and other screenings; the administration of immunizations; and emotional and mental health counseling. To comply with the requirement for parental consent when providing health care services to minors, school districts have developed parental consent forms. In some instances, parents are provided the opportunity to consent individually to services provided at schools. However, some school district consent forms provide for a to blanket consent to all health care services provided through the school district.

Effect of the Bill

The bill specifies how a parent's fundamental right to make decisions regarding the care and upbringing of his or her child must be addressed in the public school setting. The bill requires that school districts adopt procedures for notifying parents if there is a change in the student's services or monitoring related to a student's mental, emotional, or physical health or well-being. The procedures must reinforce the fundamental right of parents to make decisions regarding the upbringing and control of their children by requiring school district personnel to encourage students to discuss issues related to their well-being with their parent or facilitate a discussion with the parent.

The bill expressly prohibits a school district from adopting any procedures or student support forms that:

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⁴⁶ Section 1014.06(3), F.S. Abortions in Florida are exclusively governed by ch. 390, F.S.

⁴⁷ Section 1014.06(4), F.S.

⁴⁸ See Broward County Public Schools, *Parent/Guardian Consent for School Health Services*, August 2021, *available at* https://www.browardschools.com/cms/lib/FL01803656/Centricity/Domain/20468/PARENT% 20GUARDIA N% 20CONSENT% 20FOR% 20SCHOOL% 20HEALTH% 20SERVICES 1.pdf; Florida Department of Health in Pinellas County, *Consent for School-Based Health Clinic Services*, April 2021, *available at* https://pinellas.floridahealth.gov/programs-and-services/clinical-and-nutrition-services/school-clinics/ documents/clinic-consent-packet.pdf; Bay District Schools, *Parental Consent for School Health Services* 2021-2022, *available at* https://www.bay.kl2.fl.us/uploads/BDS% 20School% 20Health% 20Consent% 20Form% 202021-22% 20SY% 20ENGLISH.pdf.

⁴⁹ Broward County Public Schools, *Parent/Guardian Consent for School Health Services*, August 2021, *available at* https://www.browardschools.com/cms/lib/FL01803656/Centricity/Domain/20468/PARENT% 20GUARDIA N% 20CONSENT% 20FOR% 20SCHOOL% 20HEALTH% 20SERVICES 1.pdf; Florida Department of Health in Pinellas County, *Consent for School-Based Health Clinic Services*, April 2021, *available at* https://www.bay.idable at https://www.bay.k12.fl.us/uploads/BDS% 20School% 20Health% 20Consent% 20Form% 202021-22% 20SY% 20ENGLISH.pdf.

⁵⁰ Broward County Public Schools, Parent/Guardian Consent for School Health Services, August 2021, available at https://www.browardschools.com/cms/lib/FL01803656/Centricity/Domain/20468/PARENT%20GUARDIAN%20CONSENT%20FOR%20SCHOOL%20HEALTH%20SERVICES_1.pdf; Florida Department of Health in Pinellas County, Consent for School-Based Health Clinic Services, April 2021, available at https://pinellas.floridahealth.gov/programs-and-services/clinical-and-nutrition-services/school-clinics/documents/clinic-consent-packet.pdf; Bay District Schools, Parental Consent for School Health Services 2021-2022, available at https://www.bay.k12.fl.us/uploads/BDS%20School%20Health%20Consent%20Form%202021-22%20SY%20ENGLISH.pdf.

⁵¹ See Brevard Public Schools, Parental Consent for Healthcare, available at https://fl02201431.schoolwires.net/site/handlers/filedownload.ashx?moduleinstanceid=10161&dataid=80765&FileName=Parental%200Consent%20for%20Healthcare.pdf; School District of Osceola County, Student Health Information, Feb. 2020, available at https://www.osceolaschools.net/cms/lib/FL50000609/Centricity/Domain/2370/Health%20Form.pdf; Sarasota County Schools, Parental Consent for Health Services 2021-2022, July 2021, available at https://www.sarasotacountyschools.net/site/handlers/filedownload.ashx?moduleinstanceid=3465&dataid=85414&FileName=Parental%20Consent%20for%20Health%20Services%202021-2022.pdf.

- require district personnel to withhold from a parent information about his or her student's mental, emotional, or physical health or well-being; or
- encourage or have the effect of encouraging a student to withhold from a parent such information.

The bill also bars school personnel from discouraging or prohibiting the notification of parents or parental involvement in critical decisions affecting a student's mental, emotional, or physical health or well-being. However, the bill allows such information to be withheld if a reasonably prudent person would believe that such disclosure would result in abuse, abandonment, or neglect of the student.⁵²

Additionally, the bill prohibits classroom instruction by school personnel and third parties about sexual orientation or gender identity in kindergarten through grade 3 or in a manner that is not age-appropriate or developmentally appropriate for students in accordance with state standards.

The bill requires school districts, at the beginning of each school year, to notify parents of each health care service available to their student through the school district and allow parents to consent to, or decline, each service individually. The bill also requires school districts to obtain parental consent before administering a student well-being questionnaire or health screening form to a student in kindergarten through grade 3. A copy of the questionnaire or health screening form must be provided to the parent in advance.

Parents must initially seek to resolve complaints related to compliance with the requirements of the bill through the school principal and, if needed, through the school district. The bill provides 7 days for complaints to be resolved by the principal and 30 days for the complaint to be resolved by the school district. However, if the complaint cannot be resolved at the local level within these timeframes, the bill authorizes a parent to file suit for declaratory or injunctive relief or request that the Commissioner of Education appoint a magistrate to review the complaint and make a recommended decision to the State Board of Education. A court may award damages and must award attorney fees and court costs to a parent if declaratory or injunctive relief is granted.

The bill requires the Department of Education (DOE), by June 30, 2023, to review and update, as necessary, school counseling frameworks and standards, educator practices and professional conduct principles, and other student services personnel guidelines, standards, or frameworks for compliance with this bill. All student support training provided by school districts to school personnel must adhere to guidelines, standards, and frameworks established by the DOE.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A.	FIS	CAL IMPACT	ON STATE	GOVERNMENT:
	1.	Revenues:		

None.

2. Expenditures:

None.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

⁵² Section 1006.061, F.S., requires each district school board, charter school, and private school that participates in a state scholarship program to post in each school notice to staff that they are mandatory reporters under chapter 39, F.S., and, therefore, must repot all actual or suspected cases of child abuse, abandonment, or neglect.

None.

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

None.

D. FISCAL COMMENTS:

The bill requires the DOE to review and update, as necessary, existing guidelines, standards and frameworks. Additionally, school districts may need to adopt updated training materials based on the DOE review. Any updates to existing guidelines, standards, and frameworks, as well as the adoption of compliant training, would be accomplished within existing resources.