

THE FLORIDA SENATE  
2026 SUMMARY OF LEGISLATION PASSED  
**Committee on Health Policy**

**SB 192 — Patient Funds Held in Trust by Chiropractic Physicians**

by Senators Martin and Trumbull

The bill deletes the \$1,500 cap on advances a chiropractic physician may collect for examination or treatment. This effectively allows any amount to be collected in advance.

Under the bill, chiropractic physicians will no longer be subject to discipline by the Board of Chiropractic Medicine for collecting advanced payments in excess of \$1,500 for costs and expenses of examination and treatment.

If approved by the Governor, or allowed to become law without the Governor's signature, these provisions take effect on July 1, 2026.

*Vote: Senate 37-0; House 113-0*

THE FLORIDA SENATE  
2026 SUMMARY OF LEGISLATION PASSED  
**Committee on Health Policy**

**HB 327 — Uterine Fibroid Research Database**

by Reps. Dunkley and Valdés (CS/SB 196 by Health Policy Committee and Senators Sharief, Osgood, Davis, Rouson, Bernard, and Berman)

The bill removes the prohibition against including personal identifying information in the Uterine Fibroid Research Database. The Department of Health is unable under preexisting law to effectively implement the legislative purpose of the Uterine Fibroid Research Database without identified information being submitted.

If approved by the Governor, or allowed to become law without the Governor's signature, these provisions take effect on the same date that HB 1515 takes effect if that bill becomes a law.

*Vote: Senate 36-0; House 103-0*

THE FLORIDA SENATE  
2026 SUMMARY OF LEGISLATION PASSED  
**Committee on Health Policy**

**CS/SB 340 — Human Trafficking Education for Nurse Licensure**

by Health Policy Committee and Senators Harrell and Davis

The bill requires graduates of professional and practical nursing programs to complete a two-hour course on human trafficking to be eligible to sit for the National Council Licensure Examination (NCLEX), a prerequisite for full licensure. This requirement applies to students who apply to take the NCLEX on or after July 1, 2027. The bill requires the course to include the content of the continuing education course on human trafficking that is required under preexisting law for professional and practical nursing licensure renewal.

If approved by the Governor, or allowed to become law without the Governor's signature, these provisions take effect on July 1, 2026.

*Vote: Senate 38-0; House 113-0*

THE FLORIDA SENATE  
2026 SUMMARY OF LEGISLATION PASSED  
**Committee on Health Policy**

**CS/HB 355 — Health Care Patient Protection**

by Health Care Facilities & Systems Subcommittee and Rep. Oliver and others (CS/SB 68 by Appropriations Committee on Health and Human Services and Senator Harrell)

The bill requires each hospital with an emergency department (ED) to develop and implement policies and procedures specific to the care of pediatric patients in its ED. The bill provides specific items that must be included in such policies and procedures as well as requiring training on the policies and procedures at least annually.

Additionally, the bill requires each hospital's ED to designate a pediatric care coordinator and to conduct the National Pediatric Readiness Assessment (NPRA) on a timeframe established by the National Pediatric Readiness Project.

The bill also requires the Agency for Health Care Administration to adopt rules to establish minimum standards for pediatric care in hospital EDs and to collect and publish each overall assessment score from the NPRA conducted by each hospital's ED.

If approved by the Governor, or allowed to become law without the Governor's signature, these provisions take effect on July 1, 2026.

*Vote: Senate 36-0; House 109-0*

THE FLORIDA SENATE  
2026 SUMMARY OF LEGISLATION PASSED  
**Committee on Health Policy**

**SB 428 — Drowning Prevention**

by Senators Yarborough, Smith, Davis, Berman, Massullo, Sharief, Jones, and Bernard

The bill revises the age under which children are eligible to participate in the Swimming Lesson Voucher Program. Under the bill, if the other program criteria are met, a child is eligible between the ages of one year old and seven years old, instead of four years old and younger as under preexisting law. The bill also amends the program's purpose to include drowning prevention.

The bill also requires the Department of Health to develop educational materials on drowning prevention safety measures and safe bathing practices which must be distributed to parents or caregivers as part of postpartum or childbirth education provided by hospitals, birth centers, home birth providers, and childbirth educators. The bill specifies the minimum standards for the educational materials' contents and adds the requirement to distribute the educational materials to the licensure acts for birth centers and hospitals.

If approved by the Governor, or allowed to become law without the Governor's signature, these provisions take effect on July 1, 2026.

*Vote: Senate 36-0; House 108-0*

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**Committee on Health Policy**

**CS/SB 688 — Naturopathic Medicine**

by Fiscal Policy Committee and Senator Rodriguez

The bill reestablishes the licensure and regulation of naturopathic doctors in Florida by redesignating ch. 462, F.S., as “Naturopathic Medicine” and by updating the chapter’s regulatory framework.

The bill creates the Board of Naturopathic Medicine to assist the Department of Health with the regulation of naturopathic doctors. The bill establishes licensure by examination for applicants who hold a doctoral degree in naturopathic medicine, provides for licensure by endorsement, sets biennial renewal and continuing education requirements, and applies standard disciplinary authority. The bill also prohibits unlicensed practice and protected-title misuse, while providing specified exceptions.

The bill defines the scope of naturopathic practice to include specified diagnostic and natural treatment modalities but expressly excludes prescriptive authority for legend drugs or prescription drugs, except as expressly provided for certain natural, nonpharmacologic substances. The bill authorizes naturopathic doctors to provide services through telehealth.

If approved by the Governor, or allowed to become law without the Governor's signature, these provisions take effect on December 31, 2026.

*Vote: Senate 33-3; House 85-22*

THE FLORIDA SENATE  
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**Committee on Health Policy**

**CS/HB 697 — Drug Prices and Coverage**

by Health & Human Services Committee and Rep. Kincart Jonsson and others (CS/CS/SB 1760 by Appropriations Committee; Health Policy Committee; and Senators Brodeur, Gaetz, Rouson, Massullo, Garcia, Harrell, and Calatayud)

The bill amends the Florida Insurance Code relating to the regulation of pharmacy benefit managers (PBM). The bill also revises drug coverage in the Department of Health’s (DOH) AIDS Drug Assistance Program (ADAP) for the remainder of Fiscal Year 2025-2026.

**PBM Regulation**

The bill revises the definition of “pharmacy benefits plan or program” to exclude a plan which only serves beneficiaries of Program of All-Inclusive Care for the Elderly organizations.

The bill revises the administrative appeal process for a pharmacy or pharmacist to contest the maximum allowable cost (MAC) pricing information and the reimbursement made by a PBM for a specific drug by allowing the pharmacy or pharmacist the option to submit an electronic spreadsheet containing a consolidated administrative appeal representing multiple adjudicated claims that share the same drug and day supply and have a date of service occurring within the same calendar month.

The bill creates two new prohibited practices for a PBM. PBMs are prohibited from:

- Prohibiting or restricting a pharmacy or pharmacist from declining to dispensing a drug if the reimbursement rate is less than the actual acquisition cost incurred or would be incurred by the pharmacy or pharmacist.
- Reimbursing a pharmacy or pharmacist less than the PBM reimburses an affiliated pharmacy or pharmacist, as those terms are defined in s. 626.8825(1), F.S.

**ADAP Provisions**

The bill creates a non-statutory section of the Laws of Florida relating to the ADAP which takes effect upon the bill becoming a law. The bill provides funding for the Ryan White Part B AIDS Drug Assistance Program for the remainder of Fiscal Year 2025-2026. It appropriates \$30,901,933 from the Grants and Donations Trust Fund to the DOH on a nonrecurring basis through June 30, 2026.

The bill provides that:

- For purposes of ADAP eligibility through June 30, 2026, the term “low income” means an adjusted gross household income at or below 400 percent of the federal poverty level.
- Through June 30, 2026, ADAP medications are to be distributed directly to eligible individuals by the DOH and not through the purchase of health insurance, and HIV/AIDS medications directly dispensed under ADAP must include all medications listed on the “Florida AIDS Drug Assistance Program (ADAP) Formulary” as that formulary existed on March 1, 2026.

- The DOH must ensure the availability of a clinically appropriate medication for individuals with a creatinine clearance of less than 60 milliliters per minute.
- The “Florida AIDS Drug Assistance Program (ADAP) Self-Insured Formulary,” as that formulary existed on March 1, 2026, must remain in effect through at least June 30, 2026.

The DOH is directed to adopt the above ADAP requirements by emergency rule, and remain effective through June 30, 2026.

Commencing April 1, 2026, the DOH must provide, monthly, detailed accounting reports for the ADAP to the Governor’s Office of Policy and Budget, the chair of the Senate Appropriations Committee, and the chair of the House of Representatives Budget Committee, according to specified criteria.

If approved by the Governor, or allowed to become law without the Governor's signature, these provisions take effect on July 1, 2026, except as otherwise provided.

*Vote: Senate 38-0; House 108-0*

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**Committee on Health Policy**

**CS/HB 809 — Temporary Certificates for Practice in Areas of Critical Need**

by Health Professions & Programs Subcommittee and Reps. Benarroch, López, J., and others  
(CS/SB 1480 by Health Policy Committee and Senator Burton)

The bill creates a pathway for health care practitioners to continue providing services under a temporary certificate issued by the Board of Medicine, Board of Osteopathic Medicine, or Board of Nursing in a location that later loses its “area of critical need” designation.

The bill authorizes certain health care practitioners practicing in areas of critical need, including allopathic physicians and physician assistants, osteopathic physicians and physician assistants, and advanced practice registered nurses, to continue providing primary care services in such an area after it loses that designation, under certain circumstances.

If an area of critical need loses its designation and the certificateholder has established an active primary care treatment relationship there with one or more patients, he or she may continue providing primary care services in that area under the certificate. Continued practice is limited to the geographic area, population, or facility where the certificateholder was already treating patients.

Under current law, the Board of Medicine, Board of Osteopathic Medicine, or Board of Nursing, as applicable, must review each temporary certificateholder at least annually to ensure compliance with the applicable practice act and related rules. Under the bill, if an area of critical need loses its designation, the applicable board must determine that all other requirements remain satisfied before reauthorizing the affected certificateholder to continue primary care practice under the certificate.

If approved by the Governor, or allowed to become law without the Governor's signature, these provisions take effect upon becoming law.

*Vote: Senate 34-0; House 110-0*

THE FLORIDA SENATE  
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**Committee on Health Policy**

**CS/SB 844 — Sickle Cell Disease Care Management and Treatment  
Continuing Education**

by Appropriations Committee on Health and Human Services and Senator Jones

The bill requires that the standard continuing education course on prescribing controlled substances, which must be taken by any health care practitioner who is registered with the United States Drug Enforcement Agency to prescribe controlled substances, must include information regarding the treatment of pain for patients with sickle cell disease.

If approved by the Governor, or allowed to become law without the Governor's signature, these provisions take effect on July 1, 2026.

*Vote: Senate 37-0; House 113-0*

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**Committee on Health Policy**

**CS/HB 867 — Dry Needling by Occupational Therapists**

by Health & Human Services Committee and Rep. Anderson (CS/SB 914 by Health Policy Committee and Senator Calatayud)

The bill authorizes occupational therapists to perform dry needling under the Occupational Therapy Practice Act and directs the Board of Occupational Therapy Practice to adopt minimum standards governing its use. Those standards must address required experience and training, including at least two years of licensed practice, 50 hours of approved face-to-face continuing education, demonstrated psychomotor competency, and supervised clinical experience before independent practice.

The bill also requires patient consent, inclusion of dry needling in the patient's documented plan of care, and prohibits delegation of the procedure to anyone other than an occupational therapist authorized to perform it. In addition, the Board may impose extra training and supervision requirements for dry needling of the head, neck, or torso if needed for patient safety.

The bill also requires the Department of Health to produce a report by December 31, 2028, on workforce trends and adverse incidents related to occupational therapists performing dry needling.

If approved by the Governor, or allowed to become law without the Governor's signature, these provisions take effect on July 1, 2026.

*Vote: Senate 37-0; House 112-2*

THE FLORIDA SENATE  
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**Committee on Health Policy**

**CS/CS/HB 1069 — Background Screenings**

by Judiciary Committee; Health & Human Services Committee; and Reps. Trabulsy, Hunschofsky, and others (CS/CS/SB 1168 by Fiscal Policy Committee; Health Policy Committee; and Senator Grall)

The bill amends multiple sections of law relating to background screenings. Specifically, the bill:

- Amends provisions related to the background screening of athletic coaches including:
  - o Defining the term “team based in this state”;
  - o Specifying that independent sanctioning authorities in charge of approving athletic coaches are considered qualified entities for the purpose of background screening and removes obsolete dates related to requiring athletic coaches to be background screened; and
  - o Allowing independent sanctioning authorities to exempt persons under the age of 18 and certain referees from the requirement to pass a level II background screening if they meet certain criteria.
- Requires qualified entities to designate a user administrator to act as the primary point of contact to manage compliance with state and federal laws regarding the security and privacy of criminal history information.
- Allows the Care Provider Background Screening Clearinghouse (Clearinghouse) to share background screening records with independent sanctioning authorities that have met specified criteria.
- Prohibits persons screened through the Clearinghouse by certain entities from denying or failing to acknowledge arrests, whether or not their records have been sealed or expunged.

If approved by the Governor, or allowed to become law without the Governor's signature, these provisions take effect on July 1, 2026.

*Vote: Senate 36-0; House 104-0*

THE FLORIDA SENATE  
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**Committee on Health Policy**

**CS/CS/SB 1092 — Podiatric Medicine**

by Appropriations Committee on Health and Human Services; Health Policy Committee; and Senator Massullo

The bill limits the controlled substance prescribing continuing education requirement that applies to all podiatric physicians under preexisting law to only those podiatric physicians registered with the U.S. Drug Enforcement Administration for authorization to prescribe controlled substances, thereby exempting podiatric physicians who do not prescribe controlled substances.

The bill authorizes a podiatric physician to perform procedures using cellular or tissue-based products that have not been approved by the U.S. Food and Drug Administration (FDA), provided the podiatric physician meets specified criteria. Podiatric physicians using such products must provide written notice to patients, and include a disclaimer in all advertisements, disclosing that the treatment is not approved by the FDA. The Board of Podiatric Medicine is authorized to adopt rules to implement the bill.

If approved by the Governor, or allowed to become law without the Governor's signature, these provisions take effect upon becoming law.

*Vote: Senate 35-0; House 112-0*

THE FLORIDA SENATE  
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**Committee on Health Policy**

**CS/HB 1175 — Safety Design Standards for Office Surgery Suites**

by Health Professions & Programs Subcommittee and Rep. Redondo (SB 1526 by Senator Rodriguez)

The bill directs the Florida Building Commission to amend the Florida Building Code and the State Fire Marshal to amend the Florida Fire Prevention Code to, by January 1, 2027, include safety design standards for office surgery suites that must be alternative standards to ambulatory health care occupancies and must allow physicians to provide specified services or treatment for up to six patients simultaneously on an outpatient basis.

If approved by the Governor, or allowed to become law without the Governor's signature, these provisions take effect on July 1, 2026.

*Vote: Senate 37-1; House 116-0*

THE FLORIDA SENATE  
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**Committee on Health Policy**

**CS/HB 1201 — Student Health and Safety**

by Student Academic Success Subcommittee and Reps. Mooney, Blanco, and others (CS/SB 186 by Health Policy Committee and Senators Garcia and Jones)

The bill modifies statutory requirements for public schools to provide epilepsy or seizure disorder care to students.

The bill specifies that “school” includes a charter school and provides that written orders from a student’s physician or other medical professional regarding services to be provided by a school if that student has epilepsy or a seizure disorder, may be in a form determined by the medical professional.

The bill also amends school employee training requirements to specify that the requirement for a school employee to complete training for the care of a student with epilepsy and seizure disorders (if the employee’s duties include regular contact with such student) applies to each school *district* employee and charter school employee who meets that criterion (as opposed to each “school employee” as in preexisting law). The bill provides that such employees include any employee who teaches or transports the student to and from school or school activities. The bill provides that the completion of such training is valid for five years.

The bill requires each public school to display a poster developed by the Department of Education which describes the basic steps of responding to an individual having a seizure.

Finally, the bill directs the Department of Health, as part of its preexisting duties to institute and maintain an educational program among physicians, hospitals, county health departments, and the public concerning epilepsy, to include certain education and training requirements. Those requirements are specific to public schools and school personnel.

If approved by the Governor, or allowed to become law without the Governor's signature, these provisions take effect on July 1, 2026.

*Vote: Senate 37-0; House 112-0*

THE FLORIDA SENATE  
2026 SUMMARY OF LEGISLATION PASSED  
**Committee on Health Policy**

**HB 1347 — Clinical Laboratory Personnel**

by Rep. Gerwig (SB 878 by Senators Yarborough and Avila)

The bill revises licensure requirements for clinical laboratory technologists and technicians by providing that applicants who meet certain federal Clinical Laboratory Improvement Amendments (CLIA) personnel standards are deemed to satisfy Florida's minimum licensure qualifications.

The bill provides that a technologist or technician applicant who meets the requirements of 42 C.F.R. s. 493.1489 is deemed qualified to perform high complexity testing, and that a technician applicant who meets the requirements of 42 C.F.R. s. 493.1423 is deemed qualified to perform moderate complexity testing. By tying Florida licensure eligibility to these federal standards, the bill eliminates certain state-specific specialty licensure requirements.

Under the bill, applicants would only need to demonstrate compliance with the applicable federal CLIA personnel standards, comply with the background screening requirement in s. 456.0135, F.S., and pay the preexisting fees required under s. 483.807, F.S., in order to obtain licensure as a clinical laboratory technologist or technician.

Individuals already licensed in Florida would remain qualified under the federal standards because current state licensure requirements already exceed the federal baseline.

If approved by the Governor, or allowed to become law without the Governor's signature, these provisions take effect on July 1, 2026.

*Vote: Senate 37-0; House 116-0*

THE FLORIDA SENATE  
2026 SUMMARY OF LEGISLATION PASSED  
**Committee on Health Policy**

**CS/CS/SB 1404, 1st Eng. — Memory Care**

by Fiscal Policy Committee; Health Policy Committee; and Senator Burton

The bill amends, creates, and repeals several sections of the Florida Statutes to create a new assisted living facility (ALF or facility) specialty license type for “memory care services.”

The bill defines the terms “memory care resident” and “memory care services” and, on a specified timeline after the Agency for Health Care Administration (AHCA) adopts rules for memory care services licenses, requires that an ALF must obtain a memory care services license in order to be authorized to provide memory care services, serve memory care residents, or advertise or hold itself out to provide such services or serve such residents. However, the bill specifies that an ALF is not required to obtain a memory care services license if the facility solely provides optional supportive services for residents with Alzheimer’s disease or a related dementia which are available to all residents of the facility, so long as the facility complies with rules the AHCA must adopt regarding advertising.

The bill requires the AHCA to adopt rules by June 1, 2027, establishing minimum standards for memory care services licenses and providing criteria for what such standards must address. Additionally, the bill provides criteria for how a memory care resident may choose to stay at an ALF should the ALF not be able to obtain a memory care services license, as long as the resident’s continued residency is still appropriate for the type of ALF at which the resident resides.

Lastly, effective upon the AHCA’s adoption of rules for memory care services licenses, the bill repeals ss. 429.177 and 429.178, F.S.

If approved by the Governor, or allowed to become law without the Governor's signature, these provisions take effect upon becoming law.

*Vote: Senate 37-0; House 111-0*

THE FLORIDA SENATE  
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**Committee on Health Policy**

**CS/CS/CS/HB 1443 — Parkinson's Disease Registry**

by Health & Human Services Committee; Health Care Budget Subcommittee; Health Professions & Programs Subcommittee; and Rep. Busatta and others (CS/SB 1684 by Appropriations Committee on Health and Human Services and Senator Calatayud)

The bill requires the Florida Institute for Parkinson's Disease (Institute) at the University of South Florida to establish a statewide Parkinson's disease registry, subject to a specific appropriation. The Institute is required to maintain the Parkinson's disease registry to ensure that the Parkinson's disease and atypical parkinsonism performance measures required to be submitted to the registry are maintained and available for use to improve or modify the Parkinson's disease and atypical parkinsonism care system, ensure compliance with standards and nationally recognized guidelines, and monitor Parkinson's disease and atypical parkinsonism patient outcomes.

The bill requires allopathic and osteopathic physicians and advanced practice registered nurses (APRN) licensed in Florida who diagnose or treat a patient for Parkinson's disease or atypical parkinsonism to report to the registry information containing nationally recognized Parkinson's disease and atypical parkinsonism performance measures. The bill prohibits a liability of any kind or character for damages or other relief from arising or being enforced against a physician or APRN by reason of having provided such information to the statewide Parkinson's disease registry.

The bill requires, beginning January 1, 2028, the Institute to create and maintain a public website dedicated solely to the registry which must include, at a minimum, downloadable annual reports on the incidence and prevalence of Parkinson's disease and atypical parkinsonism, information on the Consortium for Parkinson's Disease Research (Consortium), and other information as determined by the Parkinson's Disease Research Board (Board). The website must be updated January 1, 2029, and annually thereafter.

The bill revises the composition of the Board to include one member appointed by the President of the Senate and one member appointed by the Speaker of the House of Representatives. The bill decreases Board membership duration from four years to three years and revises the type of experience that Board members must have in order to be eligible for membership, as follows:

- The bill eliminates the requirement for Board members to have experience in a variety of scientific fields, including, but not limited to, neurology, psychology, nutrition, and genetics.
- Instead, the bill requires that Board members, other than those appointed by the Legislature's presiding officers, must have experience as a movement disorder specialist and in informatics or population health research and Parkinson's disease research.

The bill revises the contents of the Board's annual report to eliminate "future plans for the Consortium" as a required element and require that, beginning on October 15, 2028, and annually thereafter, the report must include a summary update on the incidence and prevalence

of Parkinson's disease and atypical parkinsonism in this state by county, how many records have been included and reported to the registry, and demographic information, such as patients by age, gender, and race.

If approved by the Governor, or allowed to become law without the Governor's signature, these provisions take effect on July 1, 2026.

*Vote: Senate 32-0; House 107-0*

THE FLORIDA SENATE  
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**Committee on Health Policy**

**CS/HB 1445 — Pub. Rec./Parkinson's Disease Registry**

by Health Professions & Programs Subcommittee and Rep. Busatta and others (CS/SB 1686 by Health Policy Committee and Senator Calatayud)

The bill creates a public record exemption for patient identifying information held in the Parkinson's disease registry, except that such information may be disclosed to the following:

- The Parkinson's Disease Research Board.
- A private entity that the board has contracted with to establish and maintain the registry if such entity agrees to:
  - o Submit a research plan to the board which specifies the exact nature of the information requested and the intended use of the information;
  - o Maintain the confidentiality of the records or information if personal identifying information is made available to the entity;
  - o Destroy any confidential records or information obtained after the research is concluded; and
  - o Not directly or indirectly contact, for any purpose, any patient.

The bill provides legislative findings that the public records exemption it creates is a public necessity. The bill specifies that its provisions are subject to the Open Government Sunset Review Act, and that such provisions shall stand repealed on October 2, 2031, unless reviewed and saved from repeal through reenactment by the Legislature.

If approved by the Governor, or allowed to become law without the Governor's signature, these provisions take effect on the same date that HB 1443 or similar legislation takes effect.

*Vote: Senate 32-1; House 116-0*

THE FLORIDA SENATE  
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**Committee on Health Policy**

**HB 1515 — Pub. Rec./Uterine Fibroid Research Database**

by Rep. Dunkley (CS/SB 864 by Health Policy Committee and Senator Sharief)

The bill makes confidential and exempt from public records requirements the personal identifying information relating to women diagnosed with or treated for uterine fibroids that is submitted to the Department of Health for inclusion in the Uterine Fibroid Research Database.

This exemption is subject to the Open Government Sunset Review Act and will stand repealed on October 2, 2031, unless saved by the Legislature from repeal. The bill contains a statement of public necessity as required by the State Constitution.

If approved by the Governor, or allowed to become law without the Governor's signature, these provisions take effect on July 1, 2026.

*Vote: Senate 37-0; House 109-0*