

SB 246 by Calatayud; (Similar to H 00121) Florida Kidcare Program Eligibility

SB 988 by Burton; (Identical to H 00967) Medicaid Coverage of Continuous Glucose Monitors

312278	A	S	RCS	HP, Burton	Delete L.30:	03/13 08:23 PM
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SB 254 by Yarborough (CO-INTRODUCERS) Perry, Broxson; (Compare to H 01421) Treatments for Sex Reassignment

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788684	A	S	UNFAV	HP, Davis	Delete L.59 - 68.	03/14 12:01 PM
953930	A	S	UNFAV	HP, Book	Delete L.63:	03/14 12:01 PM
309890	A	S	UNFAV	HP, Book	Delete L.200 - 216:	03/14 12:01 PM
448208	A	S	UNFAV	HP, Davis	Delete L.224 - 234:	03/14 12:01 PM
201722	A	S	00	HP, Davis	Delete L.77 - 160.	03/13 07:06 PM
302480	A	S	00	HP, Book	Delete L.281 - 297:	03/13 07:06 PM
590780	A	S	00	HP, Davis	Delete L.305 - 315:	03/13 07:06 PM

The Florida Senate
COMMITTEE MEETING EXPANDED AGENDA

HEALTH POLICY
Senator Burton, Chair
Senator Brodeur, Vice Chair

MEETING DATE: Monday, March 13, 2023**TIME:** 3:30—5:30 p.m.**PLACE:** Pat Thomas Committee Room, 412 Knott Building**MEMBERS:** Senator Burton, Chair; Senator Brodeur, Vice Chair; Senators Albritton, Avila, Book, Broxson, Burgess, Calatayud, Davis, Garcia, Harrell, and Osgood

TAB	OFFICE and APPOINTMENT (HOME CITY)	FOR TERM ENDING	COMMITTEE ACTION
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Senate Confirmation Hearing: A public hearing will be held for consideration of the below-named executive appointment to the office indicated.

State Surgeon General

1	Ladapo, Joseph ()	Pleasure of Governor	Recommend Confirm Yeas 8 Nays 3
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TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
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2	SB 246 Calatayud (Similar H 121, Compare H 1245)	Florida Kidcare Program Eligibility; Increasing the income eligibility threshold for coverage under the Florida Kidcare program; requiring that premiums for certain enrollees under the program be based on a tiered system of uniform premiums; providing that certain amendments made by this act are subject to federal approval through a waiver or state plan amendment, etc. HP 03/13/2023 Favorable AHS FP	Favorable Yeas 11 Nays 0
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3	SB 988 Burton (Identical H 967)	Medicaid Coverage of Continuous Glucose Monitors; Requiring the Agency for Health Care Administration, subject to the availability of funds and certain limitations and directions, to provide coverage for continuous glucose monitors for certain Medicaid recipients; providing requirements for Medicaid recipients to continue receiving coverage for their continuous glucose monitors; requiring the agency to include the rate impact of the act in certain rates that become effective on a specified date, etc. HP 03/13/2023 Fav/CS AHS FP	Fav/CS Yeas 11 Nays 0
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COMMITTEE MEETING EXPANDED AGENDA

Health Policy

Monday, March 13, 2023, 3:30—5:30 p.m.

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
4	SB 254 Yarborough (Compare H 1421)	Treatments for Sex Reassignment; Granting courts of this state temporary emergency jurisdiction over children present in this state if they are at risk of or are being subjected to the provision of sex-reassignment prescriptions or procedures; requiring courts to consider specified conduct as unjustifiable for purposes of determining jurisdiction in certain proceedings; defining the term “serious physical harm” for purposes of warrants to take physical custody of a child in certain child custody enforcement proceedings; providing that the courts of this state have jurisdiction to vacate, stay, or modify child custody determinations made by a court of another state under certain circumstances, etc. HP 03/13/2023 Fav/CS FP	Fav/CS Yeas 8 Nays 3

Other Related Meeting Documents



RON DeSANTIS
GOVERNOR

RECEIVED

2023 JAN 18 PM 1:22

**DIVISION OF ELECTIONS
TALLAHASSEE, FL**

January 3, 2023

Secretary Cord Byrd
Department of State
R.A. Gray Building, Room 316
500 South Bronough Street
Tallahassee, Florida 32399-0250

Dear Secretary Byrd:

Please be advised I have made the following reappointment under the provisions of Section 20.43(2), Florida Statutes:

Dr. Joseph Ladapo
C/O John Wilson
4052 Bald Cypress Way
Bin A-02
Tallahassee, Florida 32399

as State Surgeon General, subject to confirmation by the Senate. This appointment is effective January 3, 2023, for a term ending at the pleasure of the Governor.

Sincerely,

A handwritten signature of Ron DeSantis in black ink, consisting of a stylized 'R' followed by a series of loops and a long horizontal stroke.

Ron DeSantis
Governor

RD/ch

OATH OF OFFICE

(Art. II, § 5(b), Fla. Const.)

HAND DELIVERED

STATE OF FLORIDA

County of Leon

RECEIVED
DEPARTMENT OF STAFF

2023 FEB -6 PM 1:08

DIVISION OF ELECTIONS
TALLAHASSEE, FL

I do solemnly swear (or affirm) that I will support, protect, and defend the Constitution and Government of the United States and of the State of Florida; that I am duly qualified to hold office under the Constitution of the State, and that I will well and faithfully perform the duties of

State Surgeon General and Secretary, Department of Health

(Title of Office)

on which I am now about to enter, so help me God.

[NOTE: If you affirm, you may omit the words "so help me God." See § 92.52, Fla. Stat.]

Signature

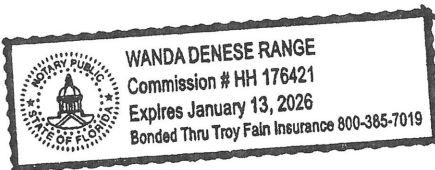
Sworn to and subscribed before me by means of ☒ physical presence or
online notarization, this 31st day of January, 2023.

Signature of Officer Administering Oath or of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public

Personally Known ☐ OR Produced Identification ☒

Type of Identification Produced California Dure Lic. Y4729112



ACCEPTANCE

I accept the office listed in the above Oath of Office.

Mailing Address: ☐ Home ☒ Office

4052 Bald Cypress Way
Street or Post Office Box

Tallahassee, FL 32399
City, State, Zip Code

Print Name

Signature

1030

**STATE OF FLORIDA
DEPARTMENT OF STATE
Division of Elections**

I, Cord Byrd, Secretary of State,
do hereby certify that

Joseph Ladapo

is duly appointed

**State Surgeon General and Secretary,
Department of Health**

for a term beginning on the Third day of January, A.D., 2023, to
serve at the pleasure of the Governor and is subject to be
confirmed by the Senate during the next regular session of the
Legislature.

*Given under my hand and the Great Seal of the
State of Florida, at Tallahassee, the Capital, this
the Fourteenth day of February, A.D. 2023.*



Secretary of State

**The Florida Senate
Committee Notice Of Hearing**

IN THE FLORIDA SENATE
TALLAHASSEE, FLORIDA

IN RE: Executive Appointment of

Joseph Ladapo

State Surgeon General

NOTICE OF HEARING

TO: Dr. Joseph Ladapo

YOU ARE HEREBY NOTIFIED that the Committee on Health Policy of the Florida Senate will conduct a hearing on your executive appointment on Monday, March 13, 2023, in the Pat Thomas Committee Room, 412 Knott Building, commencing at 3:30 p.m., pursuant to Rule 12.7(1) of the Rules of the Florida Senate.

Please be present at the time of the hearing.
DATED this the 8th day of March, 2023

Committee on Health Policy



Senator Colleen Burton
As Chair and by authority of the committee

cc: Members, Committee on Health Policy
Office of the Sergeant at Arms

THE FLORIDA SENATE

COMMITTEE WITNESS OATH

CHAIR:

Please raise your right hand and be sworn in as a witness.

Do you swear or affirm that the evidence you are about to give will be the truth, the whole truth, and nothing but the truth?

WITNESS'S NAME: Joseph Ladapo

ANSWER: yes

Pursuant to §90.605(1), *Florida Statutes*: "The witness's answer shall be noted in the record."

COMMITTEE NAME: Senate Health Policy Committee

DATE: 03/13/2023

BILL ANALYSIS AND FISCAL IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: The Professional Staff of the Committee on Health Policy

BILL: SB 246

INTRODUCER: Senator Calatayud

SUBJECT: Florida Kidcare Program Eligibility

DATE: March 10, 2023

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Stovall	Brown	HP	Favorable
2.			AHS	
3.			FP	

I. Summary:

SB 246 raises the income eligibility threshold for children in the Medikids program, Healthy Kids program, and the Children's Medical Services Network within the Florida Kidcare (Kidcare) program. This will be accomplished through a phased-in approach, raising the income eligibility threshold from 200 percent of the federal poverty level to 250 percent effective July 1, 2023, and from 250 percent to 300 percent effective July 1, 2024. These increased eligibility thresholds are subject to federal approval through a waiver or state plan amendment.

The bill also requires at least three but not more than five tiers be established that are based on a percentage of the federal poverty level to be used for assessing premiums for enrollees who are required to pay enrollment fees, premiums, copayments, deductibles, coinsurance, or similar charges for certain services within Kidcare.

The bill is estimated to have a significantly negative fiscal impact on General Revenue. See Section V of this analysis.

The bill provides an effective date of July 1, 2023, except as otherwise expressly provided in the bill.

II. Present Situation:

Kidcare was created in 1998 by the Florida Legislature in response to the federal enactment of the Children's Health Insurance Program (CHIP), Title XXI, in 1997.¹

¹ Social Security Administration, *Title XXI – State Children's Health Insurance Program*, available at: https://www.ssa.gov/OP_Home/ssact/title21/2100.htm (last visited March 8, 2023).

The state statutory authority for Kidcare is found under part II of ch. 409, ss. 409.810 through 409.821, F.S. Kidcare includes four operating components: Medicaid for children, Medikids, Healthy Kids, and the Children's Medical Services Network (CMS Network).

Coverage for the non-Medicaid components are funded through CHIP, Title XXI of the federal Social Security Act. Title XIX of the Social Security Act (for the Medicaid for children program), state funds, and family contributions may also provide funding for the different components. Family contributions under the Title XXI component are based on family size, household incomes, and other eligibility factors. Families above the income limits for premium assistance or who are not otherwise eligible for premium assistance are offered the opportunity to participate in Kidcare at a non-subsidized rate (full-pay). Currently, the income limit for premium assistance is 200% of the federal poverty level (FPL).

Several state agencies and the Florida Healthy Kids Corporation (FHKC) share responsibilities for Kidcare. The Agency for Health Care Administration (AHCA), the Department of Children and Families (DCF), the Department of Health (DOH), and the FHKC have specific duties under Kidcare as detailed in part II of ch. 409, F.S. The FHKC receives all Kidcare applications and screens for Medicaid eligibility and determines eligibility for all Title XXI programs, referring applications to the DCF, as appropriate, for a complete Medicaid determination.

To enroll in Kidcare, families may apply online or use a paper application that determines eligibility for multiple programs, including Medicaid and CHIP, for the entire family. Eligibility for premium assistance is determined first through electronic data matches with available databases or, in cases where income cannot be verified electronically, through submission of current pay stubs, tax returns, or W-2 forms.

The following chart illustrates the different program components, funding sources, applicable age group each program covers, and cost-sharing components, if applicable:²

² Florida Agency for Health Care Administration, Florida KidCare – Title XXI – Children's Health Insurance Program, available at: https://ahca.myflorida.com/medicaid/Policy_and_Quality/Policy/program_policy/FLKidCare/index.shtml (last visited March 8, 2023).

FLORIDA KIDCARE				
	Medicaid Title XIX	Children's Health Insurance Program (CHIP) Title XXI		
Components	<u>Medicaid for Children</u>	<u>MediKids</u>	<u>Healthy Kids</u>	<u>Children's Medical Services Managed Care Plan</u>
Partner Agency Responsibility	Department of Children and Families: Determines eligibility for Medicaid.	Agency for Health Care Administration: Administers the MediKids program.	Florida Healthy Kids Corporation: Determines eligibility for CHIP and administers the Healthy Kids program.	Department of Health: Administers the Children's Medical Services Managed Care Plan.
Age group	0 through 18	1 through 4	5 through 18	1 through 18 for children with special health care needs
Premiums	None	\$15/family/month for family incomes 134% to 158% of FPL. \$20/family/month for family income over 158% to 200% of FPL		
Copayments	None	None	\$5 or \$10 for most services	None
Full Pay Program	None	\$210.18/child/month	See the Healthy Kids' website for premium information.	None
Eligibility Determination	Department of Children and Families or the Social Security Administration	Florida Healthy Kids Corporation	Florida Healthy Kids Corporation	Florida Healthy Kids Corporation

The 2023 FPL for percentages relevant to this analysis are as follows:³

2023 Poverty Guidelines: 48 Contiguous States
(all states except Alaska and Hawaii)

Household/ Family Size	100%	134%	158%	200%	250%	300%
1	\$14,580	\$19,537	\$23,036	\$29,160	\$36,450	\$43,740
2	\$19,720	\$26,425	\$31,158	\$39,440	\$49,300	\$59,160
3	\$24,860	\$33,312	\$39,279	\$49,720	\$62,150	\$74,580
4	\$30,000	\$40,200	\$47,400	\$60,000	\$75,000	\$90,000
5	\$35,140	\$47,088	\$55,521	\$70,280	\$87,850	\$105,420
6	\$40,280	\$53,975	\$63,642	\$80,560	\$100,700	\$120,840
7	\$45,420	\$60,863	\$71,764	\$90,840	\$113,550	\$136,260
8	\$50,560	\$67,750	\$79,885	\$101,120	\$126,400	\$151,680
9	\$55,700	\$74,638	\$88,006	\$111,400	\$139,250	\$167,100
10	\$60,840	\$81,526	\$96,127	\$121,680	\$152,100	\$182,520
11	\$65,980	\$88,413	\$104,248	\$131,960	\$164,950	\$197,940
12	\$71,120	\$95,301	\$112,370	\$142,240	\$177,800	\$213,360
13	\$76,260	\$102,188	\$120,491	\$152,520	\$190,650	\$228,780
14	\$81,400	\$109,076	\$128,612	\$162,800	\$203,500	\$244,200

Title XXI CHIP coverage is available to children in households with income above the Medicaid threshold and up to 200% of the FPL. Other eligibility considerations, such as the child must be a U.S. citizen or a lawfully residing child, also apply. With certain exceptions, children must not have had voluntarily canceled coverage in a private plan, with certain exceptions, within the prior 60 days.⁴

Families who are not receiving coverage under the Medicaid program may be required to pay nominal enrollment fees, premiums, copayments, deductibles, coinsurance, or similar charges, and some families may be required to pay amounts based on a sliding scale related to income. However, the total annual aggregate cost sharing for all children in a family may not exceed 5% of the family's income. Charges may not be imposed for preventive services, including well-baby and well-child care, immunizations, and routine hearing and vision screenings.⁵

The Medikids program component, for children ages 1-4, is covered through the AHCA's Managed Medical Assistance managed care program. These enrollees are eligible for all Medicaid-covered benefits, including medical and dental benefits. Most benefits are paid through

³ See <https://aspe.hhs.gov/sites/default/files/documents/1c92a9207f3ed5915ca020d58fe77696/detailed-guidelines-2023.pdf> (last visited March 8, 2023).

⁴ See Mercer: Actuarial Modeling to Support Florida KidCare Policy Options, dated February 10, 2022. Available from committee staff of the Senate Health Policy Committee.

⁵ Section 409.816(3), F.S.

contracts with managed care organizations, but a few benefits such as Applied Behavioral Analysis are provided on a fee-for-service basis.⁶ A \$15 monthly premium, per family, is assessed to a family with income between 134% and 158% of the FPL. A \$20 monthly premium, per family, is assessed to a family with income between 158% and 200% of the FPL. Medikid full-pay families pay a monthly premium of \$210.18 per child per month for coverage (AHCA presented a premium of \$248.21 effective July 1, 2023, at the Kidcare Expenditures Social Services Estimating Conference held on February 23, 2023.)⁷ As of February 2023, Medikids enrollment was 5,123 Title XXI CHIP enrollees and 3,344 full-pay enrollees.⁸

The Healthy Kids program component, for children ages 5-18, is administered by the FHKC. These enrollees receive a comprehensive medical services package; however, certain Medicaid-covered benefits such as Applied Behavioral Analysis, private duty nursing, and non-emergency transportation are not covered under this program. A \$15 monthly premium, per family, is assessed to a family with income between 134% and 158% of the FPL. A \$20 monthly premium, per family, is assessed to a family with income between 158% and 200% of the FPL. Point-of-service copayments range from \$5 to \$10. FHKC contracts with health insurers or health maintenance organizations to provide medical coverage to its CHIP and full-pay populations. Healthy Kids full-pay families pay a monthly premium of \$259.50 per child per month plus copays for certain health care services.⁹ A separately-contracted dental benefit is provided to CHIP populations and on a voluntary basis to full-pay populations.¹⁰ As of February 2023, Healthy Kids enrollment was 77,954 Title XXI CHIP enrollees and 21,249 full-pay enrollees.¹¹

The Children's Medical Services Network or plan (CMS Network) serves CHIP enrollees of all ages who have special health care needs. The CMS Network is administered by the DOH Office of Children's Medical Services, and all medical and dental services are provided through its contracted prepaid managed care organization. No copayments are required of enrollees. A \$15 monthly premium, per family, is assessed to a family with income between 134% and 158% of the FPL. A \$20 monthly premium, per family, is assessed to a family with income between 158% and 200% of the FPL. There is no full-pay option for the CMS Network.¹² As of February 2023, the CMS Network enrollment was 6,693 Title XXI CHIP enrollees.¹³

Medicaid for Children, Title XIX, provides services for children ages 0-18 who meet Medicaid eligibility thresholds. Eligibility for Florida Medicaid is based on a number of factors, including age, household or individual income, and assets.

⁶ *Id.*

⁷ The Florida Health Kids Corporation SB 246 Analysis dated March 7, 2023. On file with the Senate Health Policy Committee.

⁸ Florida Kidcare Enrollment Report dated February 2023. On file with the Senate Health Policy Committee.

⁹ *Supra* n.7 FHKC bill analysis.

¹⁰ *Supra* n.4 Mercer

¹¹ *Supra* n.6 Enrollment Report

¹² *Supra* n.4 Mercer

¹³ *Supra* n.6 Enrollment Report

The following chart summarizes the Kidcare Enrollment Report for February 2023:¹⁴

Program Component	Title XIX Medicaid	Title XXI CHIP	Full-Pay	Total Population
MediKids		5,123	3,344	8,467
Healthy Kids		77,954	21,249	99,203
CMS Plan		6,693		6,693
Total Kidcare		89,770	24,593	114,363.
Medicaid	2,459,653	195,736		2,655,389
Total by Funding Source	2,459,653	285,506	24,593	2,769,752

The Kidcare program enrollment has been affected by the federal Medicaid maintenance of effort (MOE) requirements outlined in the Families First Coronavirus Response Act. The Act provided for states to receive a 6.2% enhancement to the customary Medicaid Federal Medical Assistance Percentage (FMAP) for the duration of the federal public health emergency (PHE). In return, states are required to provide continuous eligibility to Medicaid enrollees. This Medicaid MOE requirement has resulted in a sharp decline in the Title XXI, Kidcare programs' enrollment. Children that might have otherwise transferred to the Kidcare programs are required to remain in Medicaid. The Title XXI enrollment decline is expected to reverse after the PHE ends and the MOE expires.¹⁵

III. Effect of Proposed Changes:

SB 246 provides several Whereas clauses relating to family economic improvements causing health care coverage gaps and the need to facilitate economic self-sufficiency and the access to necessary health care services for children. Accordingly, the bill increases the eligibility thresholds for Medikids, Healthy Kids, and the CMS Network from 200% to 250% effective July 1, 2023, and up to 300% effective July 1, 2024. This will result in an increase in the number of Florida children eligible for subsidized health insurance.

Section 1. Amends s. 409.8132, F.S., relating to the Medikids program component (age 1-4) to increase the eligibility threshold from 200% to 250% of the FPL, effective July 1, 2023. This increase is subject to federal approval through a waiver or state plan amendment.

Section 2. Amends s. 409.8132, F.S., effective July 1, 2024, to increase the eligibility threshold for Medikids from 250% to 300% of the FPL. This increase is subject to federal approval through a waiver or state plan amendment.

¹⁴ *Supra* n. 8. KidCare Enrollment Report.

¹⁵ Agency for Health Care Administration Analysis for SB 246, dated January 10, 2023, on file with staff of the Senate Health Policy Committee.

Section 3. Amends s. 409.814, F.S., relating to eligibility for the Kidcare program in general and (in particular, Healthy Kids for children age 5-18 and the CMS Network) to increase the eligibility threshold from 200% to 250% of the FPL, effective July 1, 2023. This increase is subject to federal approval through a waiver or state plan amendment.

The bill also provides that if the eligibility determination and redetermination for the Kidcare program cannot be verified using reliability data sources in accordance with federal requirements, then the applicant must provide secondary sources of information.

Section 4. Amends s. 409.814, F.S., effective July 1, 2024, to increase the eligibility threshold for the Kidcare program, particularly Health Kids and the CMS Network, from 250% to 300% of the FPL. This increase is subject to federal approval through a waiver or state plan amendment.

Section 5. Amends s. 409.816, F.S. relating to limitations on premiums and cost sharing in the Kidcare program to require that enrollment fees, premiums, copayments, deductibles, coinsurance, or similar charges must be based on three to five tiers that are tied to FPL for a uniform premium within each tier.

Sections 6 and 7. Amends s. 624.91, F.S., relating to the FHKC to conform the increased eligibility thresholds to 250% of FPL effective July 1, 2023, and 300% of FPL effective July 1, 2024, respectively.

Section 8. Creates non-statutory section of the Laws of Florida providing that the amendments in the bill are subject to federal approval through a waiver or state plan amendment, and requiring the AHCA to notify the Division of Law Revision within 10 days after receiving federal approval through a waiver or state plan amendment.

The bill provides an effective date of July 1, 2023, except as otherwise expressly provided in the bill.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

Increasing the eligibility thresholds to 250% of the FPL and then to 300% of the FPL will convert a portion of current full-pay enrollees to the CHIP subsidized payment category and allow other income-constrained families to obtain affordable health insurance for the children of families with incomes within these ranges of the increases.

C. Government Sector Impact:

Mercer Government Human Services Consulting (Mercer) conducted an actuarial analysis dated February 2, 2023, on behalf of the FHKC, to support discussion of Kidcare increasing the income eligibility upper income limit for the CHIP program.¹⁶ The analysis suggests that a CHIP tiered system will result in the state requiring both a higher state and federal CHIP allotment for future fiscal years to account for the anticipated increase in enrollment of qualifying individuals under the raised income levels.

The Mercer analysis uses the phase-in approach within the bill in that CHIP income eligibility threshold is increased to 250% of the FPL in SFY 2024, and increased to 300% of the FPL in SFY 2025. The analysis sets a family contribution to be 2% of 250% of household income for the 200% to 250% of FPL tier, and 3% of 300% of household income for the 250% to 300% of the FPL tier.

The analysis calculates the total expenditures for the CHIP program as well as a “difference from baseline” expected if SB 246, or comparable language, were not implemented. The baseline (and additional expenditures incurred should such a bill become law) are based on enrollment and cost projections from the August 2022 Social Services Estimating Conference (SSEC), the draft February 2023 caseload projections, and demographic data from FHKC to allocate estimated new enrollment within the new tiers. Additionally, data on uninsured children in Florida was derived from the 2021 American Community Survey by the U.S. Census Bureau.

Given this data and other assumptions made by Mercer for elements such as projected uptake and acuity, the analysis estimated the following fiscal impacts due to the changes in eligibility.¹⁷

¹⁶ *Supra* n.15. AHCA Bill Analysis.

¹⁷ *Id.*

State Expenditures (General Revenue)		
State Fiscal Year (SFY)	Total Expenditures	Difference from Baseline
2023-2024	\$ 164,043,805	\$ 12,951,321
2024-2025	\$ 225,557,035	\$ 28,787,585
2025-2026	\$ 246,668,145	\$ 33,521,706
2026-2027	\$ 265,090,121	\$ 35,387,214
2027-2028	\$ 281,683,473	\$ 36,860,050

Federal Expenditures		
State Fiscal Year (SFY)	Total Expenditures	Difference from Baseline
2023-2024	\$ 427,523,279	\$ 33,774,056
2024-2025	\$ 579,415,373	\$ 73,950,628
2025-2026	\$ 636,536,312	\$ 86,504,022
2026-2027	\$ 682,786,549	\$ 91,146,037
2027-2028	\$ 733,814,668	\$ 96,024,258

In addition to the fiscal impacts estimated above, the FHKC is statutorily responsible for marketing the Kidcare brand and estimates a funding need of \$2.403 million over two years¹⁸ (\$679,000 from state general revenue; \$1.724 million federal match) to attract families that were previously ineligible for the subsidized program and to transition children with “full-pay” insurance into the subsidized program. This would be a two-year non-recurring expenditure.

In addition, the FHKC estimates a funding need of \$800,000 nonrecurring (\$226,880 from state general revenue; \$573,120 federal match) for the contracted Third-Party Administrator implementation of the new eligibility tiers.¹⁹

¹⁸ *Supra* n.7. FHKC bill analysis, based on a quote from contracted marketing, advertising, public relations, and creative services vendor.

¹⁹ *Supra* n.7. FHKC bill analysis, based on a change request estimate from the contracted third-party administrator (up to 8,000 hours @ \$100 per hour).

VI. Technical Deficiencies:

None.

VII. Related Issues:

The FHKC requests additional clarification for implementing lines 441-442 of the bill, concerning the tiers of uniform premiums.²⁰

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 409.8132, 409.814, 409.816, and 624.91.

This bill creates one non-statutory section of the Laws of Florida.

IX. Additional Information:**A. Committee Substitute – Statement of Changes:**

(Summarizing differences between the Committee Substitute and the prior version of the bill.)

None.

B. Amendments:

None.

This Senate Bill Analysis does not reflect the intent or official position of the bill's introducer or the Florida Senate.

²⁰ *Supra* n.7. FHKC bill analysis.

By Senator Calatayud

38-00501B-23

2023246__

A bill to be entitled

An act relating to Florida Kidcare program eligibility; amending s. 409.8132, F.S.; conforming a provision to changes made by the act; amending s. 409.814, F.S.; increasing the income eligibility threshold for coverage under the Florida Kidcare program; requiring an applicant seeking coverage under the program to provide certain documentation if eligibility cannot be verified using reliable data sources; amending s. 409.816, F.S.; requiring that premiums for certain enrollees under the program be based on a tiered system of uniform premiums; amending s. 624.91, F.S.; conforming a provision to changes made by the act; providing that certain amendments made by this act are subject to federal approval through a waiver or state plan amendment; requiring the agency to notify the Division of Law Revision within a specified timeframe after receiving federal approval through a waiver or state plan amendment; providing effective dates.

WHEREAS, as families progress up the economic ladder, they are adversely affected by the fiscal cliff, disincentivizing upward mobility, and

WHEREAS, some families have lost access to Florida Healthy Kids, which subsidizes children's health insurance, creating a health care coverage gap, and

WHEREAS, the Legislature seeks to remove these barriers and intends to facilitate a way for families to achieve economic

Page 1 of 17

CODING: Words ~~stricken~~ are deletions; words underlined are additions.

38-00501B-23

2023246__

self-sufficiency and access necessary health care services for their children, NOW, THEREFORE,

Be It Enacted by the Legislature of the State of Florida:

Section 1. Paragraph (a) of subsection (6) of section 409.8132, Florida Statutes, is amended to read:

409.8132 Medikids program component.—

(6) ELIGIBILITY.—

(a) A child who has attained the age of 1 year but who is under the age of 5 years is eligible to enroll in the Medikids program component of the Florida Kidcare program, if the child is a member of a family that has a family income which exceeds the Medicaid applicable income level as specified in s. 409.903, but which is equal to or below 250 ~~200~~ percent of the current federal poverty level. In determining the eligibility of such a child, an assets test is not required. A child who is eligible for Medikids may elect to enroll in Florida Healthy Kids coverage or employer-sponsored group coverage. However, a child who is eligible for Medikids may participate in the Florida Healthy Kids program only if the child has a sibling participating in the Florida Healthy Kids program and the child's county of residence permits such enrollment.

Section 2. Effective July 1, 2024, paragraph (a) of subsection (6) of section 409.8132, Florida Statutes, as amended by this act, is amended to read:

409.8132 Medikids program component.—

(6) ELIGIBILITY.—

(a) A child who has attained the age of 1 year but who is

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under the age of 5 years is eligible to enroll in the Medikids program component of the Florida Kidcare program, if the child is a member of a family that has a family income which exceeds the Medicaid applicable income level as specified in s. 409.903, but which is equal to or below 300 ~~250~~ percent of the current federal poverty level. In determining the eligibility of such a child, an assets test is not required. A child who is eligible for Medikids may elect to enroll in Florida Healthy Kids coverage or employer-sponsored group coverage. However, a child who is eligible for Medikids may participate in the Florida Healthy Kids program only if the child has a sibling participating in the Florida Healthy Kids program and the child's county of residence permits such enrollment.

Section 3. Section 409.814, Florida Statutes, is amended to read:

409.814 Eligibility.—A child who has not reached 19 years of age whose family income is equal to or below 250 ~~200~~ percent of the federal poverty level is eligible for the Florida Kidcare program as provided in this section. If an enrolled individual is determined to be ineligible for coverage, he or she must be immediately disenrolled from the respective Florida Kidcare program component.

(1) A child who is eligible for Medicaid coverage under s. 409.903 or s. 409.904 must be enrolled in Medicaid and is not eligible to receive health benefits under any other health benefits coverage authorized under the Florida Kidcare program.

(2) A child who is not eligible for Medicaid, but who is eligible for the Florida Kidcare program, may obtain health benefits coverage under any of the other components listed in s.

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409.813 if such coverage is approved and available in the county in which the child resides.

(3) A Title XXI-funded child who is eligible for the Florida Kidcare program who is a child with special health care needs, as determined through a medical or behavioral screening instrument, is eligible for health benefits coverage from and shall be assigned to and may opt out of the Children's Medical Services Network.

(4) A Title XXI-funded child who reaches 19 years of age is eligible for continued Title XXI-funded coverage for the duration of a pregnancy and the postpartum period consisting of the 12-month period beginning on the last day of a pregnancy, if such pregnancy or postpartum period begins prior to the child reaching 19 years of age, and if the child is ineligible for Medicaid.

(5) The following children are not eligible to receive Title XXI-funded premium assistance for health benefits coverage under the Florida Kidcare program, except under Medicaid if the child would have been eligible for Medicaid under s. 409.903 or s. 409.904 as of June 1, 1997:

(a) A child who is covered under a family member's group health benefit plan or under other private or employer health insurance coverage, if the cost of the child's participation is not greater than 5 percent of the family's income. If a child is otherwise eligible for a subsidy under the Florida Kidcare program and the cost of the child's participation in the family member's health insurance benefit plan is greater than 5 percent of the family's income, the child may enroll in the appropriate subsidized Kidcare program.

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(b) A child who is seeking premium assistance for the Florida Kidcare program through employer-sponsored group coverage, if the child has been covered by the same employer's group coverage during the 60 days before the family submitted an application for determination of eligibility under the program.

(c) A child who is an alien but who does not meet the definition of a lawfully residing child. This paragraph does not extend eligibility for the Florida Kidcare program to an undocumented immigrant.

(d) A child who is an inmate of a public institution or a patient in an institution for mental diseases.

(e) A child who is otherwise eligible for premium assistance for the Florida Kidcare program and has had his or her coverage in an employer-sponsored or private health benefit plan voluntarily canceled in the last 60 days, except those children whose coverage was voluntarily canceled for good cause, including, but not limited to, the following circumstances:

1. The cost of participation in an employer-sponsored health benefit plan is greater than 5 percent of the family's income;

2. The parent lost a job that provided an employer-sponsored health benefit plan for children;

3. The parent who had health benefits coverage for the child is deceased;

4. The child has a medical condition that, without medical care, would cause serious disability, loss of function, or death;

5. The employer of the parent canceled health benefits coverage for children;

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6. The child's health benefits coverage ended because the child reached the maximum lifetime coverage amount;

7. The child has exhausted coverage under a COBRA continuation provision;

8. The health benefits coverage does not cover the child's health care needs; or

9. Domestic violence led to loss of coverage.

(6) A child who is otherwise eligible for the Florida Kidcare program and who has a preexisting condition that prevents coverage under another insurance plan as described in paragraph (5)(a) which would have disqualified the child for the Florida Kidcare program if the child were able to enroll in the plan is eligible for Florida Kidcare coverage when enrollment is possible.

(7) A child whose family income is above 250 ~~200~~ percent of the federal poverty level or a child who is excluded under the provisions of subsection (5) may participate in the Florida Kidcare program as provided in s. 409.8132 or, if the child is ineligible for Medikids by reason of age, in the Florida Healthy Kids program, subject to the following:

(a) The family is not eligible for premium assistance payments and must pay the full cost of the premium, including any administrative costs.

(b) The board of directors of the Florida Healthy Kids Corporation may offer a reduced benefit package to these children in order to limit program costs for such families.

(8) Once a child is enrolled in the Florida Kidcare program, the child is eligible for coverage for 12 months without a redetermination or reverification of eligibility, if

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the family continues to pay the applicable premium. Eligibility for program components funded through Title XXI of the Social Security Act terminates when a child attains the age of 19. A child who has not attained the age of 5 and who has been determined eligible for the Medicaid program is eligible for coverage for 12 months without a redetermination or reverification of eligibility.

(9) When determining or reviewing a child's eligibility under the Florida Kidcare program, the applicant shall be provided with reasonable notice of changes in eligibility which may affect enrollment in one or more of the program components. If a transition from one program component to another is authorized, there shall be cooperation between the program components and the affected family which promotes continuity of health care coverage. Any authorized transfers must be managed within the program's overall appropriated or authorized levels of funding. Each component of the program shall establish a reserve to ensure that transfers between components will be accomplished within current year appropriations. These reserves shall be reviewed by each convening of the Social Services Estimating Conference to determine the adequacy of such reserves to meet actual experience.

(10) In determining the eligibility of a child, an assets test is not required. If eligibility for the Florida Kidcare program cannot be verified using reliable data sources in accordance with federal requirements, each applicant shall provide documentation during the application process and the redetermination process, including, but not limited to, the following:

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(a) Proof of family income, which must be verified electronically to determine financial eligibility for the Florida Kidcare program. Written documentation, which may include wages and earnings statements or pay stubs, W-2 forms, or a copy of the applicant's most recent federal income tax return, is required only if the electronic verification is not available or does not substantiate the applicant's income.

(b) A statement from all applicable, employed family members that:

1. Their employers do not sponsor health benefit plans for employees;

2. The potential enrollee is not covered by an employer-sponsored health benefit plan; or

3. The potential enrollee is covered by an employer-sponsored health benefit plan and the cost of the employer-sponsored health benefit plan is more than 5 percent of the family's income.

(c) To enroll in the Children's Medical Services Network, a completed application, including a clinical screening.

(11) Subject to paragraph (5) (a), the Florida Kidcare program shall withhold benefits from an enrollee if the program obtains evidence that the enrollee is no longer eligible, submitted incorrect or fraudulent information in order to establish eligibility, or failed to provide verification of eligibility. The applicant or enrollee shall be notified that because of such evidence program benefits will be withheld unless the applicant or enrollee contacts a designated representative of the program by a specified date, which must be within 10 working days after the date of notice, to discuss and

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233 resolve the matter. The program shall make every effort to
 234 resolve the matter within a timeframe that will not cause
 235 benefits to be withheld from an eligible enrollee.

236 (12) The following individuals may be subject to
 237 prosecution in accordance with s. 414.39:

238 (a) An applicant obtaining or attempting to obtain benefits
 239 for a potential enrollee under the Florida Kidcare program when
 240 the applicant knows or should have known the potential enrollee
 241 does not qualify for the Florida Kidcare program.

242 (b) An individual who assists an applicant in obtaining or
 243 attempting to obtain benefits for a potential enrollee under the
 244 Florida Kidcare program when the individual knows or should have
 245 known the potential enrollee does not qualify for the Florida
 246 Kidcare program.

247 Section 4. Effective July 1, 2024, section 409.814, Florida
 248 Statutes, as amended by this act, is amended to read:

249 409.814 Eligibility.—A child who has not reached 19 years
 250 of age whose family income is equal to or below 300 ~~250~~ percent
 251 of the federal poverty level is eligible for the Florida Kidcare
 252 program as provided in this section. If an enrolled individual
 253 is determined to be ineligible for coverage, he or she must be
 254 immediately disenrolled from the respective Florida Kidcare
 255 program component.

256 (1) A child who is eligible for Medicaid coverage under s.
 257 409.903 or s. 409.904 must be enrolled in Medicaid and is not
 258 eligible to receive health benefits under any other health
 259 benefits coverage authorized under the Florida Kidcare program.

260 (2) A child who is not eligible for Medicaid, but who is
 261 eligible for the Florida Kidcare program, may obtain health

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262 benefits coverage under any of the other components listed in s.
 263 409.813 if such coverage is approved and available in the county
 264 in which the child resides.

265 (3) A Title XXI-funded child who is eligible for the
 266 Florida Kidcare program who is a child with special health care
 267 needs, as determined through a medical or behavioral screening
 268 instrument, is eligible for health benefits coverage from and
 269 shall be assigned to and may opt out of the Children's Medical
 270 Services Network.

271 (4) A Title XXI-funded child who reaches 19 years of age is
 272 eligible for continued Title XXI-funded coverage for the
 273 duration of a pregnancy and the postpartum period consisting of
 274 the 12-month period beginning on the last day of a pregnancy, if
 275 such pregnancy or postpartum period begins prior to the child
 276 reaching 19 years of age, and if the child is ineligible for
 277 Medicaid.

278 (5) The following children are not eligible to receive
 279 Title XXI-funded premium assistance for health benefits coverage
 280 under the Florida Kidcare program, except under Medicaid if the
 281 child would have been eligible for Medicaid under s. 409.903 or
 282 s. 409.904 as of June 1, 1997:

283 (a) A child who is covered under a family member's group
 284 health benefit plan or under other private or employer health
 285 insurance coverage, if the cost of the child's participation is
 286 not greater than 5 percent of the family's income. If a child is
 287 otherwise eligible for a subsidy under the Florida Kidcare
 288 program and the cost of the child's participation in the family
 289 member's health insurance benefit plan is greater than 5 percent
 290 of the family's income, the child may enroll in the appropriate

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subsidized Kidcare program.

(b) A child who is seeking premium assistance for the Florida Kidcare program through employer-sponsored group coverage, if the child has been covered by the same employer's group coverage during the 60 days before the family submitted an application for determination of eligibility under the program.

(c) A child who is an alien but who does not meet the definition of a lawfully residing child. This paragraph does not extend eligibility for the Florida Kidcare program to an undocumented immigrant.

(d) A child who is an inmate of a public institution or a patient in an institution for mental diseases.

(e) A child who is otherwise eligible for premium assistance for the Florida Kidcare program and has had his or her coverage in an employer-sponsored or private health benefit plan voluntarily canceled in the last 60 days, except those children whose coverage was voluntarily canceled for good cause, including, but not limited to, the following circumstances:

1. The cost of participation in an employer-sponsored health benefit plan is greater than 5 percent of the family's income;

2. The parent lost a job that provided an employer-sponsored health benefit plan for children;

3. The parent who had health benefits coverage for the child is deceased;

4. The child has a medical condition that, without medical care, would cause serious disability, loss of function, or death;

5. The employer of the parent canceled health benefits

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coverage for children;

6. The child's health benefits coverage ended because the child reached the maximum lifetime coverage amount;

7. The child has exhausted coverage under a COBRA continuation provision;

8. The health benefits coverage does not cover the child's health care needs; or

9. Domestic violence led to loss of coverage.

(6) A child who is otherwise eligible for the Florida Kidcare program and who has a preexisting condition that prevents coverage under another insurance plan as described in paragraph (5)(a) which would have disqualified the child for the Florida Kidcare program if the child were able to enroll in the plan is eligible for Florida Kidcare coverage when enrollment is possible.

(7) A child whose family income is above 300 ~~250~~ percent of the federal poverty level or a child who is excluded under the provisions of subsection (5) may participate in the Florida Kidcare program as provided in s. 409.8132 or, if the child is ineligible for Medikids by reason of age, in the Florida Healthy Kids program, subject to the following:

(a) The family is not eligible for premium assistance payments and must pay the full cost of the premium, including any administrative costs.

(b) The board of directors of the Florida Healthy Kids Corporation may offer a reduced benefit package to these children in order to limit program costs for such families.

(8) Once a child is enrolled in the Florida Kidcare program, the child is eligible for coverage for 12 months

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without a redetermination or reverification of eligibility, if the family continues to pay the applicable premium. Eligibility for program components funded through Title XXI of the Social Security Act terminates when a child attains the age of 19. A child who has not attained the age of 5 and who has been determined eligible for the Medicaid program is eligible for coverage for 12 months without a redetermination or reverification of eligibility.

(9) When determining or reviewing a child's eligibility under the Florida Kidcare program, the applicant shall be provided with reasonable notice of changes in eligibility which may affect enrollment in one or more of the program components. If a transition from one program component to another is authorized, there shall be cooperation between the program components and the affected family which promotes continuity of health care coverage. Any authorized transfers must be managed within the program's overall appropriated or authorized levels of funding. Each component of the program shall establish a reserve to ensure that transfers between components will be accomplished within current year appropriations. These reserves shall be reviewed by each convening of the Social Services Estimating Conference to determine the adequacy of such reserves to meet actual experience.

(10) In determining the eligibility of a child, an assets test is not required. If eligibility for the Florida Kidcare program cannot be verified using reliable data sources in accordance with federal requirements, each applicant shall provide documentation during the application process and the redetermination process, including, but not limited to, the

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following:

(a) Proof of family income, which must be verified electronically to determine financial eligibility for the Florida Kidcare program. Written documentation, which may include wages and earnings statements or pay stubs, W-2 forms, or a copy of the applicant's most recent federal income tax return, is required only if the electronic verification is not available or does not substantiate the applicant's income.

(b) A statement from all applicable, employed family members that:

1. Their employers do not sponsor health benefit plans for employees;

2. The potential enrollee is not covered by an employer-sponsored health benefit plan; or

3. The potential enrollee is covered by an employer-sponsored health benefit plan and the cost of the employer-sponsored health benefit plan is more than 5 percent of the family's income.

(c) To enroll in the Children's Medical Services Network, a completed application, including a clinical screening.

(11) Subject to paragraph (5) (a), the Florida Kidcare program shall withhold benefits from an enrollee if the program obtains evidence that the enrollee is no longer eligible, submitted incorrect or fraudulent information in order to establish eligibility, or failed to provide verification of eligibility. The applicant or enrollee shall be notified that because of such evidence program benefits will be withheld unless the applicant or enrollee contacts a designated representative of the program by a specified date, which must be

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within 10 working days after the date of notice, to discuss and resolve the matter. The program shall make every effort to resolve the matter within a timeframe that will not cause benefits to be withheld from an eligible enrollee.

(12) The following individuals may be subject to prosecution in accordance with s. 414.39:

(a) An applicant obtaining or attempting to obtain benefits for a potential enrollee under the Florida Kidcare program when the applicant knows or should have known the potential enrollee does not qualify for the Florida Kidcare program.

(b) An individual who assists an applicant in obtaining or attempting to obtain benefits for a potential enrollee under the Florida Kidcare program when the individual knows or should have known the potential enrollee does not qualify for the Florida Kidcare program.

Section 5. Subsection (3) of section 409.816, Florida Statutes, is amended to read:

409.816 Limitations on premiums and cost sharing.—The following limitations on premiums and cost sharing are established for the program.

(3) Enrollees in families with a family income above 150 percent of the federal poverty level who are not receiving coverage under the Medicaid program or who are not eligible under s. 409.814(7) may be required to pay enrollment fees, premiums, copayments, deductibles, coinsurance, or similar charges on a sliding scale related to income, except that the total annual aggregate cost sharing with respect to all children in a family may not exceed 5 percent of the family's income. However, copayments, deductibles, coinsurance, or similar

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charges may not be imposed for preventive services, including well-baby and well-child care, age-appropriate immunizations, and routine hearing and vision screenings. Premiums for enrollees paying enrollment fees, premiums, copayments, deductibles, coinsurance, or similar charges as provided in this subsection must be based on at least three but no more than five tiers of uniform premiums that increase with each tier as a percentage of the applicable threshold amount of the federal poverty level, by tier.

Section 6. Paragraph (b) of subsection (2) of section 624.91, Florida Statutes, is amended to read:

624.91 The Florida Healthy Kids Corporation Act.—

(2) LEGISLATIVE INTENT.—

(b) It is the intent of the Legislature that the Florida Healthy Kids Corporation serve as one of several providers of services to children eligible for medical assistance under Title XXI of the Social Security Act. Although the corporation may serve other children, the Legislature intends the primary recipients of services provided through the corporation be school-age children with a family income equal to or below 250 ~~200~~ percent of the federal poverty level, who do not qualify for Medicaid. It is also the intent of the Legislature that state and local government Florida Healthy Kids funds be used to continue coverage, subject to specific appropriations in the General Appropriations Act, to children not eligible for federal matching funds under Title XXI.

Section 7. Effective July 1, 2024, paragraph (b) of subsection (2) of section 624.91, Florida Statutes, as amended by this act, is amended to read:

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465 624.91 The Florida Healthy Kids Corporation Act.—
466 (2) LEGISLATIVE INTENT.—
467 (b) It is the intent of the Legislature that the Florida
468 Healthy Kids Corporation serve as one of several providers of
469 services to children eligible for medical assistance under Title
470 XXI of the Social Security Act. Although the corporation may
471 serve other children, the Legislature intends the primary
472 recipients of services provided through the corporation be
473 school-age children with a family income equal to or below 300
474 ~~250~~ percent of the federal poverty level, who do not qualify for
475 Medicaid. It is also the intent of the Legislature that state
476 and local government Florida Healthy Kids funds be used to
477 continue coverage, subject to specific appropriations in the
478 General Appropriations Act, to children not eligible for federal
479 matching funds under Title XXI.
480 Section 8. (1) The amendments to ss. 409.8132, 409.814, and
481 624.91, Florida Statutes, made by this act are subject to
482 federal approval through a waiver or state plan amendment.
483 (2) The Agency for Health Care Administration shall notify
484 the Division of Law Revision within 10 days after receiving
485 federal approval through a waiver or state plan amendment.
486 Section 9. Except as otherwise expressly provided in this
487 act, this act shall take effect July 1, 2023.



SENATOR Alexis M. Calatayud
38th District

THE FLORIDA SENATE

Tallahassee, Florida 32399-1100

COMMITTEES:

Community Affairs, Chair
Appropriations Committee on Education
Appropriations Committee of Health and Human
Services
Education Pre-K 12
Fiscal Policy
Health Policy
Military and Veterans Affairs, Space and Domestic
Security
Select Committee on Resiliency

February 27, 2023

Honorable Senator Colleen Burton
Chair
Committee on Health Policy

Honorable Chair Burton,

I respectfully request SB 246 Florida Kidcare Program Eligibility be placed on the next committee agenda.

This bill increases the income eligibility threshold for coverage under the Florida Kidcare program; requiring that premiums for certain enrollees under the program be based on a tiered system of uniform premiums; providing that certain amendments made by this act are subject to federal approval through a waiver or state plan amendment.

Sincerely,

Alexis M. Calatayud

Senator Alexis M. Calatayud
Florida Senate, District 39

CC: Allen Brown, Staff Director
Anhar Al-Asadi, Committee Administrative Assistant

REPLY TO:

- 11011 SW 101st St, STE 5101, Miami Florida 33176 (305) 596-3002
- 324 Senate Building, 404 South Monroe Street, Tallahassee, Florida 32399-1100 (850) 487-5038

Senate's Website: www.flsenate.gov

Kathleen Passidomo
President of the Senate

Dennis Baxley
President Pro Tempore

The Florida Senate

APPEARANCE RECORD

March 13, 2023

Meeting Date

SB 246

Bill Number or Topic

Deliver both copies of this form to
Senate professional staff conducting the meeting

Health Policy

Committee

Amendment Barcode (if applicable)

Name TASHA CARTER

Phone 850-413-2868

Address 200 E GAINES Street

Email TASHA.Carter@myfloridacfo.com

Tallahassee

FL

32399

City

State

Zip

Speaking: ☐ For ☐ Against ☐ Information **OR** Waive Speaking: ☒ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☐ I am appearing without
compensation or sponsorship.☒ I am a registered lobbyist,
representing:Office of Insurance
Consumer Advocate☐ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

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S-001 (08/10/2021)

The Florida Senate

APPEARANCE RECORD

3/13

Meeting Date

246

Bill Number or Topic

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Health Policy

Committee

Amendment Barcode (if applicable)

Name Austin Stowers

Phone 850 413 5939

Address 200 E Gaines

Email austin.stowers@myfloridacfo.com

Street

Tallahassee

FL

32399

City

State

Zip

Speaking: ☐ For ☐ Against ☐ Information **OR** Waive Speaking: ☒ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☐ I am appearing without
compensation or sponsorship.☒ I am a registered lobbyist,
representing:

CFO Jimmy Patronis

☐ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

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S-001 (08/10/2021)

The Florida Senate
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246

Bill Number or Topic

Amendment Barcode (if applicable)

3/13/2023
Meeting Date
Health Policy
Committee

Name Karen Woodall Phone _____

Address 579 E. Cal St. Email fcfep@yahoo.com
Street

City State Zip

Speaking: ☐ For ☐ Against ☐ Information **OR** Waive Speaking: ☒ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☐ I am appearing without
compensation or sponsorship.

☒ I am a registered lobbyist,
representing:
FI Center for Fiscal &
Economic Policy

☐ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

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S-001 (08/10/2021)

The Florida Senate
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246- Florida KidCare Program Eligibility

Bill Number or Topic

Amendment Barcode (if applicable)

3/13/23
Meeting Date
Health Policy
Committee

Name Michele Watson Phone 850-320-2388

Address 1203 Governor's Square Blvd., Suite 102 Email Mwatson@FACCT.com
Street

Tallahassee FL 32301
City State Zip

Speaking: ☐ For ☐ Against ☐ Information **OR** Waive Speaking: ☒ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☐ I am appearing without
compensation or sponsorship.

☒ I am a registered lobbyist,
representing:

Florida Alliance of Children's
Councils & Trusts

☐ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

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S-001 (08/10/2021)

APPEARANCE RECORD

3/13/23

Meeting Date

246

Bill Number or Topic

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Senate professional staff conducting the meetingHealth Policy
Committee

Amendment Barcode (if applicable)

Name Michael Barrett Phone (850) 205-6823Address 201 W. Park Ave. Email mbarrett@flseeb.org
StreetTallahassee FL 32301
City State ZipSpeaking: ☒ For ☐ Against ☐ Information **OR** Waive Speaking: ☐ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☐ I am appearing without
compensation or sponsorship.☒ I am a registered lobbyist,
representing:
Florida Conference of
Catholic Bishops☐ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

This form is part of the public record for this meeting.

S-001 (08/10/2021)

APPEARANCE RECORD

3/13/23

Meeting Date

5B246

Bill Number or Topic

Deliver both copies of this form to
Senate professional staff conducting the meetingHealth Policy
Committee

Amendment Barcode (if applicable)

Name D. Paul Robinson, MD Phone 850-566-4551Address 4656 Inisheer Dr Email Robinsondp@mac.com
StreetTallahassee FL 32309
City State ZipSpeaking: ☒ For ☐ Against ☐ Information **OR** Waive Speaking: ☐ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☒ I am appearing without
compensation or sponsorship.☐ I am a registered lobbyist,
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S-001 (08/10/2021)

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Meeting Date

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246

Bill Number or Topic

Health Policy

Committee

Amendment Barcode (if applicable)

Name Sarah Katherine Massey

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Email smassey@flchamber.com

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Tallahassee

City

FL

State

32301

Zip

Speaking: ☐ For ☐ Against ☐ Information

OR

Waive Speaking: ☒ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

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The Florida Chamber of Commerce

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S-001 (08/10/2021)

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SB 246

Bill Number or Topic

Health Policy

Committee

Amendment Barcode (if applicable)

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State

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Speaking: ☒ For ☐ Against ☐ Information

OR

Waive Speaking: ☒ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☐ I am appearing without
compensation or sponsorship.☒ I am a registered lobbyist,
representing:United Way of
Florida☐ I am not a lobbyist, but received
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3-13-23

Meeting Date

SB 246

Bill Number or Topic

Health Policy

Committee

Amendment Barcode (if applicable)

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Waive Speaking: ☒ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☐ I am appearing without
compensation or sponsorship.

☒ I am a registered lobbyist,
representing:

United Way Suncoast
United Way of Broward County

☐ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

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S-001 (08/10/2021)

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: The Professional Staff of the Committee on Health Policy

BILL: CS/SB 988

INTRODUCER: Health Policy Committee and Senator Burton

SUBJECT: Medicaid Coverage of Continuous Glucose Monitors

DATE: March 14, 2023

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Brown	Brown	HP	Fav/CS
2.			AHS	
3.			FP	

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/SB 988 creates s. 409.9063, F.S., to require the Agency for Health Care Administration (AHCA) to provide coverage for continuous glucose monitors (CGM) under the Medicaid pharmacy benefit to treat Medicaid recipients diagnosed with diabetes who meet certain criteria and requirements, subject to the availability of funds and any limitations or directions provided in the General Appropriations Act (GAA).

The bill requires the AHCA to seek federal approval, if needed, to implement the bill, and to include the bill's impact on Medicaid managed care plan capitation rates that are scheduled to take effect October 1, 2023.

The bill provides an effective date of October 1, 2023.

II. Present Situation:

What Is Diabetes?

Diabetes is a chronic health condition that affects how the human body turns food into energy.

The human digestive system breaks down carbohydrates consumed as food into glucose¹ and releases it into the bloodstream, which increases the blood's glucose level. Such an increase in blood glucose should signal the pancreas to release the hormone insulin, which acts as a catalyst to allow the body's cells to metabolize the glucose and convert it to energy, or to convert the glucose into forms suitable for short-term or long-term storage.

With diabetes, depending on the type of diabetes, the pancreas either does not make any insulin or does not make enough insulin, or the body cannot use insulin as well as it should. When there is not enough insulin or cells stop responding to insulin, blood glucose levels elevate and stay elevated for extended periods. Over time, that can cause serious health problems, such as heart disease, vision loss, kidney disease, vascular disease, and other maladies. Such outcomes are often known as long-term complications of diabetes.

Approximately 2,164,009 people in Florida have diabetes, according to the American Diabetes Association.

Types of Diabetes

There are three main types of diabetes: Type 1, Type 2, and gestational diabetes.

Type 1 Diabetes

Type 1 diabetes is thought to be caused by an autoimmune reaction in which the body's immune system attacks and destroys the cells in the pancreas that normally produce insulin. Approximately 5 to 10 percent of the people with diabetes have Type 1. Symptoms of Type 1 often develop quickly. It is usually diagnosed in children, teens, and young adults. Someone with Type 1 diabetes must take insulin, usually through subcutaneous injection, on a regular basis to survive, usually one or more times per day. Currently, Type 1 diabetes can neither be prevented nor cured.²

Type 2 Diabetes

With Type 2 diabetes, the body does not use insulin well and cannot keep blood glucose at normal levels. About 90 to 95 percent of people with diabetes have Type 2. It develops over many years and is usually diagnosed in overweight, middle-aged adults, although it can sometimes manifest in adolescents and young adults. Type 2 diabetes can often be prevented or delayed, or even eliminated altogether, with healthy lifestyle changes, such as losing weight, eating healthy food, and exercising regularly.³ Type 2 diabetes is usually treated with oral medications but can require insulin injections in some cases.

Gestational Diabetes

Gestational diabetes develops in pregnant women who have never had diabetes. In pregnant women with gestational diabetes, the baby could be at higher risk for health problems.

¹ Glucose is the simplest type of carbohydrate (chemical formula $C_6H_{12}O_6$), and all carbohydrates consumed as food must be broken down into glucose before the body can metabolize them.

² Centers for Disease Control and Prevention, *What Is Diabetes?*, available at: <https://www.cdc.gov/diabetes/basics/diabetes.html> (last visited March 9, 2023).

³ *Id.*

Gestational diabetes usually goes away after the baby is born. However, it correlates to a higher risk for Type 2 diabetes later in life. A baby delivered by a woman with gestational diabetes is more likely to become obese as a child or teen and to develop Type 2 diabetes later in life.⁴

Managing Diabetes

In order for Type 1 or Type 2 diabetics to avoid long-term complications, or for a pregnant woman with gestational diabetes to mitigate the effects of that condition, blood glucose levels must be managed to stay as close to normal ranges as possible.

A widely accepted “normal” level of blood glucose is 100 milligrams of glucose per deciliter (mg/dL) of whole blood, although normal levels may vary. A normal fasting blood glucose level for someone without diabetes is 70 to 99 mg/dL.⁵

Testing blood glucose levels is key to managing diabetes. Years of elevated blood glucose levels can lead to diabetes’ costly and disabling long-term complications, while levels that are too low (hypoglycemia) can be dangerous in an immediate sense and can lead to unconsciousness, brain damage, or death.

Blood Glucose Meters

Blood glucose meters are small devices used to measure a person’s blood glucose level at a specific point in time. To use a meter, a person inserts a test strip into the metering device, pricks one of his or her fingers with a lancing device (lancet) to draw a drop of blood, and then puts the blood drop onto the test strip, which causes a chemical reaction based on the presence of glucose in the blood. That chemical reaction can be detected and measured by the meter, which then displays a blood glucose reading, usually within a few seconds.⁶ After the reading, the used test strip must be discarded and a new one inserted in order to conduct a subsequent test.

Continuous Glucose Monitors

Continuous glucose monitoring makes use of a specialized device to automatically track blood glucose levels throughout the day and night. Using a continuous glucose monitor (CGM) allows a diabetic to monitor glucose levels any time at a glance and to review how glucose levels have changed over a few minutes, hours, or days, to see trends, without drawing blood by pricking a finger. Seeing glucose levels in real time and over periods of time can help diabetics make more informed decisions throughout the day about how to balance food intake, physical activity, and medicines.⁷

⁴ *Id.*

⁵ Cleveland Clinic, *Blood Glucose (Sugar) Test*, available at: <https://my.clevelandclinic.org/health/diagnostics/12363-blood-glucose-test> (last visited March 9, 2023).

⁶ DiaTribe Learn: Making Sense of Diabetes, *Blood Glucose Meters and Strips*, available at: <https://diatribe.org/blood-glucose-meters-and-strips> (last visited March 9, 2023).

⁷ National Institute of Diabetes and Digestive and Kidney Diseases, *Continuous Glucose Monitoring*, available at: <https://www.niddk.nih.gov/health-information/diabetes/overview/managing-diabetes/continuous-glucose-monitoring> (last visited March 9, 2023).

CGMs are approved in the U.S. for adults and children with a health care practitioner's prescription. A CGM works through a tiny sensor inserted under the skin, usually via a small plastic disk or pod adhered to the abdomen or the backside of the upper arm. The sensor measures interstitial glucose level, which is the glucose found in the fluid between the cells. The sensor tests glucose every minute or every few minutes. A transmitter within the sensor wirelessly sends the information to a monitor, which can be a dedicated device or, in some cases, an app on a smartphone.⁸

CGMs are always on and recording glucose levels. Many CGMs have special features that work with information from glucose readings, such as:⁹

- An alarm can sound when the glucose level goes too low or too high.
- Data can be entered manually, regarding meals, physical activity, and medicines, so that such pertinent information can be recorded alongside glucose levels.
- Some models can send information in real time to a second person's smartphone, such as a parent or caregiver. For example, if a child's glucose drops dangerously low overnight, the CGM could be set to wake a parent in the next room.
- CGM data can be stored on the Internet and made accessible to a diabetic's treating health care practitioner, who can use the data to help monitor and manage the diabetic's treatment.

Benefits of a CGM

Compared with a standard blood glucose meter, using a CGM system can help a diabetic to:

- Better manage blood glucose levels every day.
- Have fewer emergencies relating to hypoglycemia.
- Need fewer finger sticks, which helps because the pain and bruising from repeated finger sticks can discourage the use of a blood glucose meter.

A graphic on the CGM screen shows whether the blood glucose level is rising or dropping, and how quickly it may be rising or dropping, allowing the diabetic to make better decisions about his or her behavior in the short-term regarding the need for insulin, food, or whether exercise is a good or bad idea for that point in time.

Over time, good management of glucose levels greatly helps people with diabetes stay healthy and prevent costly and potentially disabling complications of the disease.¹⁰

The Florida Medicaid Program

Florida Medicaid is the health care safety net for low-income Floridians. The national Medicaid program is a partnership of federal and state governments established to provide coverage for health services for eligible persons. Florida's program is financed through state and federal funds.¹¹

⁸ *Id.*

⁹ *Id.*

¹⁰ *Id.*

¹¹ Section 20.42, F.S.

The AHCA is the single state agency responsible for the administration of the Florida Medicaid program, authorized under Title XIX of the Social Security Act (SSA). This authority includes establishing and maintaining a Medicaid state plan approved by the Centers for Medicare & Medicaid Services (CMS) and maintaining any Medicaid waivers needed to operate the Florida Medicaid program as directed under the Florida Statutes,¹² the General Appropriations Act (GAA), and other legislation accompanying the GAA.

A Medicaid state plan is an agreement between a state and the federal government describing how that state administers its Medicaid programs. The state plan establishes groups of individuals covered under the Medicaid program, services that are provided, payment methodologies, and other administrative and organizational requirements. State Medicaid programs may request from CMS a formal waiver of the requirements codified in the SSA. Federal waivers give states flexibility not afforded through their Medicaid state plan.

In Florida, a large majority of Medicaid recipients receive their services through a managed care plan contracted with the AHCA under the Statewide Medicaid Managed Care (SMMC) program.¹³ Other recipients who are not eligible for managed care, are not subject to mandatory managed care enrollment, or are not yet enrolled in a plan, are provided services directly from health care practitioners or facilities, and in those cases, providers are paid on a fee-for-service (FFS) basis.

SMMC has three components:

- Managed Medical Assistance (MMA), under which the AHCA makes payments for primary and acute medical treatments and related services using a managed care model;
- Long-term Care Managed Care (LTCMC), under which the AHCA makes payments for long-term care, including home and community-based services, using a managed care model; and
- The Medicaid Prepaid Dental Health Program (Prepaid Dental), under which the AHCA makes payments for dental services for children and adults using a managed care model.

SMMC benefits are authorized through federal waivers and are specifically required by the Florida Legislature in ss. 409.973 and 409.98, F.S. SMMC benefits cover primary, acute, preventive, behavioral health, prescribed drugs, long-term care, and dental services.

Medicaid Coverage of Prescribed Drugs

Medicaid managed care plans are required to provide all prescription drugs listed on the AHCA's Florida Medicaid Prescribed Drug List (PDL). As such, AHCA's contracts with the managed

¹² See parts III and IV of ch. 409, F.S., available at:

http://www.leg.state.fl.us/Statutes/index.cfm?App_mode=Display_Statute&URL=0400-0499/0409/0409ContentsIndex.html (last visited March 9, 2023).

¹³ As of January 31, 2023, Florida Medicaid's total enrollment comprised 5,696,638 persons. Eighty-seven percent were enrolled in a Medicaid managed care plan. See:

https://ahca.myflorida.com/medicaid/Finance/data_analytics/enrollment_report/docs/ENR_202301.xls (last visited March 9, 2023).

care plans prevent them implementing their own plan-specific formularies or PDLs and require them to provide a link to the AHCA's Medicaid PDL on their websites.¹⁴

Medicaid covers all U.S. Food and Drug Administration (FDA) approved prescription medications. Section 409.91195, F.S., outlines the development and management of the PDL. The AHCA uses clinical factors and its negotiations with drug manufacturers for monetary rebates when determining drugs to include on the PDL. State-negotiated supplemental rebates, along with federally required rebates, frequently result in discounted prescription cost for brand name drugs, potentially resulting in a cost to the state lower than that of its generic equivalent.¹⁵

Drugs not included on the PDL must be authorized by the AHCA's pharmacy benefit manager (PBM) for Medicaid FFS or a managed care plan prior to being dispensed. Additionally, CMS allows states to cover non-pharmaceutical products under the pharmacy benefit if that product is FDA-approved and has been assigned a National Drug Code (NDC).¹⁶

Medicaid Coverage of Diabetes Equipment and Supplies

Florida Medicaid FFS recipients presently acquire diabetic supplies from a durable medical equipment (DME) provider. DME providers are reimbursed according to an AHCA fee schedule containing fixed payment amounts for all products falling under the same billable codes. Currently, Florida Medicaid covers CGM for recipients younger than 21 years of age; however, the managed care plans can be less restrictive, and some have already elected to cover CGM for adults as an expanded benefit or to provide CGM as a pharmacy benefit.¹⁷

In 2021, Florida Medicaid spent nearly \$40 million on diabetic supplies, including expenditures in the FFS delivery system and SMMC. Nearly half the expense was for glucose test strips, totaling \$19 million for SMMC diabetic enrollees and \$500,000 for FFS recipients. Additional diabetic supplies, such as glucose sensors, transmitters, insulin pumps, needles, lancets, CGM, syringes, glucose meters, and alcohol swabs, accounted for the approximate \$19 million in SMMC diabetic enrollee expenses.¹⁸

Currently, more than 20 other states cover diabetic supplies for both Type 1 and Type 2 diabetes through the pharmacy benefit, thereby collecting rebates from manufacturers of equipment and supplies. Diabetic supplies in these arrangements include CGMs, test strips, lancets, meters, transmitters, and sensors.¹⁹

Diabetes and Medicaid

Approximately 14 percent of Medicaid enrollees nationwide have diabetes. Within the Medicaid population, health care costs for people with diabetes are 1.5 to 4.4 times higher than for those without diabetes. Studies show CGM use is associated with reductions in rates of acute diabetes-

¹⁴ Agency for Health Care Administration, *2023 Agency Legislative Bill Analysis: SB 988*, on files with the Senate Committee on Health Policy.

¹⁵ *Id.*

¹⁶ *Id.*

¹⁷ *Id.*

¹⁸ *Id.*

¹⁹ *Id.*

related events and rates of hospitalization in people with Type 2 diabetes being treated with insulin.²⁰

III. Effect of Proposed Changes:

Section 1 of the bill creates s. 409.9063, F.S. The bill defines “continuous glucose monitor” to mean an instrument or a device designed for the purpose of aiding in the treatment of diabetes by measuring glucose levels on demand or at set intervals through a small, electronic sensor that slightly penetrates a person’s skin when applied and that is designed to remain in place and active for at least seven days.

The bill requires the AHCA, subject to the availability of funds and subject to any limitations or directions provided in the GAA, to provide coverage for a continuous glucose monitor under the Medicaid pharmacy benefit for the treatment of a Medicaid recipient if:

- The recipient has been diagnosed by his or her primary care physician, or another licensed health care practitioner authorized to make such diagnosis, with Type 1 diabetes, Type 2 diabetes, gestational diabetes, or any other type of diabetes that may be treated with insulin; and
- A health care practitioner with the applicable prescribing authority has prescribed insulin to treat the recipient’s diabetes and a continuous glucose monitor to assist the recipient and practitioner in managing the recipient’s diabetes.

The bill requires that CGM coverage includes the cost of any necessary repairs or replacement parts.

To qualify for continued CGM coverage, the bill requires a Medicaid recipient to participate in follow-up care with his or her treating health care practitioner, in person or through telehealth, at least once every six months during the first 18 months after the CGM has first been prescribed to the patient under the bill, to facilitate an assessment of the efficacy of using the monitor for treatment of the recipient’s diabetes. After the first 18 months, such follow-up care must occur at least once every 12 months.

The bill requires the AHCA to seek federal approval, if needed, to implement the bill.

Section 2 of the bill requires the AHCA to include the rate impact of the bill in the Medicaid MMA program and LTCMC program rates, as applicable, that take effect on October 1, 2023.

Section 3 of the bill provides an effective date of October 1, 2023.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

²⁰ Center for Health Care Strategies, *Expanding Medicaid Access to Continuous Glucose Monitors*, January 2022, p. 3, available at: https://www.chcs.org/media/Expanding-Medicaid-Access-to-Continuous-Glucose-Monitors_011222.pdf (last visited March 9, 2023).

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

To the extent the bill provides for Medicaid recipients with diabetes to better manage their conditions and stay healthier, the bill could allow such persons to avoid fiscal disadvantages associated with poor health or the inability to work due to disability caused by long-term complications of diabetes.

C. Government Sector Impact:

The AHCA reports that SB 988 has a fiscal impact since it directs the agency to expand CGM coverage to include adults. The state currently does not cover CGMs for adults aged 21 or older. Thus, there are no Florida Medicaid FFS claims data available for cost projections. However, in state fiscal year 2021-2022, there were 43,924 Medicaid recipients that required diabetic supplies. If five percent of that population were eligible and were prescribed a CGM under the bill, the overall increase in CGM expenditures in state fiscal year 2023-2024 would be approximately \$13,152,603, with \$5,329,435 being the general revenue impact.²¹

The projection above does not account for a reduction in Medicaid health care costs resulting from adult diabetics in the Medicaid program being better able to manage their conditions and stay healthier. It also does not provide an estimate or contemplate a potential dollar amount for the revenue the AHCA will receive by negotiating for rebates from CGM manufacturers in exchange for placement on the state PDL. Those mitigating effects on the bill's fiscal impact are indeterminate.

²¹ *Supra*, note 14

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill creates section 409.9063 of the Florida Statutes.

IX. Additional Information:

- A. **Committee Substitute – Statement of Substantial Changes:**
(Summarizing differences between the Committee Substitute and the prior version of the bill.)

CS by Health Policy on March 13, 2023:

The CS provides that a continuous glucose monitor must be designed to stay in place and remain active for at least seven days after being applied, as opposed to at least 10 days in the underlying bill.

- B. **Amendments:**

None.



312278

LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
03/13/2023	.	
	.	
	.	
	.	

The Committee on Health Policy (Burton) recommended the following:

Senate Amendment

Delete line 30
and insert:
at least 7 days.

By Senator Burton

12-00378B-23

2023988__

A bill to be entitled

An act relating to Medicaid coverage of continuous glucose monitors; creating s. 409.9063, F.S.; defining the term "continuous glucose monitor"; requiring the Agency for Health Care Administration, subject to the availability of funds and certain limitations and directions, to provide coverage for continuous glucose monitors for certain Medicaid recipients; providing construction; providing requirements for Medicaid recipients to continue receiving coverage for their continuous glucose monitors; requiring the agency to seek federal approval for implementation of the act, if needed; requiring the agency to include the rate impact of the act in certain rates that become effective on a specified date; providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. Section 409.9063, Florida Statutes, is created to read:

409.9063 Coverage of continuous glucose monitors for Medicaid recipients.—

(1) As used in this section, the term "continuous glucose monitor" means an instrument or a device designed for the purpose of aiding in the treatment of diabetes by measuring glucose levels on demand or at set intervals through a small, electronic sensor that slightly penetrates a person's skin when applied and that is designed to remain in place and active for

Page 1 of 3

CODING: Words ~~stricken~~ are deletions; words underlined are additions.

12-00378B-23

2023988__

at least 10 days.

(2) Subject to the availability of funds and subject to any limitations or directions provided in the General Appropriations Act, the agency must provide coverage for a continuous glucose monitor under the Medicaid pharmacy benefit for the treatment of a Medicaid recipient if:

(a) The recipient has been diagnosed by his or her primary care physician, or another licensed health care practitioner authorized to make such diagnosis, with Type 1 diabetes, Type 2 diabetes, gestational diabetes, or any other type of diabetes that may be treated with insulin; and

(b) A health care practitioner with the applicable prescribing authority has prescribed insulin to treat the recipient's diabetes and a continuous glucose monitor to assist the recipient and practitioner in managing the recipient's diabetes.

(3) Coverage under this section includes the cost of any necessary repairs or replacement parts for the continuous glucose monitor.

(4) To qualify for continued coverage under this section, the Medicaid recipient must participate in follow-up care with his or her treating health care practitioner, in person or through telehealth, at least once every 6 months during the first 18 months after the first prescription of the continuous glucose monitor for the recipient has been issued under this section, to assess the efficacy of using the monitor for treatment of his or her diabetes. After the first 18 months, such follow-up care must occur at least once every 12 months.

(5) The agency shall seek federal approval, if needed, for

Page 2 of 3

CODING: Words ~~stricken~~ are deletions; words underlined are additions.

12-00378B-23

2023988__

59 the implementation of this section.

60 Section 2. The Agency for Health Care Administration shall
61 include the rate impact of this act in the Medicaid managed
62 medical assistance program and long-term care managed care
63 program rates, as applicable, that take effect on October 1,
64 2023.

65 Section 3. This act shall take effect October 1, 2023.

The Florida Senate

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SB 988

Bill Number or Topic

Amendment Barcode (if applicable)

3/13/23

Meeting Date

Health Policy

Committee

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State

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Speaking: ☐ For ☐ Against ☐ Information**OR**Waive Speaking: ☒ In Support ☐ Against**PLEASE CHECK ONE OF THE FOLLOWING:**☐ I am appearing without
compensation or sponsorship.☒ I am a registered lobbyist,
representing:American Diabetes
Association☐ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

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DUPLICATE

03/13/2023

Meeting Date

Health Policy

Committee

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988

Bill Number or Topic

Amendment Barcode (if applicable)

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Doral

FL

33178

City

State

Zip

Speaking: ☐ For ☐ Against ☐ Information**OR**Waive Speaking: ☒ In Support ☐ Against**PLEASE CHECK ONE OF THE FOLLOWING:**☐ I am appearing without
compensation or sponsorship.☒ I am a registered lobbyist,
representing:

AARP

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SB 988
Bill Number or Topic

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03/13/23
Meeting Date
Health Policy
Committee

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Speaking: ☒ For ☐ Against ☐ Information **OR** Waive Speaking: ☐ In Support ☐ Against

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representing:

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SB 988
Bill Number or Topic

Amendment Barcode (if applicable)

3/13/23
Meeting Date
Health Policy
Committee

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S-001 (08/10/2021)

The Florida Senate
APPEARANCE RECORD

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988

Bill Number or Topic

Amendment Barcode (if applicable)

3/13/2023

Meeting Date

Health Policy

Committee

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PLEASE CHECK ONE OF THE FOLLOWING:

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☒ I am a registered lobbyist,
representing:

Medtronic

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SB 988

Bill Number or Topic

Amendment Barcode (if applicable)

3/13/23

Meeting Date

Health Policy

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☐ I am a registered lobbyist,
representing:

☐ I am not a lobbyist, but received
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S-001 (08/10/2021)

The Florida Senate
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3/13/23

Meeting Date

Health Policy

Committee

SB 988

Bill Number or Topic

Amendment Barcode (if applicable)

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For



Against



Information

OR

Waive Speaking:



In Support



Against

PLEASE CHECK ONE OF THE FOLLOWING:



I am appearing without
compensation or sponsorship.



I am a registered lobbyist,
representing:



I am not a lobbyist, but received
something of value for my appearance
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S-001 (08/10/2021)

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: The Professional Staff of the Committee on Health Policy

BILL: PCS/SB 254 (Barcode 112830)

INTRODUCER: Health Policy Committee, Senators Yarborough, and others

SUBJECT: Treatments for Sex Reassignment

DATE: March 10, 2023

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Brown	Brown	HP	Pre-meeting
2.			FP	

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

PCS/SB 254 creates regulations relating to sex-reassignment prescriptions or procedures, as that term is defined in the bill. The bill:

- Amends statutes relating to the Uniform Child Custody Jurisdiction and Enforcement Act;
- Prohibits the expenditure of state funds by specified entities for sex-reassignment prescriptions or procedures;
- Prohibits sex-reassignment prescriptions or procedures for patients younger than 18 years of age, except that prescription treatments may continue for such patients whose treatment was commenced before, and is still active on, the bill's effective date, under specified parameters;
- Creates requirements for voluntary, informed consent that must be met in order for a patient 18 years of age or older to be treated with sex-reassignment prescriptions or procedures;
- Provides that only allopathic or osteopathic physicians may provide sex-reassignment prescriptions or procedures;
- Creates criminal penalties for the provision of sex-reassignment prescriptions or procedures in violation of the bill's prohibition or requirements;
- Provides that a practitioner who is arrested for the crime of providing sex-reassignment prescriptions or procedures to a patient younger than 18 years of age may have his or her license suspended via emergency order of the Department of Health (DOH); and
- Requires that any hospital, ambulatory surgical center, or physician's office registered for the provision of office surgery, must provide a signed attestation to the Agency for Health Care Administration (AHCA) or the DOH, as applicable, that the facility or office does not offer or provide sex-reassignment prescriptions or procedures for children, except those qualifying

for the exception under the bill, and also does not refer such patients to other providers for those treatments.

The bill provides that if any provision of the bill, once enacted, or its application to any person or circumstance is held invalid, the invalidity does not affect other provisions or applications of the bill, and those other provisions or applications can be given effect without the invalid provision or application, and to this end the provisions of the bill are severable.

The bill takes effect upon becoming a law.

II. Present Situation:

The Uniform Child Custody Jurisdiction and Enforcement Act

Background

Before uniform state custody laws were adopted, it was not uncommon for parents who did not receive legal custody of their children to cross state lines in search of a sympathetic judge who would award them custody. While this approach to “forum shopping” was often successful for parents, it created an awareness that uniform state laws were needed to resolve custody issues. Additionally, and in today’s mobile society, it is not uncommon for parents of a child to live in different states or move from state to state. These issues underscore the need to have a framework that accurately determines which state has the authority to decide custody disputes between competing parents.¹

In recognition of these issues, the Uniform Child Custody Jurisdiction and Enforcement Act, more simply known as the UCCJEA, or the Act, was developed by the Uniform Law Commissioners in 1997. The Act, which has been adopted in each state except Massachusetts, was designed to create uniformity among the states’ dueling child custody statutes.² Florida adopted the Act in 2002.³

The general purposes of the Act are to:

- Avoid jurisdictional competition and conflict with courts of other states in child custody matters.
- Promote cooperation with the courts of other states so that a custody decree is rendered in the state that can best decide the case in the interest of the child.
- Discourage the use of the interstate system for continuing child custody controversies.
- Deter abductions.
- Avoid relitigating custody decisions in one state that have been determined in other states.
- Facilitate the enforcement of custody decrees of other states.

¹ Uniform Law Commission, *Child Custody Jurisdiction and Enforcement Act*, Act Summary, <https://www.uniformlaws.org/committees/community-home?CommunityKey=4cc1b0be-d6c5-4bc2-b157-16b0baf2c56d#:~:text=The%20Uniform%20Child%20Custody%20Jurisdiction,provisions%20for%20child%20custody%20orders>. The predecessor to the act was the Uniform Child Custody Jurisdiction Act, created in 1968. (last visited March 10, 2023).

² *Id.*

³ Ch. 2002-65, s. 5, Laws of Fla. The Act is contained in ss. 61.501 – 61.542, F.S.

- Promote and increase the exchange of information and mutual assistance between this state's courts and other state courts concerning the same child.
- Make uniform law among the states that enact the model law.⁴

Home State Priority

The Act resolves the basic principle of which state has initial jurisdiction to resolve a child custody dispute. Under the provisions of the Act, the home state of the child is given priority and the first opportunity to accept jurisdiction of the case. Any other state involved in the proceedings must defer to the home state, if a home state is determined.⁵

An Alternative to Home State Priority – Temporary Emergency Jurisdiction

While the home state is given priority in establishing jurisdiction under the Act, that jurisdiction is not necessarily exclusive. The Act recognizes unique circumstances under which a state, other than the home state, may also establish jurisdiction. Section 61.517, F.S., for example, provides authority for a court in this state to take temporary emergency jurisdiction in order to protect a child even when it is not the home state and does not have significant connection jurisdiction.

Pursuant to s. 61.517, F.S., a state court has temporary emergency jurisdiction if the child is present in this state and:

- The child has been abandoned; or
- It is necessary in an emergency to protect the child because the child, or a sibling or parent of the child, is subjected to or threatened with mistreatment or abuse.

According to comment notes developed by the drafters of the model act in 1997, temporary emergency jurisdiction may only be taken for the amount of time needed to secure the affected person's safety, whether that is the child, a sibling, or parent. Temporary emergency jurisdiction may "ripen" into what amounts to continuing jurisdiction over a case, but only when no other state capable of asserting continuing jurisdiction is determined, or if that state declines to accept jurisdiction.⁶

Managing Entities

The Department of Children and Families (DCF) administers a statewide system of safety-net services for substance abuse and mental health (SAMH) prevention, treatment, and recovery for children and adults who are otherwise unable to obtain these services. SAMH programs include a range of prevention, acute interventions (e.g. crisis stabilization), residential treatment,

⁴ Section 61.502, F.S.

⁵ Uniform Law Commission, *Child Custody Jurisdiction and Enforcement Act: Summary, Home State Priority*, <https://www.uniformlaws.org/committees/community-home?CommunityKey=4cc1b0be-d6c5-4bc2-b157-16b0baf2c56d#:~:text=The%20Uniform%20Child%20Custody%20Jurisdiction,provisions%20for%20child%20custody%20orders> (last visited March 10, 2023).

⁶ Uniform Law Commission, *Child Custody Jurisdiction and Enforcement Act, Act Summary, Temporary Emergency Jurisdiction*, <https://www.uniformlaws.org/committees/community-home?CommunityKey=4cc1b0be-d6c5-4bc2-b157-16b0baf2c56d#:~:text=The%20Uniform%20Child%20Custody%20Jurisdiction,provisions%20for%20child%20custody%20orders>.

transitional housing, outpatient treatment, and recovery support services. Services are provided based upon state and federally-established priority populations.⁷

In 2001, the Legislature authorized the DCF to implement behavioral health managing entities (ME) as the management structure for the delivery of local mental health and substance abuse services.⁸ The implementation of the ME system initially began on a pilot basis and, in 2008, the Legislature authorized the DCF to implement MEs statewide.⁹ Full implementation of the statewide managing entity system occurred in 2013, and all geographic regions are now served by a managing entity.¹⁰

DCF Duties

The DCF must also comply with duties with respect to the MEs, including, in part, to:

- Contract and conduct readiness reviews;
- Specify data reporting requirements and use of shared data systems;
- Define the priority populations that will receive care coordination;
- Support the development and implementation of a coordinated system of care;
- Contract to support efficient and effective administration and ensure accountability for performance; and¹¹
- Periodically review contract and reporting requirements and reduce costly, duplicative, and unnecessary administrative requirements.¹²

Contracted MEs

The MEs are required to comply with various statutory duties, including, in part, to:

- Maintain a governing board;
- Promote and support care coordination;¹³
- Develop a comprehensive list of qualified providers;
- Monitor network providers' performances;
- Manage and allocate funds for services in accordance with federal and state laws, rules, regulations and grant requirements; and
- Operate in a transparent manner, providing access to information, notice of meetings, and opportunities for public participation in ME decision making.¹⁴

Florida Medicaid Managed Care Plans

In Florida, a large majority of Medicaid recipients receive their services through a managed care plan contracted with the AHCA under the Statewide Medicaid Managed Care (SMMC)

⁷ See chs. 394 and 397, F.S.

⁸ Chapter 2001-191, L.O.F.

⁹ Chapter 2008-243, L.O.F.

¹⁰ Florida Tax Watch, *Analysis of Florida's Behavioral Health Managing Entity Models*, p. 4, March 2015, available at <https://floridatxwatch.org/Research/Full-Library/ArtMID/34407/ArticleID/15758/Analysis-of-Floridas-Behavioral-Health-Managing-Entities-Model> (last visited March 9, 2023).

¹¹ Section 394.9082(7), F.S., details the performance measurements and accountability requirements of MEs.

¹² Section 394.9082(3), F.S.

¹³ Section 394.9082(6), F.S., sets out the network accreditation and systems coordination agreement requirements.

¹⁴ Section 394.9082(5), F.S.

program.¹⁵ SMMC benefits are authorized through federal waivers and are specifically required by the Florida Legislature in ss. 409.973 and 409.98, F.S. SMMC benefits cover primary, acute, preventive, behavioral health, prescribed drugs, long-term care, and dental services.

Hospitals

Hospitals are regulated by the AHCA under ch. 395, F.S., and the general licensure provisions of part II, of ch. 408, F.S. Hospitals offer a range of health care services with beds for use beyond 24 hours by individuals requiring diagnosis, treatment, or care.¹⁶ Hospitals must make regularly available at least clinical laboratory services, diagnostic X-ray services, and treatment facilities for surgery or obstetrical care, or other definitive medical treatment.¹⁷

The AHCA must maintain an inventory of hospitals with an emergency department.¹⁸ The inventory must list all services within the capability of each hospital, and such services must appear on the face of the hospital's license. As of March 2, 2023, there are 323 licensed hospitals in the state.¹⁹

Section 395.1055, F.S., authorizes the AHCA to adopt rules for hospitals. Separate standards may be provided for general and specialty hospitals.²⁰ The rules for general and specialty hospitals must include minimum standards to ensure:

- A sufficient number of qualified types of personnel and occupational disciplines are on duty and available at all times to provide necessary and adequate patient care;
- Infection control, housekeeping, sanitary conditions, and medical record procedures are established and implemented to adequately protect patients;
- A comprehensive emergency management plan is prepared and updated annually;
- Licensed facilities are established, organized, and operated consistent with established standards and rules; and
- Licensed facility beds conform to minimum space, equipment, and furnishing standards.²¹

The minimum standards for hospital licensure are contained in Chapter 59A-3, F.A.C.

Ambulatory Surgical Centers (ASC)

An ASC is a facility that is not a part of a hospital, the primary purpose of which is to provide elective surgical care, in which the patient is admitted and discharged within 24 hours.²² ASCs are licensed and regulated by the AHCA under the same regulatory framework as hospitals, and

¹⁵ As of January 31, 2023, Florida Medicaid's total enrollment comprised 5,696,638 persons. Eighty-seven percent were enrolled in a Medicaid managed care plan. See: https://ahca.myflorida.com/medicaid/Finance/data_analytics/enrollment_report/docs/ENR_202301.xls (last visited March 9, 2023).

¹⁶ Section 395.002(12), F.S.

¹⁷ *Id.*

¹⁸ Section 395.1041(2), F.S.

¹⁹ Agency for Health Care Administration, Florida Health Finder Report, available at <https://quality.healthfinder.fl.gov/facilitylocator/ListFacilities.aspx>, (reports generated on Mar. 3, 2023).

²⁰ Section 395.1055(2), F.S.

²¹ Section 395.1055(1), F.S.

²² Section 395.002(3), F.S.

the AHCA is authorized to adopt rules specifically for ASCs.^{23,24} Currently, there are 501 licensed ASCs in Florida.²⁵

Applicants for ASC licensure must submit information detailed in Rule 59A-5.003, F.A.C., to the AHCA prior to accepting patients for care or treatment. Upon receipt of an initial application, the AHCA is required to conduct a survey to determine compliance with all laws and rules.

ASCs are required to provide certain information during the initial inspection, including:

- Governing body bylaws, rules, and regulations;
- Medical staff bylaws, rules, and regulations;
- A roster of medical staff members;
- The ASC's nursing procedures manual;
- A roster of registered nurses and licensed practical nurses with current license numbers;
- A fire plan; and
- The comprehensive Emergency Management Plan.²⁶

The minimum standards for ASCs are contained in Chapter 59A-5, F.A.C.

Florida's Board of Medicine

The Board of Medicine (BOM) is the state's regulatory board for licensed medical doctors, also known as allopathic physicians. The BOM is composed of 15 members appointed by the Governor and confirmed by the Senate for four year terms who serve until their successors are appointed. Twelve members of the BOM must be licensed physicians in good standing who are state residents and who have been engaged in the active practice or teaching of medicine for at least four years immediately preceding their appointment. One of the physicians must be on the full-time faculty of a medical school in Florida. One physician must be in private practice and a full-time staff member of a statutory teaching hospital in Florida.²⁷ One physician must be a graduate of a foreign medical school. One member must be a health care risk manager. One member must be age 60 or older. The remaining three members must be residents of Florida who are not, and never have been, licensed health care practitioners.²⁸

Florida's Board of Osteopathic Medicine

The Board of Osteopathic Medicine (BOOM) is the state's regulatory board for osteopathic physicians. The BOOM is composed of seven members appointed by the Governor and confirmed by the Senate. Five members of the board must be licensed osteopathic physicians in good standing who are Florida residents and who have been engaged in the practice of osteopathic medicine for at least four years immediately prior to their appointment. At least one

²³ Section 395.1055, F.S.

²⁴ Sections 395.001-1065, F.S., and Part II, Chapter 408, F.S.

²⁵ Agency for Health Care Administration, Florida Health Finder Report, available at <https://quality.healthfinder.fl.gov/facilitylocator/ListFacilities.aspx>, (reports generated on Mar. 3, 2023).

²⁶ Rule 59A-5.003(5), F.A.C.

²⁷ See s. 408.07, F.S.

²⁸ Section 458.307, F.S.,

member of the BOOM must be 60 years of age or older. The two members must be citizens of the state who are not, and have never been, licensed health care practitioners.²⁹

Office Surgeries

In Florida, surgeries performed in a doctor's office, are regulated under ss. 458.328 and 459.0138, F.S. Both sections are identical except for the references to the BOM or the BOOM.

Both statutes require that a physician who performs liposuction procedures in which more than 1,000 cubic centimeters of supernatant fat is removed, Level II surgical procedures, and Level III surgical procedures in an office setting, to register the doctor's office with the DOH, unless that office is licensed as a facility under ch. 395, F.S.

Level II procedures and Level III procedures are not defined in the Florida Statutes, but the respective boards have defined three levels of office surgery by administrative rule.³⁰ A physician may only perform a procedure or surgery identified in ss. 458.328(1)(a) or 459.0138(1)(a), F.S., in an office that is registered with the DOH. The applicable board must impose a fine of \$5,000 a day on a physician who performs a procedure or surgery in an office that is not registered.

As a condition of registration, each office, and each physician practicing at the office, must establish financial responsibility by demonstrating that he or she has met and continues to maintain, at a minimum, the same requirements applicable to physicians in ss. 458.320 and 459.0085, F.S., as applicable. Each registered office must designate a physician who is responsible for the office's compliance with the office health and safety requirements.

The DOH may suspend or revoke the registration of an office in which a procedure or surgery is performed and any of the office's physicians, owners, or operators have failed register or comply with the requirements of ss. 458.238 and 459.0138, F.S. or rules adopted thereunder.

The DOH is required to inspect a registered doctor's office annually unless the office is accredited by a nationally-recognized accrediting agency or an accrediting organization approved by the BOM or the BOOM. The actual costs of registration, inspection, and/or accreditation are to be paid by the person seeking to register and operate the office in which office surgeries are performed. All other aspects of office surgeries are regulated by administrative rules promulgated by the BOM and the BOOM.

Disorders of Sexual Development

Disorders of sexual development (DSD) encompass a group of congenital conditions associated with atypical development of internal and external genital structures. These conditions can be associated with variations in genes, developmental programming, and hormones. Affected individuals may be recognized at birth due to ambiguity of the external genitalia. Others may

²⁹ Section 459.004, F.S.

³⁰ See Fla. Admin. Code R. 64B8-9.009 and 64B15-14.007,(2022).

present later with postnatal virilization, delayed/absent puberty, or infertility. The estimated frequency of genital ambiguity is reported to be in the range of 1 to 2000 to 1 to 4500.³¹

Treatments for Sex Reassignment in Minors

There are currently no prohibitions or regulations in the Florida Statutes specifically pertaining to health care practitioners treating minors for sex reassignment, including hormone therapy, surgery, facial hair removal, interventions for the modification of speech and communication, and behavioral adaptations such as genital tucking or packing, or chest binding.³²

Definitions

The American Academy of Pediatrics (AAP), in a policy statement relating to the care and treatment of gender dysphoric children and youth, defines “sex” as a label, generally “male” or “female,” that is typically assigned at birth on the basis of genetic and anatomic characteristics, such as genital anatomy, chromosomes, and sex hormone levels.³³

According to the American Psychiatric Association (APA), some people will experience “gender dysphoria,” which refers to psychological distress that results from an incongruence between one’s sex assigned at birth and one’s gender identity. Though gender dysphoria often begins in childhood, some people may not experience it until after puberty or much later. The APA defines “gender dysphoria” as a clinical symptom that is characterized by a sense of alienation to some or all of the physical characteristics or social roles of one’s assigned gender; with a psychiatric diagnosis in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR),³⁴ which has its focus on the distress that stems from the incongruence between one’s expressed or experienced gender and the birth gender.

People with gender dysphoria may pursue multiple types of interventions or treatments, including social affirmation (e.g., changing one’s name and pronouns), legal affirmation (e.g., changing gender markers on one’s government-issued documents), medical affirmation (e.g., pubertal suppression or sex-reassignment hormones), and/or surgery (e.g., vaginoplasty, facial feminization surgery, breast augmentation, masculine chest reconstruction, etc.).

³¹ Hughes IA, Nihoul-Fékété C, Thomas B, et al. Consequences of the ESPE/LWPES guidelines for diagnosis and treatment of disorders of sex development. *Best Practice Research Clinical Endocrinology Metabolism*. Vol. 21, pp. 351–65. [PubMed: 17875484] <https://www.clinicalkey.com/#!/content/playContent/1-s2.0-S1521690X07000553?returnurl=null&referrer=null>

³² Deutsch, Madeline B., M.D., M.P.H., Editor; Guidelines for the Primary Care of Transgender and Gender Nonbinary People, Medical Director, UCSF Gender Affirming Health Program Professor of Clinical Family and Community Medicine; University of California, San Francisco, *Overview of gender-affirming treatments and procedures*, available at <https://transcare.ucsf.edu/guidelines/overview> (last visited Mar. 6, 2023).

³³ The American Academy of Pediatrics, PEDIATRIC, Vol. 142, (4), Oct. 2018, *Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents*, available at <https://publications.aap.org/pediatrics/article/142/4/e20182162/37381/Ensuring-Comprehensive-Care-and-Support-for-autologincheck=redirected> (last visited Mar. 6, 2023).

³⁴ Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR). American Psychiatric Association. 2022.

Diagnosis of Gender Dysphoria

The DSM-5-TR provides for one overarching diagnosis for gender dysphoria with separate specific criteria for children and for adolescents and adults.³⁵

Gender Dysphoria in Adolescents

The DSM-5-TR defines gender dysphoria in adolescents and adults as a marked incongruence between one's experienced/expressed gender and their assigned gender, lasting at least six months, as manifested by at least two of the following:

- A marked incongruence between one's experienced or expressed gender and primary and/or secondary sex characteristics (or in young adolescents, the anticipated secondary sex characteristics);
- A strong desire to be rid of one's primary and/or secondary sex characteristics because of a marked incongruence with one's experienced/expressed gender (or in young adolescents, a desire to prevent the development of the anticipated secondary sex characteristics);
- A strong desire to have the primary and/or secondary sex characteristics of the other gender;
- A strong desire to be of the other gender (or some alternative gender different from one's assigned gender);
- A strong desire to be treated as the other gender (or some alternative gender different from one's assigned gender); or
- A strong conviction that one has the typical feelings and reactions of the other gender (or some alternative gender different from one's assigned gender).^{36,37}

In order to meet criteria for the diagnosis, the condition must also be associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning.³⁸

Gender Dysphoria in Children

The DSM-5-TR defines gender dysphoria in children as a marked incongruence between one's experienced or expressed gender and assigned gender, lasting at least six months, as manifested by at least six of the following (one of which must be the first criterion):

- A strong desire to be of the other gender or an insistence that one is the other gender (or some alternative gender different from one's assigned gender);
- In boys, a strong preference for cross-dressing or simulating female attire; or in girls, a strong preference for wearing only typical masculine clothing and a strong resistance to the wearing of typical feminine clothing;
- A strong preference for cross-gender roles in make-believe play or fantasy play;

³⁵ Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR). American Psychiatric Association. 2022.

³⁶ *Id.*

³⁷ Hembree, W. C., Cohen-Kettenis, P. T., Gooren, L., Hannema, S. E., Meyer, W. J., Murad, M. H., ... & T'Sjoen, G. G., The Journal of Clinical Endocrinology & Metabolism, 102(11), 3869-3903. (2017), *Endocrine treatment of gender-dysphoric/gender-incongruent persons: an endocrine society clinical practice guideline*, available at <https://academic.oup.com/jcem/article/102/11/3869/4157558> (last visited Mar. 4, 2023).

³⁸ *Id.*

- A strong preference for the toys, games, or activities stereotypically used or engaged in by the other gender;
- A strong preference for playmates of the other gender;
- In boys, a strong rejection of typically masculine toys, games, and activities and a strong avoidance of rough-and-tumble play; or in girls, a strong rejection of typically feminine toys, games, and activities;
- A strong dislike of one's own sexual anatomy; or
- A strong desire to have the physical sex characteristics that match one's experienced gender.

As with the diagnostic criteria for adolescents and adults, the condition must also be associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning.³⁹

Sex Reassignment Treatment for Minors

Behavioral Health Therapy for Minors

Behavioral health therapy may include open-ended exploration of feelings and experiences of gender identity and expression, without the therapist having any pre-defined gender identity or expression outcome defined as preferable to another. According to the AAP, such treatment is best facilitated through the integration of medical, mental health, and social services, including specific resources and supports for parents and families.⁴⁰

Medical Treatment for Minors

According to the AAP policy statement, medical treatment for gender dysphoria involves decisions about whether to and when to initiate treatment and careful consideration of risks, benefits, and other factors unique to each patient and family. Many protocols suggest that clinical assessment of youth diagnosed as gender dysphoric is ideally conducted on an ongoing basis in the setting of a collaborative, multidisciplinary approach, which, in addition to the patient and family, may include the pediatric provider, a mental health provider, social and legal supports, and a pediatric endocrinologist or adolescent-medicine gender specialist, if available.⁴¹

According to the APA, medical treatment may include pubertal suppression for adolescents with gender dysphoria, and sex reassignment hormones like estrogen and testosterone for older

³⁹ Hembree, W. C., Cohen-Kettenis, P. T., Gooren, L., Hannema, S. E., Meyer, W. J., Murad, M. H., ... & T'Sjoen, G. G., The Journal of Clinical Endocrinology & Metabolism, 102(11), 3869-3903. (2017), *Endocrine treatment of gender-dysphoric/gender-incongruent persons: an endocrine society clinical practice guideline*, available at <https://academic.oup.com/jcem/article/102/11/3869/4157558> (last visited Mar. 4, 2023).

⁴⁰ The American Academy of Pediatrics, PEDIATRIC, Vol. 142, (4), Oct. 2018, *Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents*, available at <https://publications.aap.org/pediatrics/article/142/4/e20182162/37381/Ensuring-Comprehensive-Care-and-Support-for?autologincheck=redirected> (last visited Mar. 6, 2023).

⁴¹ The American Academy of Pediatrics, PEDIATRIC, Vol. 142, (4), Oct. 2018, *Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents*, available at <https://publications.aap.org/pediatrics/article/142/4/e20182162/37381/Ensuring-Comprehensive-Care-and-Support-for?autologincheck=redirected> (last visited Mar. 6, 2023).

adolescents and adults,⁴² but should only be started following the updated American Association of Clinical Endocrinologists (AACE) clinical practice guidelines published in 2017,⁴³ which is supported by the American Association of Clinical Endocrinologists, American Society of Andrology, European Society for Pediatric Endocrinology, European Society of Endocrinology, Pediatric Endocrine Society, and World Professional Association for Transgender Health, and which includes specific and extensive guidelines.⁴⁴

Puberty Suppressing Medications

The AACE does not recommend hormone treatment for prepubertal gender dysphoric or gender-incongruent persons. Clinicians who recommend such endocrine treatments must be appropriately trained diagnosing clinicians or a mental health provider for adolescents.⁴⁵

Under the AACE clinical practice guidelines, adolescents are eligible for puberty suppressing hormone treatment if:

- A qualified mental health professional (MHP)⁴⁶ has confirmed that:
 - The adolescent has demonstrated a long-lasting and intense pattern of gender nonconformity or gender dysphoria that worsened with the onset of puberty;
 - Any coexisting psychological, medical, or social problems that could interfere with treatment have been addressed, such that the adolescent's situation and functioning are stable enough to start treatment; and
 - The adolescent has sufficient mental capacity to give informed consent to this treatment; and
- The adolescent:
 - Has been informed of the effects and side effects of treatment (including potential loss of fertility if the individual subsequently continues with sex hormone treatment) and options to preserve fertility; and

⁴² Turban, Jack, M.D., M.H.S., The American Psychiatric Association, *What is Gender Dysphoria?* Aug. 2022, available at <https://www.psychiatry.org/patients-families/gender-dysphoria/what-is-gender-dysphoria#:~:text=Gender%20dysphoria%3A%20A%20concept%20designated,and%20For%20secondary%20sex%20characteristics>. (last visited Mar. 4, 2023).

⁴³ Hembree, W. C., Cohen-Kettenis, P. T., Gooren, L., Hannema, S. E., Meyer, W. J., Murad, M. H., & T'Sjoen, G. G., The Journal of Clinical Endocrinology & Metabolism, *Endocrine treatment of gender-dysphoric/gender-incongruent persons: an endocrine society clinical practice guidelines*, Vol. 102, (11), 3869-3903 (Sept. 11, 2017) available at <https://academic.oup.com/jcem/article/102/11/3869/4157558?login=false> (last visited Mar. 4, 2023).

⁴⁴ *Id.*

⁴⁵ Hembree, W. C., Cohen-Kettenis, P. T., Gooren, L., Hannema, S. E., Meyer, W. J., Murad, M. H., & T'Sjoen, G. G., The Journal of Clinical Endocrinology & Metabolism, *Endocrine treatment of gender-dysphoric/gender-incongruent persons: an endocrine society clinical practice guidelines*, Vol. 102, (11), 3869-3903 (Sept. 11, 2017) available at <https://academic.oup.com/jcem/article/102/11/3869/4157558?login=false> (last visited Mar. 4, 2023).

⁴⁶ The AACE clinical practice guidelines, advise that only qualified mental health professionals (MHPs) who meet the following criteria should diagnose gender dysphoria or gender incongruence in children and adolescents: Training in child and adolescent developmental psychology and psychopathology; Competence in using the DSM and/or the ICD for diagnostic purposes; The ability to make a distinction between gender dysphoria or gender incongruence and conditions that have similar features (e.g., body dysmorphic disorder); Training in diagnosing psychiatric conditions; The ability to undertake or refer for appropriate treatment; The ability to psychosocially assess the person's understanding and social conditions that can impact sex reassignment hormone therapy; A practice of regularly attending relevant professional meetings; and Knowledge of the criteria for puberty blocking and sex reassignment hormone treatment in adolescents.

- Has given informed consent and (particularly when the adolescent has not reached the age of legal medical consent, depending on applicable laws) the parents or other caretakers or guardians have consented to the treatment and are involved in supporting the adolescent throughout the treatment process; and
- A pediatric endocrinologist or other clinician experienced in pubertal assessment:
 - Agrees with the indication for puberty blocking hormone treatment;
 - Has confirmed that puberty has started in the adolescent; and
 - Has confirmed that there are no medical contraindications to puberty suppressing hormone treatment.

The AAP approves of the use of reversible puberty-suppressing hormones in adolescents who experience gender dysphoria to prevent development of secondary sex characteristics and provide time, up until age 16, for the individual and the family to explore gender identity, access psychosocial supports, develop coping skills, and further define appropriate treatment goals. If pubertal suppression treatment is suspended, then endogenous puberty will resume.⁴⁷

Side Effects of Puberty Suppressive Therapy

There is emerging evidence of potential harm from using puberty blockers, according to reviews of scientific papers and interviews with more than 50 doctors and academic experts around the world.⁴⁸

The drugs suppress estrogen and testosterone, hormones that help develop the reproductive system but also affect the bones, the brain and other parts of the body. During puberty, bone mass typically surges, determining a lifetime of bone health. When adolescents are using blockers, bone density growth stops, on average, according to an analysis commissioned by The New York Times of observational studies examining the effects.⁴⁹

Many doctors treating minors for gender dysphoria believe their patients will recover that loss when they go off blockers. But, two studies from the analysis that tracked patients' bone strength while using blockers, and through the first years of sex hormone treatment, found that many do not fully rebound and lag behind their peers.⁵⁰

That could lead to heightened risk of debilitating fractures earlier than would be expected from normal aging – in their 50s instead of 60s – and more immediate harm for patients who start treatment with already weak bones, experts say.

Many physicians in the U.S. and elsewhere are prescribing blockers to patients at the first stage of puberty – as early as age 8 – and allowing them to progress to sex hormones as soon as 12 or 13. Starting treatment at young ages, they believe, helps patients become better aligned

⁴⁷ The American Academy of Pediatrics, PEDIATRIC, Vol. 142, (4), Oct. 2018, *Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents*, available at <https://publications.aap.org/pediatrics/article/142/4/e20182162/37381/Ensuring-Comprehensive-Care-and-Support-for?autologincheck=redirected> (last visited Mar. 6, 2023).

⁴⁸ The New York Times, *They Paused Puberty, but Is There a Cost?*, Nov. 14, 2022, available at: <https://www.nytimes.com/2022/11/14/health/puberty-blockers-transgender.html> (last visited Mar. 10, 2023).

⁴⁹ *Id.*

⁵⁰ *Id.*

physically with their gender identity and helps protect their bones. But, that could force life-altering choices, other doctors warn, before patients know who they really are. Puberty can help clarify gender, the doctors say, for some adolescents reinforcing their sex at birth, and for others confirming that they are gender dysphoric.⁵¹

In October 2022, England’s National Health Service proposed restricting use of the drugs for gender dysphoric youths to research settings. Sweden and Finland have also placed limits on the treatment, concerned not just with the risk of blockers, but the steep rise in young patients, the psychiatric issues that many exhibit, and the extent to which their mental health should be assessed before treatment.⁵²

A full accounting of puberty blockers’ risk to bones is not possible. While the Endocrine Society recommends baseline bone scans and then repeat scans every one to two years for gender dysphoric youths, the World Professional Association for Transgender Health and the AAP provide little guidance about whether to do so. Some doctors require regular scans and recommend calcium and exercise to help to protect bones; others do not. Because most treatment is provided outside of research studies, there’s little public documentation of outcomes.⁵³

But it’s increasingly evident that the drugs are associated with deficits in bone development. During the teen years, bone density typically surges by about 8 to 12 percent a year. The analysis commissioned by The New York Times examined seven studies from the Netherlands, Canada and England involving about 500 gender dysphoric teens from 1998 through 2021. Researchers observed that while on puberty blockers, the teens did not gain any bone density, on average, and lost significant ground compared to their peers, according to the analysis by researchers at McMaster University in Canada.⁵⁴

If any harm resulted from the use of puberty blockers, it likely would not be evident until decades later, with fractures. However, for children who already have weak bones as they start treatment, the dangers could be more immediate. While there is no systematic record-keeping of such cases, some anecdotal evidence is available.⁵⁵

Medical Risks Associated with Hormone Therapy for Adolescents

According to the AACE clinical practice guidelines, males seeking to transition to female with estrogen, have a very high risk of developing thromboembolic⁵⁶ side effects. Males transitioning to female also have a moderate risk of developing the following adverse outcomes:⁵⁷

- Macroprolactinoma;⁵⁸

⁵¹ *Id.*

⁵² *Id.*

⁵³ *Id.*

⁵⁴ *Id.*

⁵⁵ *Id.*

⁵⁶ “Thromboembolic” side effects refer to blood clots in the veins. Merriam Webster Dictionary, available at <https://www.merriam-webster.com/dictionary/thromboembolism> (last visited Mar. 6, 2023).

⁵⁷ Hembree, W. C., Cohen-Kettenis, P. T., Gooren, L., Hannema, S. E., Meyer, W. J., Murad, M. H., & T’Sjoen, G. G., The Journal of Clinical Endocrinology & Metabolism, *Endocrine treatment of gender-dysphoric/gender-incongruent persons: an endocrine society clinical practice guidelines*, Vol. 102, (11), 3869-3903 (Sept. 11, 2017) available at <https://academic.oup.com/jcem/article/102/11/3869/4157558?login=false> (last visited Mar. 4, 2023).

⁵⁸ Macroprolactinoma is a rare tumor with increasing incidence in young people and men, whose biological behavior seems to be more aggressive. Clinically, it manifests in the form of visual disturbances and/or headaches due to the compressive

- Breast cancer;
- Coronary artery disease;
- Cerebrovascular disease;
- Cholelithiasis⁵⁹; or
- Hypertriglyceridemia.⁶⁰

According to the AACE clinical practice guidelines, females seeking to transition to male with testosterone, have a very high risk of experiencing erythrocytosis⁶¹ and a moderate risk of the following adverse reactions:

- Severe liver dysfunction;
- Coronary artery disease;
- Cerebrovascular disease;
- Hypertension; or
- Breast or uterine cancer.⁶²

Sexual Reassignment Surgeries

A wide range of surgeries are available. Those include surgeries specific to sex reassignment, as well as procedures commonly performed for purposes unrelated to sex reassignment. Surgeries specific to sex reassignment include:⁶³

- Feminizing vaginoplasty;
- Masculinizing phalloplasty and scrotoplasty;
- Metoidioplasty;⁶⁴
- Masculinizing chest surgery (“top surgery”);
- Facial feminization procedures;
- Reduction thyrochondroplasty (tracheal cartilage shave); and
- Voice surgery.

effect of the tumor and symptoms arising from the hyperprolactinemia. Iglesias, J.J. Diez, QJM: An International Journal of Medicine, Volume 106, (6), pp. 495–504, Jan. 16, 2013, available at <https://academic.oup.com/qjmed/article/106/6/495/1538299> (last visited Mar. 6, 2023).

⁵⁹ Cholelithiasis means production of gallstones, Merriam Webster Dictionary, available at <https://www.merriam-webster.com/dictionary/cholelithiasis> (last visited Mar. 6, 2023).

⁶⁰ Hypertriglyceridemia is a condition in which triglyceride levels (fats) are elevated in your blood. The Cleveland Clinic, *What is Hypertriglyceridemia?* available at <https://my.clevelandclinic.org/health/diseases/23942-hypertriglyceridemia> (last visited Mar. 6, 2023).

⁶¹ Erythrocytosis is having a high concentration of red blood cells. Your levels may be high for many reasons. Some causes, like dehydration, are less concerning than others, like polycythemia vera, a serious blood disorder. Getting diagnosed and receiving treatment can prevent complications associated with erythrocytosis, like life-threatening blood clots. The Cleveland Clinic, *Erythrocytosis*, available at <https://my.clevelandclinic.org/health/diseases/23468-erythrocytosis> (last visited Mar. 6, 2023).

⁶² Hembree, W. C., Cohen-Kettenis, P. T., Gooren, L., Hannema, S. E., Meyer, W. J., Murad, M. H., & T’Sjoen, G. G., The Journal of Clinical Endocrinology & Metabolism, *Endocrine treatment of gender-dysphoric/gender-incongruent persons: an endocrine society clinical practice guidelines*, Vol. 102, (11), 3869-3903 (Sept. 11, 2017) available at <https://academic.oup.com/jcem/article/102/11/3869/4157558?login=false> (last visited Mar. 4, 2023).

⁶³ Deutsch, Madeline B., M.D., M.P.H., Editor; Guidelines for the Primary Care of Transgender and Gender Nonbinary People, Medical Director, UCSF Gender Affirming Health Program Professor of Clinical Family and Community Medicine; University of California, San Francisco, *Supporting Evidence For Providing Gender-Affirming Treatments And Procedures* available at: <https://transcare.ucsf.edu/guidelines/overview> (last visited Mar. 6, 2023).

⁶⁴ See <https://my.clevelandclinic.org/health/treatments/21668-metoidioplasty> (last visited Mar. 10, 2023).

According to the AAP policy statement and the 2017 AACE clinical practice guidelines, these surgeries are typically performed on adults, although adolescents may be considered on a case by case basis. Eligibility criteria for surgical interventions among adolescents are not clearly defined between established protocols and practice. Eligibility is to be determined on a case-by-case basis with the adolescent and the family, along with input from medical, mental health, and surgical providers.

Federal Position on Sex Reassignment Medical Treatment

On May 25, 2021, the U.S. Department of Health and Human Services (HHS) published a notification consistent with the U.S. Supreme Court's decision in *Bostock v. Clayton County*⁶⁵ that HHS would interpret and enforce s. 1557 of the Affordable Care Act (ACA) to prohibiting discrimination on the basis of sex to include:

- Discrimination on the basis of sexual orientation; and
- Discrimination on the basis of gender identity.⁶⁶

Section 1557 of the ACA prohibits discrimination on the bases of race, color, national origin, sex, age, and disability in covered health programs or activities.⁶⁷ The HHS interpretation guides the Office for Civil Rights (OCR) in processing complaints and conducting investigations but does not itself determine the outcome in any particular case or set of facts.

On March 2, 2022, HHS issued additional guidance, indicating that s. 1557 of the ACA prohibits health care programs that are federally funded from discriminating against patients on the basis of sex and prohibits federally funded entities from restricting an individual's ability to receive medically necessary health care, including sex reassignment treatment, on the basis of birth sex or gender identity, based on *Bostock*.⁶⁸

⁶⁵ *Bostock v. Clayton County*, 590 U.S. ____; 140 S. Ct. 1731; 207 L. Ed. 2d 218; 2020 WL 3146686; 2020 U.S. LEXIS 3252 (2020). On June 15, 2020, the U.S. Supreme Court held that everyone in every state in the country who works at or applies for a job with an employer that has at least 15 employees is protected under federal law against employment discrimination based on sexual orientation or gender identity.

⁶⁶ National Archives and records administration, Federal Register, *Notification of Interpretation and Enforcement of Section 1557 of the Affordable Care Act and Title IX of the Education Amendments of 1972*, available at <https://www.federalregister.gov/documents/2021/05/25/2021-10477/notification-of-interpretation-and-enforcement-of-section-1557-of-the-affordable-care-act-and-title-ix-of-the-education-amendments-of-1972>, last visited Mar. 3, 2023).

⁶⁷ 42 U.S.C. 18116(a), which states: An individual shall not, on the ground prohibited under title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000D et seq.), title IX of the Education Amendments of 1972 (20 U.S.C. 1681 et seq.), the Age Discrimination Act of 1975 (42 U.S.C. 6101 et seq.), or SECTION 794 OF TITLE 29, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under, any health program or activity, any part of which is receiving Federal financial assistance, including credits, subsidies, or contracts of insurance, or under any program or activity that is administered by an Executive Agency or any entity established under this title 1 (or amendments). The enforcement mechanisms provided for and available under such title VI, title IX, section 794, or such Age Discrimination Act shall apply for purposes of violations of this subsection.

⁶⁸ U.S. Department Of Health And Human Services, Office for Civil Rights, *HHS Notice and Guidance on Gender Affirming Care, Civil Rights, and Patient Privacy*, March 2, 2022, available at <https://www.hhs.gov/sites/default/files/hhs-ocr-notice-and-guidance-gender-affirming-care.pdf> (last visited Mar. 3, 2023).

In response, Texas filed a lawsuit against the HHS and the Equal Opportunity Employment Commission (EEOC). October 1, 2022, the Federal District Court issued an opinion and order declaring the March 2, 2022, HHS guidance concerning sex reassignment medical treatment to be arbitrary, capricious, unlawful, in violation of the Federal Administrative Procedure Act, and set it aside.⁶⁹

The HHS Office of Civil Rights is evaluating its next steps in light of the judgment in *Texas v. EEOC* but is reportedly complying with the court's order.⁷⁰

On June 15, 2022, President Joe Biden signed Executive Order 14075,⁷¹ which calls on the U.S. Department of Education and the HHS to increase access to sex reassignment medical treatment and develop ways to counter state efforts aimed at limiting such treatments for minors.⁷²

Florida's Position on Sex Reassignment Medical Treatment

Department of Health Guidelines

On April 20, 2022, the DOH issued Florida guidelines for *Treatment of Gender Dysphoria for Children and Adolescents*⁷³ to clarify evidence cited on a fact sheet⁷⁴ released one month earlier by the HHS for the purpose of providing federal guidance on treating gender dysphoria for children and adolescents.

The DOH guidance from April 2022 included the following:

- Systematic reviews on hormonal treatment for young people show a trend of low-quality evidence, small sample sizes, and medium to high risk of bias.
- A paper published in the *International Review of Psychiatry* states that 80 percent of those seeking clinical care will lose their desire to identify with the non-birth sex.
- Due to the lack of conclusive evidence, and the potential for long-term, irreversible effects, the DOH guidelines are as follows:
 - Social gender transition should not be a treatment option for children or adolescents.
 - Anyone under 18 should not be prescribed puberty blockers or hormone therapy.
 - Gender reassignment surgery should not be a treatment option for children or adolescents.

⁶⁹ *Texas vs. EEOC, et. al*, U.S. District Court, Nor. Dist. Texas, Case # 2:21-CV-194-Z, *Opinion and Order*, Oct. 1, 2022, available at <https://www.eeoc.gov/sites/default/files/2022-10/downloadfile.pdf> (last visited Mar. 3, 2023).

⁷⁰ U.S. Department Of Health and Human Services, Office for Civil Rights, *HHS Notice and Guidance on Gender Affirming Care, Civil Rights, and Patient Privacy*, available at <https://www.hhs.gov/sites/default/files/hhs-ocr-notice-and-guidance-gender-affirming-care.pdf> (last visited Mar. 3, 2023).

⁷¹ Federal Registry, Vol. 87., No. 188, June 15, 2022, Executive Order 14075, *Advancing Equality for Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex Individuals*, available at <https://www.govinfo.gov/content/pkg/FR-2022-06-21/pdf/2022-13391.pdf> (last visited Mar. 7, 2023).

⁷² Neugeboren, Eric, Jun. 15, 2022, *The Texas Tribune*, *Biden Signs Order to Protect Transgender Children as Texas Continues Efforts to Restrict Gender-Affirming Care*, available at <https://www.texastribune.org/2022/06/15/joe-biden-texas-transgender-care/> (last visited Mar. 7, 2023).

⁷³ Florida Department of Health, *Treatment of Gender Dysphoria for Children and Adolescents* Apr. 20, 2022, available at <https://www.floridahealth.gov/documents/newsroom/press-releases/2022/04/20220420-gender-dysphoria-guidance.pdf> (last visited Mar. 3, 2023).

⁷⁴ Office of the Assistant Secretary for Health, Office of Population Affairs, *Gender-Affirming Care and Young People*, available at <https://opa.hhs.gov/sites/default/files/2022-03/gender-affirming-care-young-people-march-2022.pdf> (last visited Sept. 6, 2022).

- Children and adolescents should be provided social support by peers and family and seek counseling from a licensed provider.
- These guidelines do not apply to procedures or treatments for children or adolescents born with a genetically or biochemically verifiable disorder of sex development (DSD).

These DOH guidelines are non-binding and do not carry the force of law or rule. The guidance ended with “Parents are encouraged to reach out to their child’s health care provider for more information.” The BOM and the BOOM – not the DOH nor the Surgeon General – have statutory authority to establish standards of care by rule for physicians who may treat patients diagnosed with gender dysphoria.

BOM and BOOM Rule Making

On July 28, 2022, the DOH filed a *Petition to Initiate Rulemaking* to set standards of care for the treatment of gender dysphoria⁷⁵ with the BOM for the care and treatment of minors with gender dysphoria, to preserve the health, safety, and welfare of the public under s. 20.43, F.S.

The DOH petition asserted it was necessary for the BOM to establish a standard of care for the treatment of gender dysphoria for children and adolescents because:

- The HHS had issued guidance encouraging early treatment for gender dysphoria with an array of services, including psychological, medical, and surgical interventions;
- The AACE and the AAP had issued similar guidance based on low-quality evidence plagued with small sample sizes and high risks of bias;
- The above endorsements had permeated both the general public and health care community and created the false impression that chemical and surgical intervention was not only clinically proven but was also the standard of care for treatment of gender dysphoria in Florida;
- The AHCA had conducted a study and issued a report⁷⁶ in June of 2022 to determine whether such procedures were consistent with generally-accepted professional medical standards, and had concluded that:
 - Available medical literature provided insufficient evidence that sex reassignment through medical interventions was a safe and effective treatment for gender dysphoria;
 - Puberty blockers were not approved by the FDA for the treatment of gender dysphoria, were not medically efficacious for the treatment of gender dysphoria, and had permanent side effects;
 - Hormonal treatments in adolescents can achieve their intended physical effects but reliable evidence regarding their psychological and cognitive impact was generally lacking;
 - Treatments can cause irreversible physical changes;
 - Surgical interventions for gender dysphoria included multiple procedures to alter the appearance of the body to resemble the individual's desired gender, were not reversible, and the long-term mental health effects of these procedures were largely unknown;

⁷⁵ Florida Board of Medicine, Public Book 0805292022 FB2 p. 870, available upon request at the Florida Department of Health, Board of Medicine, 4052 Bald Cypress Way Bin C-03, Tallahassee, FL 32399-3253, 850-488-0595.

⁷⁶ Agency for Health Care Administration, *Generally Accepted Professional Medical Standards Determination on the Treatment of Gender Dysphoria*, June 2022, available at https://www.ahca.myflorida.com/letkidsbekids/docs/AHCA_GAPMS_June_2022_Report.pdf (last visited Mar. 9, 2023).

- Due to the stark contrast regarding the efficacy of sex reassignment treatment, the confusion it has caused, and the lack of quality evidence regarding the effectiveness of such treatments, it was necessary for the BOM to provide preemptory guidance to the medical community to protect the health, safety, and welfare of Floridians.

The BOM considered the petition at its meeting on August 5, 2022, and voted to begin rulemaking proceedings through forming a joint committee with the BOOM. The boards received thousands of emails,⁷⁷ took testimony from board members, members of the public, and stakeholders on multiple occasions regarding the language for the rule. The BOM ultimately adopted the following rule with an effective date of March 16, 2023.

64B8-9.019 Standards of Practice for the Treatment of Gender Dysphoria in Minors.

(1) The following therapies and procedures performed for the treatment of gender dysphoria in minors are prohibited.

(a) Sex reassignment surgeries, or any other surgical procedures, that alter primary or secondary sexual characteristics.

(b) Puberty blocking, hormone, and hormone antagonist therapies.

(2) Minors being treated with puberty blocking, hormone, or hormone antagonist therapies prior to the effective date of this rule may continue with such therapies.

A proposed BOOM rule is identical but is still in its rule making process.⁷⁸

Florida Medicaid's Rule for General Medicaid Policy

One day after issuing its June 2022 report on “Generally Accepted Professional Medical Standards Determination on the Treatment of Gender Dysphoria,” the AHCA issued a notice of development of rulemaking. On June 17, 2022, AHCA proposed an amendment to its General Medicaid Policy, Rule 59G-1.050, F.A.C., which was finalized and became effective on August 21, 2022.

The rule amendment provides that Florida Medicaid does not cover services for the treatment of gender dysphoria, including: puberty blockers, hormones, hormone antagonists, sex reassignment surgeries, or any other procedures that alter primary or secondary sexual characteristics. This amendment to the rule applies to all age groups.

Opponents of this change to the rule argue that it violates the sex discrimination protections provided under the equal protection clauses in the U.S. and Florida Constitutions and the federal code and rules relating to Medicaid by discriminating against people on the basis of their sex, gender status, and gender identity. A lawsuit⁷⁹ was filed on September 7, 2022, against the AHCA in federal court, seeking a preliminary injunction to enjoin Florida Medicaid from applying the new rule. However, the injunction was denied in October 2022, so the rule is in effect, pending further action as the case progresses.

⁷⁷ Email from Paul A. Vazquez, J.D., Executive Director, Florida Board of Medicine, Florida department of Health, March 7, 2023 (on file with the Senate Committee on Health Policy)..

⁷⁸ *Id.*

⁷⁹ See https://www.lambdalegal.org/sites/default/files/legal-docs/downloads/filed_complaint_against_ahca.pdf (last visited Mar. 10, 2023).

Nine other states (Arizona, Nebraska, Texas, Missouri, Arkansas, Kentucky, Ohio, Tennessee, and Georgia) exclude coverage of hormone therapy, top surgery, and bottom surgery in their state Medicaid programs, either in statute or in agency rule or policy. Seventeen states have not taken a position for their Medicaid programs. The other 24 states have differing policies, authorizing some level of Medicaid coverage for surgeries and/or hormone therapy. Of those states, some states offer full coverage of such services and others provide coverage for those above 15, 16, or 18 years of age.

Other State Laws Prohibiting Sex Reassignment Treatments in Minors

Seven states, including Alabama, Arizona, Arkansas, Mississippi, Tennessee, Texas and Utah, recently enacted laws or policies restricting youth access to sex reassignment medical treatment in general and, in some cases, imposing penalties on adults facilitating access. Arkansas' 2021 law has been permanently enjoined,⁸⁰ but SB 199, entitled *Protecting Minors from Medical Malpractice Act of 2023*, currently is moving through the Arkansas legislature.⁸¹ Alabama's law is also currently enjoined but that ruling is under appeal at the Federal 11th Circuit Court of Appeals and is awaiting the court's opinion.⁸²

III. Effect of Proposed Changes:

Section 1 of the bill amends Florida's Uniform Child Custody Jurisdiction and Enforcement Act by creating s. 61.5175, F.S., to provide that, notwithstanding any other provision of the Act, a court of this state has jurisdiction to enter, modify, or stay a child custody determination relating to a child who is present in this state to the extent necessary to protect the child from being subjected to sex-reassignment prescriptions or procedures, as defined in s. 456.001, F.S., in another state.

Section 2 of the bill creates s. 286.31, F.S., to prohibit a governmental entity, the state group health insurance program, a managing entity as defined in s. 394.9082, F.S., or a managed care plan providing services in the SMMC program, from expending state funds as described in s. 215.31, F.S., for sex-reassignment prescriptions or procedures as defined in s. 456.001, F.S. The bill defines "governmental entity" to mean the state or any political subdivision thereof, including the executive, legislative, and judicial branches of government; the independent

⁸⁰ In 2021 Arkansas passed a law prohibiting sex reassignment treatment for minors, including puberty blockers, hormone therapy, and sex reassignment surgery. The law prohibited the use of insurance or public funds, including through Medicaid, for coverage of these services for minors.

⁸¹ Arkansas SB 199 (2023), available at <https://legiscan.com/AR/text/SB199/2023> (last visited Mar. 7, 2023).

⁸² In April 2022, Alabama enacted a law that prevents transgender minors from receiving sex reassignment treatment, including puberty blockers, hormone therapy, and surgical intervention. The bill makes it a felony for any person to "engage in or cause" a transgender minor to receive any of these treatments, punishable by up to 10 years in prison or a fine up to \$15,000. A lawsuit was filed challenging the law's constitutionality and the Federal District Court enjoined Alabama from enforcing part of the law criminalizing sex reassignment treatment for children; and Alabama appealed the injunction. See Holmes, Jacob; Alabama Political Reporter, Nov. 21, 2022, *State Appeals to Lift Injunction on Law Criminalizing Treatment of Transgender Youth*, available at <https://www.alreporter.com/2022/11/21/state-appeals-to-lift-injunction-on-law-criminalizing-treatment-of-transgender-youth/> (last visited March 6, 2023). The 11th Circuit heard oral argument November 18, 2022, but no opinion has been issued as of March 13, 2023. See *Paul Eknes-Tucker v. Governor of the State of Alabama*, Oral Argument, available at <https://www.courtlistener.com/audio/83873/paul-eknes-tucker-v-governor-of-the-state-of-alabama/> (last visited Mar. 6, 2023).

establishments of the state, counties, municipalities, districts, authorities, boards, or commissions; and any agencies that are subject to ch. 286, F.S.

Section 3 of the bill creates a new subsection (6) of s. 395.003, F.S., to provide that, by July 1, 2023, each licensed hospital or ASC must provide a signed attestation to the AHCA stating that the facility does not offer or provide sex-reassignment prescriptions or procedures, as defined in s. 456.001, F.S., to patients younger than 18 years of age, unless authorized under s. 456.52(1)(b), F.S., and does not refer such patients to other providers for such services.

Beginning July 1, 2023, each licensed facility must provide the signed attestation to the AHCA upon initial licensure and as a requirement for each licensure renewal. Under the due process requirements provided in ch. 120, F.S., the AHCA must revoke the license of any licensed facility that fails to provide the required attestation.

Section 4 of the bill amends s. 456.001, F.S., to provide the following definitions:

- “Sex” means the classification of a person as either male or female based on the organization of the human body of such person for a specific reproductive role, as indicated by the person’s sex chromosomes, naturally occurring sex hormones, and internal and external genitalia present at birth.
- “Sex-reassignment prescriptions or procedures” means:
 - The prescription or administration of puberty blockers for the purpose of attempting to stop or delay normal puberty in order to affirm a person’s perception of his or her sex if that perception is inconsistent with the person’s sex as defined in subsection (8).
 - The prescription or administration of hormones or hormone antagonists to affirm a person’s perception of his or her sex if that perception is inconsistent with the person’s sex as defined in subsection (8).
 - Any medical procedure, including a surgical procedure, to affirm a person’s perception of his or her sex if that perception is inconsistent with the person’s sex as defined in subsection (8).
- “Sex-reassignment prescriptions or procedures” does not include:
 - Treatment provided by a physician who, in his or her good faith clinical judgment, performs procedures upon or provides therapies to a minor born with a medically verifiable genetic disorder of sexual development, including any of the following:
 - External biological sex characteristics that are unresolvably ambiguous.
 - A disorder of sexual development in which the physician has determined through genetic or biochemical testing that the patient does not have a normal sex chromosome structure, sex steroid hormone production, or sex steroid hormone action for a male or female, as applicable.
 - Prescriptions or procedures to treat an infection, an injury, a disease, or a disorder that has been caused or exacerbated by the performance of any sex-reassignment prescription or procedure, regardless of whether such prescription or procedure was performed in accordance with state or federal law or whether such prescription or procedure is covered by the private rights of action under ss. 766.102 and 768.042, F.S.
 - Prescriptions or procedures provided to a patient for the treatment of a physical disorder, physical injury, or physical illness that would, as certified by a physician licensed under ch. 458 or ch. 459, F.S., place the individual in imminent danger of death or impairment of a major bodily function without the prescription or procedure.

Section 5 of the bill creates s. 456.52, F.S., to provide that:

- Sex-reassignment prescriptions and procedures are prohibited for patients younger than 18 years of age, except that:
 - The BOM and the BOOM must adopt emergency rules pertaining to standards of practice under which a patient younger than 18 years of age may continue to be treated with such prescription if such treatment for sex reassignment was commenced before, and is still active on, the effective date of the bill.
 - A patient meeting the criteria above may continue to be treated by a physician with such prescriptions according to rules adopted by the boards.
- If sex-reassignment prescriptions or procedures are prescribed for or administered or performed on patients 18 years of age or older, consent must be voluntary, informed, and in writing on forms approved by the DOH. Consent to sex-reassignment prescriptions or procedures is voluntary and informed only if the physician who is to prescribe or administer the pharmaceutical product or perform the procedure has, at a minimum, while physically present in the same room:
 - Informed the patient of the nature and risks of the prescription or procedure in order for the patient to make a prudent decision;
 - Provided the informed consent form, as approved by the DOH, to the patient; and
 - Received the patient's written acknowledgment, before the prescription or procedure is prescribed, administered, or performed, that the information required to be provided has been provided.
- The requirement for such consent does not apply to renewals of prescriptions relating to sex reassignment if a physician and his or her patient have met the requirements for consent for the initial prescription or renewal. However, separate consent is required for any new prescription for such a pharmaceutical product not previously prescribed to the patient.
- Sex-reassignment prescriptions or procedures may not be prescribed, administered, or performed except by a physician, defined as a physician licensed under ch. 458 or ch. 459, F.S., or a physician practicing medicine or osteopathic medicine in the employment of the federal government.
- Violation of these provisions constitutes grounds for practitioner disciplinary action.
- Any health care practitioner who willfully or actively participates in a violation of the bill's provisions relating to providing treatment to a child commits a felony of the third degree, punishable as provided in ss. 775.082, 775.083, or 775.084, F.S.
- Any health care practitioner who violates the bill's requirements relating to consent or the prohibition against non-physicians providing such treatments commits a misdemeanor of the first degree, punishable as provided in ss. 775.082 or 775.083, F.S.

The DOH is directed to adopt emergency rules to implement Section 5 of the bill. Any emergency rules adopted under Section 5 are exempt from the expiration that normally applies to emergency rules and will remain in effect until replaced by rules adopted under the nonemergency rulemaking procedures of the Administrative Procedure Act.

Section 6 of the bill amends s. 456.074, F.S., to provide that if a health care practitioner is arrested for the crime of providing treatments for sex reassignment to a child who does not

qualify for the exception specified in Section 5 of the bill, the practitioner is subject to an emergency order issued by the DOH to immediately suspend his or her license.

Sections 7 and 8 of the bill amend ss. 458.328 and 459.0138, F.S., respectively, to provide that, by July 1, 2023, each allopathic or osteopathic physician office registered for the performance of office surgeries must provide a signed attestation to the DOH stating that the office does not offer or provide sex-reassignment prescriptions or procedures to patients younger than 18 years of age, unless authorized under Section 5 of the bill, and does not refer such patients to other providers for such services.

Beginning July 1, 2023, any office seeking registration must provide such signed attestation to the DOH. An office's failure to provide the signed attestation is grounds for denial of registration or the suspension or revocation of registration.

Section 9 of the bill provides that if any provision of the bill, once enacted, or its application to any person or circumstance is held invalid, the invalidity does not affect other provisions or applications of the bill, and those other provisions or applications can be given effect without the invalid provision or application, and to this end the provisions of the bill are severable.

Section 10 of the bill directs the Division of Law Revision to replace the phrase "the effective date of this act" wherever it occurs in the bill with the date the bill becomes a law.

Section 11 provides that the bill takes effect upon becoming a law.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None.

V. Fiscal Impact Statement:**A. Tax/Fee Issues:**

None.

B. Private Sector Impact:

The bill will have a fiscal impact on hospitals, ASCs, or physician offices registered for office surgery that fail to provide the attestation required under sections 3, 7, and 8 of the bill. The bill may have an indeterminate fiscal impact on persons seeking sex reassignment treatment and health care practitioners or facilities who provide such treatment.

C. Government Sector Impact:

The bill may have an indeterminate fiscal impact on entities specified under Section 6 of the bill.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 395.003, 456.001, 456.52, 456.074, 458.328, and 459.0138.

This bill repeals the following sections of the Florida Statutes: 61.5175, 286.31, and 456.52.

IX. Additional Information:**A. Committee Substitute – Statement of Substantial Changes:**

(Summarizing differences between the Committee Substitute and the prior version of the bill.)

None.

B. Amendments:

None.



788684

LEGISLATIVE ACTION

Senate	.	House
Comm: UNFAV	.	
03/14/2023	.	
	.	
	.	
	.	

The Committee on Health Policy (Davis) recommended the following:

Senate Amendment (with title amendment)

Delete lines 59 - 68.

===== T I T L E A M E N D M E N T =====

And the title is amended as follows:

Delete lines 3 - 8

and insert:

creating



953930

LEGISLATIVE ACTION

Senate	.	House
Comm: UNFAV	.	
03/14/2023	.	
	.	
	.	
	.	

The Committee on Health Policy (Book) recommended the following:

Senate Amendment (with title amendment)

Delete line 63
and insert:
of this part, if a court of this state determines that it is in
the best interest of the child, the court may enter,

===== T I T L E A M E N D M E N T =====

And the title is amended as follows:

Delete lines 3 - 8
and insert:



953930

12 creating s. 61.5175, F.S.; authorizing courts of this
13 state to enter, modify, or stay a child custody
14 determination relating to a child present in this
15 state to the extent necessary to protect the child
16 from being subjected to sex-reassignment prescriptions
17 or procedures in another state under certain
18 circumstances; creating



309890

LEGISLATIVE ACTION

Senate	.	House
Comm: UNFAV	.	
03/14/2023	.	
	.	
	.	
	.	

The Committee on Health Policy (Book) recommended the following:

Senate Amendment (with title amendment)

Delete lines 200 - 216

and insert:

the pharmaceutical product or perform the procedure has:

(a) Informed the patient of the nature and risks of the
prescription or procedure in order for the patient to make a
prudent decision;

(b) Provided the informed consent form, as approved by the
department, to the patient; and

(c) Received the patient's written acknowledgment, before



309890

the prescription or procedure is prescribed, administered, or
performed, that the information required to be provided under
this subsection has been provided.

===== T I T L E A M E N D M E N T =====

And the title is amended as follows:

Delete lines 32 - 34

and insert:

informed consent;



448208

LEGISLATIVE ACTION

Senate	.	House
Comm: UNFAV	.	
03/14/2023	.	
	.	
	.	
	.	

The Committee on Health Policy (Davis) recommended the following:

Senate Amendment (with title amendment)

Delete lines 224 - 234
and insert:

(5) Violation of this section constitutes grounds for disciplinary action under this chapter and chapter 458 or chapter 459, as applicable.

===== T I T L E A M E N D M E N T =====

And the title is amended as follows:



448208

11 Delete line 36
12 and insert:
13 action; requiring the



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Proposed Committee Substitute by the Committee on Health Policy

A bill to be entitled

An act relating to treatments for sex reassignment; creating s. 61.5175, F.S.; granting courts of this state jurisdiction to enter, modify, or stay a child custody determination relating to a child present in this state to the extent necessary to protect the child from being subjected to sex-reassignment prescriptions or procedures in another state; creating s. 286.31, F.S.; defining the term "governmental entity"; prohibiting certain public entities from expending state funds for the provision of sex-reassignment prescriptions or procedures; amending s. 395.003, F.S.; requiring certain licensed facilities, by a specified date and as a condition of licensure thereafter, to provide a signed attestation of specified information to the Agency for Health Care Administration; requiring the agency to revoke a facility's license for failure to provide such attestation, subject to the due process procedures of ch. 120, F.S.; amending s. 456.001, F.S.; defining the terms "sex" and "sex-reassignment prescriptions or procedures"; creating s. 456.52, F.S.; prohibiting sex-reassignment prescriptions and procedures for patients younger than 18 years of age; providing an exception; requiring the Board of Medicine and the Board of Osteopathic Medicine to adopt certain emergency rules; requiring that such prescriptions and procedures for patients older than 18 years of age be



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prescribed, administered, or performed only with the voluntary and informed consent of the patient; providing criteria for what constitutes voluntary and informed consent; providing that only a physician may prescribe, administer, or perform such prescriptions and procedures; defining the term "physician"; providing applicability; providing for disciplinary action; providing criminal penalties; requiring the Department of Health to adopt certain emergency rules; providing that such emergency rules remain in effect until they are replaced by nonemergency rules; amending s. 456.074, F.S.; requiring the department to immediately suspend the license of a health care practitioner who is arrested for committing or attempting, soliciting, or conspiring to commit specified violations related to sex-reassignment prescriptions or procedures for a patient younger than 18 years of age; amending ss. 458.328 and 459.0138, F.S.; requiring registered physicians' offices to provide a signed attestation of specified information to the department by a specified date; beginning on a specified date, requiring physicians' offices seeking such registration to provide the signed attestation as a condition of registration; providing grounds for disciplinary action; providing severability; providing a directive to the Division of Law Revision; providing an effective date.

Be It Enacted by the Legislature of the State of Florida:



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Section 1. Section 61.5175, Florida Statutes, is created to read:

61.5175 Protection of children from sex-reassignment prescriptions or procedures.—Notwithstanding any other provision of this part, a court of this state has jurisdiction to enter, modify, or stay a child custody determination relating to a child who is present in this state to the extent necessary to protect the child from being subjected to sex-reassignment prescriptions or procedures, as defined in s. 456.001, in another state.

Section 2. Section 286.31, Florida Statutes, is created to read:

286.31 Prohibited use of state funds.—

(1) As used in this section, the term “governmental entity” means the state or any political subdivision thereof, including the executive, legislative, and judicial branches of government; the independent establishments of the state, counties, municipalities, districts, authorities, boards, or commissions; and any agencies that are subject to chapter 286.

(2) A governmental entity, the state group health insurance program, a managing entity as defined in s. 394.9082, or a managed care plan providing services under part IV of chapter 409 may not expend state funds as described in s. 215.31 for sex-reassignment prescriptions or procedures as defined in s. 456.001.

Section 3. Present subsections (6) through (10) of section 395.003, Florida Statutes, are redesignated as subsections (7) through (11), respectively, a new subsection (6) is added to



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that section, and present subsections (9) and (10) of that section are amended, to read:

395.003 Licensure; denial, suspension, and revocation.—

(6) By July 1, 2023, each licensed facility must provide a signed attestation to the agency stating that the facility does not offer or provide sex-reassignment prescriptions or procedures, as defined in s. 456.001, to patients younger than 18 years of age, unless authorized under s. 456.52(1)(b), and does not refer such patients to other providers for such services. Beginning July 1, 2023, each licensed facility shall provide the signed attestation to the agency upon initial licensure and as a requirement for each licensure renewal. Under the due process requirements provided in chapter 120, the agency must revoke the license of any licensed facility that fails to provide the attestation required by this subsection.

(10)~~(9)~~ A hospital licensed as of June 1, 2004, shall be exempt from subsection (9) ~~(8)~~ as long as the hospital maintains the same ownership, facility street address, and range of services that were in existence on June 1, 2004. Any transfer of beds, or other agreements that result in the establishment of a hospital or hospital services within the intent of this section, shall be subject to subsection (9) ~~(8)~~. Unless the hospital is otherwise exempt under subsection (9) ~~(8)~~, the agency shall deny or revoke the license of a hospital that violates any of the criteria set forth in that subsection.

(11)~~(10)~~ The agency may adopt rules implementing the licensure requirements set forth in subsection (9) ~~(8)~~. Within 14 days after rendering its decision on a license application or revocation, the agency shall publish its proposed decision in



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the Florida Administrative Register. Within 21 days after publication of the agency's decision, any authorized person may file a request for an administrative hearing. In administrative proceedings challenging the approval, denial, or revocation of a license pursuant to subsection (9) ~~(8)~~, the hearing must be based on the facts and law existing at the time of the agency's proposed agency action. Existing hospitals may initiate or intervene in an administrative hearing to approve, deny, or revoke licensure under subsection (9) ~~(8)~~ based upon a showing that an established program will be substantially affected by the issuance or renewal of a license to a hospital within the same district or service area.

Section 4. Subsections (8) and (9) are added to section 456.001, Florida Statutes, to read:

456.001 Definitions.—As used in this chapter, the term:

(8) "Sex" means the classification of a person as either male or female based on the organization of the human body of such person for a specific reproductive role, as indicated by the person's sex chromosomes, naturally occurring sex hormones, and internal and external genitalia present at birth.

(9) (a) "Sex-reassignment prescriptions or procedures" means:

1. The prescription or administration of puberty blockers for the purpose of attempting to stop or delay normal puberty in order to affirm a person's perception of his or her sex if that perception is inconsistent with the person's sex as defined in subsection (8).

2. The prescription or administration of hormones or hormone antagonists to affirm a person's perception of his or



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her sex if that perception is inconsistent with the person's sex as defined in subsection (8).

3. Any medical procedure, including a surgical procedure, to affirm a person's perception of his or her sex if that perception is inconsistent with the person's sex as defined in subsection (8).

(b) The term does not include:

1. Treatment provided by a physician who, in his or her good faith clinical judgment, performs procedures upon or provides therapies to a minor born with a medically verifiable genetic disorder of sexual development, including any of the following:

a. External biological sex characteristics that are unresolvably ambiguous.

b. A disorder of sexual development in which the physician has determined through genetic or biochemical testing that the patient does not have a normal sex chromosome structure, sex steroid hormone production, or sex steroid hormone action for a male or female, as applicable.

2. Prescriptions or procedures to treat an infection, an injury, a disease, or a disorder that has been caused or exacerbated by the performance of any sex-reassignment prescription or procedure, regardless of whether such prescription or procedure was performed in accordance with state or federal law.

3. Prescriptions or procedures provided to a patient for the treatment of a physical disorder, physical injury, or physical illness that would, as certified by a physician licensed under chapter 458 or chapter 459, place the individual



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174 in imminent danger of death or impairment of a major bodily
175 function without the prescription or procedure.

176 Section 5. Section 456.52, Florida Statutes, is created to
177 read:

178 456.52 Sex-reassignment prescriptions and procedures;
179 prohibitions; informed consent.-

180 (1) Sex-reassignment prescriptions and procedures are
181 prohibited for patients younger than 18 years of age, except
182 that:

183 (a) The Board of Medicine and the Board of Osteopathic
184 Medicine shall adopt emergency rules pertaining to standards of
185 practice under which a patient younger than 18 years of age may
186 continue to be treated with a prescription consistent with those
187 referenced under s. 456.001(9)(a)1. or 2. if such treatment for
188 sex reassignment was commenced before, and is still active on,
189 the effective date of this act.

190 (b) A patient meeting the criteria of paragraph (a) may
191 continue to be treated by a physician with such prescriptions
192 according to rules adopted under paragraph (a) or nonemergency
193 rules adopted under paragraph (6)(b).

194 (2) If sex-reassignment prescriptions or procedures are
195 prescribed for or administered or performed on patients 18 years
196 of age or older, consent must be voluntary, informed, and in
197 writing on forms approved by the department. Consent to sex-
198 reassignment prescriptions or procedures is voluntary and
199 informed only if the physician who is to prescribe or administer
200 the pharmaceutical product or perform the procedure has, at a
201 minimum, while physically present in the same room:

202 (a) Informed the patient of the nature and risks of the



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203 prescription or procedure in order for the patient to make a
204 prudent decision;

205 (b) Provided the informed consent form, as approved by the
206 department, to the patient; and

207 (c) Received the patient's written acknowledgment, before
208 the prescription or procedure is prescribed, administered, or
209 performed, that the information required to be provided under
210 this subsection has been provided.

211 (3) Sex-reassignment prescriptions or procedures may not be
212 prescribed, administered, or performed except by a physician.
213 For the purposes of this section, the term "physician" is
214 defined as a physician licensed under chapter 458 or chapter 459
215 or a physician practicing medicine or osteopathic medicine in
216 the employment of the Federal Government.

217 (4) Consent required under subsection (2) does not apply to
218 renewals of prescriptions consistent with those referenced under
219 s. 456.001(9)(a)1. and 2. if a physician and his or her patient
220 have met the requirements for consent for the initial
221 prescription or renewal. However, separate consent is required
222 for any new prescription for a pharmaceutical product not
223 previously prescribed to the patient.

224 (5)(a) Violation of this section constitutes grounds for
225 disciplinary action under this chapter and chapter 458 or
226 chapter 459, as applicable.

227 (b) Any health care practitioner who willfully or actively
228 participates in a violation of subsection (1) commits a felony
229 of the third degree, punishable as provided in s. 775.082, s.
230 775.083, or s. 775.084.

231 (c) Any health care practitioner who violates subsection



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232 (2), subsection (3), or subsection (4) commits a misdemeanor of
233 the first degree, punishable as provided in s. 775.082 or s.
234 775.083.

235 (6)(a) The department shall adopt emergency rules to
236 implement this section.

237 (b) Any emergency rules adopted under this section are
238 exempt from s. 120.54(4)(c) and shall remain in effect until
239 replaced by rules adopted under the nonemergency rulemaking
240 procedures of the Administrative Procedure Act.

241 Section 6. Present paragraphs (c) through (gg) of
242 subsection (5) of section 456.074, Florida Statutes, are
243 redesignated as paragraphs (d) through (hh), respectively, and a
244 new paragraph (c) is added to that subsection, to read:

245 456.074 Certain health care practitioners; immediate
246 suspension of license.—

247 (5) The department shall issue an emergency order
248 suspending the license of any health care practitioner who is
249 arrested for committing or attempting, soliciting, or conspiring
250 to commit any act that would constitute a violation of any of
251 the following criminal offenses in this state or similar
252 offenses in another jurisdiction:

253 (c) Section 456.52(5)(b), relating to prescribing,
254 administering, or performing sex-reassignment prescriptions or
255 procedures for a patient younger than 18 years of age.

256 Section 7. Paragraph (c) of subsection (1) of section
257 458.328, Florida Statutes, is amended to read:

258 458.328 Office surgeries.—

259 (1) REGISTRATION.—

260 (c) Each of the following is ~~As~~ a condition of



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261 registration:—

262 1. An ~~each~~ office must establish financial responsibility
263 by demonstrating that it has met and continues to maintain, at a
264 minimum, the same requirements applicable to physicians in ss.
265 458.320 and 459.0085.

266 2. Each physician practicing at an office registered under
267 this section or s. 459.0138 must meet the financial
268 responsibility requirements under s. 458.320 or s. 459.0085, as
269 applicable.

270 3. By July 1, 2023, each office registered under this
271 section must provide a signed attestation to the department
272 stating that the office does not offer or provide sex-
273 reassignment prescriptions or procedures, as defined in s.
274 456.001, to patients younger than 18 years of age, unless
275 authorized under s. 456.52(1)(b), and does not refer such
276 patients to other providers for such services. Beginning July 1,
277 2023, any office seeking registration must provide such signed
278 attestation to the department. An office's failure to provide
279 the signed attestation is grounds for denial of registration or
280 the suspension or revocation of registration under paragraph
281 (f).

282 Section 8. Paragraph (c) of subsection (1) of section
283 459.0138, Florida Statutes, is amended to read:

284 459.0138 Office surgeries.—

285 (1) REGISTRATION.—

286 (c) Each of the following is ~~As~~ a condition of
287 registration:—

288 1. An ~~each~~ office must establish financial responsibility
289 by demonstrating that it has met and continues to maintain, at a



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minimum, the same requirements applicable to physicians in ss.
458.320 and 459.0085.

2. Each physician practicing at an office registered under
this section or s. 458.328 must meet the financial
responsibility requirements under s. 458.320 or s. 459.0085, as
applicable.

3. By July 1, 2023, each office registered under this
section must provide a signed attestation to the department
stating that the office does not offer or provide sex-
reassignment prescriptions or procedures, as defined in s.
456.001, to patients younger than 18 years of age , unless
authorized under s. 456.52(1)(b), and does not refer such
patients to other providers for such services. Beginning July 1,
2023, any office seeking registration must provide such signed
attestation to the department. An office's failure to provide
the signed attestation is grounds for denial of registration or
the suspension or revocation of registration under paragraph
(f).

Section 9. If any provision of this act or its application
to any person or circumstance is held invalid, the invalidity
does not affect other provisions or applications of this act
which can be given effect without the invalid provision or
application, and to this end the provisions of this act are
severable.

Section 10. The Division of Law Revision is directed to
replace the phrase "the effective date of this act" wherever it
occurs in this act with the date this act becomes a law.

Section 11. This act shall take effect upon becoming a law.

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: The Professional Staff of the Committee on Health Policy

BILL: CS/SB 254

INTRODUCER: Health Policy Committee, Senators Yarborough, and others

SUBJECT: Treatments for Sex Reassignment

DATE: March 14, 2023

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Brown	Brown	HP	Fav/CS
2.			FP	

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/SB 254 creates regulations relating to sex-reassignment prescriptions or procedures, as that term is defined in the bill. The bill:

- Creates a new section of statute relating to the Uniform Child Custody Jurisdiction and Enforcement Act regarding court jurisdiction;
- Prohibits the expenditure of state funds by specified entities for sex-reassignment prescriptions or procedures;
- Prohibits sex-reassignment prescriptions or procedures for patients younger than 18 years of age, except that prescription treatments may continue for such patients whose treatment was commenced before, and is still active on, the bill's effective date, under specified parameters;
- Creates requirements for voluntary, informed consent that must be met in order for a patient 18 years of age or older to be treated with sex-reassignment prescriptions or procedures;
- Provides that only allopathic or osteopathic physicians may provide sex-reassignment prescriptions or procedures;
- Creates criminal penalties for the provision of sex-reassignment prescriptions or procedures in violation of the bill's prohibition or requirements;
- Provides that a practitioner who is arrested for the crime of providing sex-reassignment prescriptions or procedures to a patient younger than 18 years of age may have his or her license suspended via emergency order of the Department of Health (DOH); and
- Requires that any hospital, ambulatory surgical center, or physician's office registered for the provision of office surgery, must provide a signed attestation to the Agency for Health Care Administration (AHCA) or the DOH, as applicable, that the facility or office does not offer or provide sex-reassignment prescriptions or procedures for children, except those qualifying

for the exception under the bill, and also does not refer such patients to other providers for those treatments.

The bill provides that if any provision of the bill, once enacted, or its application to any person or circumstance is held invalid, the invalidity does not affect other provisions or applications of the bill, and those other provisions or applications can be given effect without the invalid provision or application, and to this end the provisions of the bill are severable.

The bill takes effect upon becoming a law.

II. Present Situation:

The Uniform Child Custody Jurisdiction and Enforcement Act

Background

Before uniform state custody laws were adopted, it was not uncommon for parents who did not receive legal custody of their children to cross state lines in search of a sympathetic judge who would award them custody. While this approach to “forum shopping” was often successful for parents, it created an awareness that uniform state laws were needed to resolve custody issues. Additionally, and in today’s mobile society, it is not uncommon for parents of a child to live in different states or move from state to state. These issues underscore the need to have a framework that accurately determines which state has the authority to decide custody disputes between competing parents.¹

In recognition of these issues, the Uniform Child Custody Jurisdiction and Enforcement Act, more simply known as the UCCJEA, or the Act, was developed by the Uniform Law Commissioners in 1997. The Act, which has been adopted in each state except Massachusetts, was designed to create uniformity among the states’ dueling child custody statutes.² Florida adopted the Act in 2002.³

The general purposes of the Act are to:

- Avoid jurisdictional competition and conflict with courts of other states in child custody matters.
- Promote cooperation with the courts of other states so that a custody decree is rendered in the state that can best decide the case in the interest of the child.
- Discourage the use of the interstate system for continuing child custody controversies.
- Deter abductions.
- Avoid re-litigating custody decisions in one state that have been determined in other states.
- Facilitate the enforcement of custody decrees of other states.

¹ Uniform Law Commission, *Child Custody Jurisdiction and Enforcement Act*, Act Summary, <https://www.uniformlaws.org/committees/community-home?CommunityKey=4cc1b0be-d6c5-4bc2-b157-16b0baf2c56d#:~:text=The%20Uniform%20Child%20Custody%20Jurisdiction,provisions%20for%20child%20custody%20orders>. The predecessor to the act was the Uniform Child Custody Jurisdiction Act, created in 1968. (last visited March 10, 2023).

² *Id.*

³ Ch. 2002-65, s. 5, Laws of Fla. The Act is contained in ss. 61.501 – 61.542, F.S.

- Promote and increase the exchange of information and mutual assistance between this state's courts and other state courts concerning the same child.
- Make uniform law among the states that enact the model law.⁴

Home State Priority

The Act resolves the basic principle of which state has initial jurisdiction to resolve a child custody dispute. Under the provisions of the Act, the home state of the child is given priority and the first opportunity to accept jurisdiction of the case. Any other state involved in the proceedings must defer to the home state, if a home state is determined.⁵

An Alternative to Home State Priority – Temporary Emergency Jurisdiction

While the home state is given priority in establishing jurisdiction under the Act, that jurisdiction is not necessarily exclusive. The Act recognizes unique circumstances under which a state, other than the home state, may also establish jurisdiction. Section 61.517, F.S., for example, provides authority for a court in this state to take temporary emergency jurisdiction in order to protect a child even when it is not the home state and does not have significant connection jurisdiction.

Pursuant to s. 61.517, F.S., a state court has temporary emergency jurisdiction if the child is present in this state and:

- The child has been abandoned; or
- It is necessary in an emergency to protect the child because the child, or a sibling or parent of the child, is subjected to or threatened with mistreatment or abuse.

According to comment notes developed by the drafters of the model act in 1997, temporary emergency jurisdiction may only be taken for the amount of time needed to secure the affected person's safety, whether that is the child, a sibling, or parent. Temporary emergency jurisdiction may "ripen" into what amounts to continuing jurisdiction over a case, but only when no other state capable of asserting continuing jurisdiction is determined, or if that state declines to accept jurisdiction.⁶

Managing Entities

The Department of Children and Families (DCF) administers a statewide system of safety-net services for substance abuse and mental health (SAMH) prevention, treatment, and recovery for children and adults who are otherwise unable to obtain these services. SAMH programs include a range of prevention, acute interventions (e.g. crisis stabilization), residential treatment,

⁴ Section 61.502, F.S.

⁵ Uniform Law Commission, *Child Custody Jurisdiction and Enforcement Act: Summary, Home State Priority*, <https://www.uniformlaws.org/committees/community-home?CommunityKey=4cc1b0be-d6c5-4bc2-b157-16b0baf2c56d#:~:text=The%20Uniform%20Child%20Custody%20Jurisdiction,provisions%20for%20child%20custody%20orders> (last visited March 10, 2023).

⁶ Uniform Law Commission, *Child Custody Jurisdiction and Enforcement Act, Act Summary, Temporary Emergency Jurisdiction*, <https://www.uniformlaws.org/committees/community-home?CommunityKey=4cc1b0be-d6c5-4bc2-b157-16b0baf2c56d#:~:text=The%20Uniform%20Child%20Custody%20Jurisdiction,provisions%20for%20child%20custody%20orders>.

transitional housing, outpatient treatment, and recovery support services. Services are provided based upon state and federally-established priority populations.⁷

In 2001, the Legislature authorized the DCF to implement behavioral health managing entities (ME) as the management structure for the delivery of local mental health and substance abuse services.⁸ The implementation of the ME system initially began on a pilot basis and, in 2008, the Legislature authorized the DCF to implement MEs statewide.⁹ Full implementation of the statewide managing entity system occurred in 2013, and all geographic regions are now served by a managing entity.¹⁰

DCF Duties

The DCF must also comply with duties with respect to the MEs, including, in part, to:

- Contract and conduct readiness reviews;
- Specify data reporting requirements and use of shared data systems;
- Define the priority populations that will receive care coordination;
- Support the development and implementation of a coordinated system of care;
- Contract to support efficient and effective administration and ensure accountability for performance; and¹¹
- Periodically review contract and reporting requirements and reduce costly, duplicative, and unnecessary administrative requirements.¹²

Contracted MEs

The MEs are required to comply with various statutory duties, including, in part, to:

- Maintain a governing board;
- Promote and support care coordination;¹³
- Develop a comprehensive list of qualified providers;
- Monitor network providers' performances;
- Manage and allocate funds for services in accordance with federal and state laws, rules, regulations and grant requirements; and
- Operate in a transparent manner, providing access to information, notice of meetings, and opportunities for public participation in ME decision making.¹⁴

Florida Medicaid Managed Care Plans

In Florida, a large majority of Medicaid recipients receive their services through a managed care plan contracted with the AHCA under the Statewide Medicaid Managed Care (SMMC)

⁷ See chs. 394 and 397, F.S.

⁸ Chapter 2001-191, L.O.F.

⁹ Chapter 2008-243, L.O.F.

¹⁰ Florida Tax Watch, *Analysis of Florida's Behavioral Health Managing Entity Models*, p. 4, March 2015, available at <https://floridatxwatch.org/Research/Full-Library/ArtMID/34407/ArticleID/15758/Analysis-of-Floridas-Behavioral-Health-Managing-Entities-Model> (last visited March 9, 2023).

¹¹ Section 394.9082(7), F.S., details the performance measurements and accountability requirements of MEs.

¹² Section 394.9082(3), F.S.

¹³ Section 394.9082(6), F.S., sets out the network accreditation and systems coordination agreement requirements.

¹⁴ Section 394.9082(5), F.S.

program.¹⁵ SMMC benefits are authorized through federal waivers and are specifically required by the Florida Legislature in ss. 409.973 and 409.98, F.S. SMMC benefits cover primary, acute, preventive, behavioral health, prescribed drugs, long-term care, and dental services.

Hospitals

Hospitals are regulated by the AHCA under ch. 395, F.S., and the general licensure provisions of part II, of ch. 408, F.S. Hospitals offer a range of health care services with beds for use beyond 24 hours by individuals requiring diagnosis, treatment, or care.¹⁶ Hospitals must make regularly available at least clinical laboratory services, diagnostic X-ray services, and treatment facilities for surgery or obstetrical care, or other definitive medical treatment.¹⁷

The AHCA must maintain an inventory of hospitals with an emergency department.¹⁸ The inventory must list all services within the capability of each hospital, and such services must appear on the face of the hospital's license. As of March 2, 2023, there are 323 licensed hospitals in the state.¹⁹

Section 395.1055, F.S., authorizes the AHCA to adopt rules for hospitals. Separate standards may be provided for general and specialty hospitals.²⁰ The rules for general and specialty hospitals must include minimum standards to ensure:

- A sufficient number of qualified types of personnel and occupational disciplines are on duty and available at all times to provide necessary and adequate patient care;
- Infection control, housekeeping, sanitary conditions, and medical record procedures are established and implemented to adequately protect patients;
- A comprehensive emergency management plan is prepared and updated annually;
- Licensed facilities are established, organized, and operated consistent with established standards and rules; and
- Licensed facility beds conform to minimum space, equipment, and furnishing standards.²¹

The minimum standards for hospital licensure are contained in Chapter 59A-3, F.A.C.

Ambulatory Surgical Centers (ASC)

An ASC is a facility that is not a part of a hospital, the primary purpose of which is to provide elective surgical care, in which the patient is admitted and discharged within 24 hours.²² ASCs are licensed and regulated by the AHCA under the same regulatory framework as hospitals, and

¹⁵ As of January 31, 2023, Florida Medicaid's total enrollment comprised 5,696,638 persons. Eighty-seven percent were enrolled in a Medicaid managed care plan. See: https://ahca.myflorida.com/medicaid/Finance/data_analytics/enrollment_report/docs/ENR_202301.xls (last visited March 9, 2023).

¹⁶ Section 395.002(12), F.S.

¹⁷ *Id.*

¹⁸ Section 395.1041(2), F.S.

¹⁹ Agency for Health Care Administration, Florida Health Finder Report, available at <https://quality.healthfinder.fl.gov/facilitylocator/ListFacilities.aspx>, (reports generated on Mar. 3, 2023).

²⁰ Section 395.1055(2), F.S.

²¹ Section 395.1055(1), F.S.

²² Section 395.002(3), F.S.

the AHCA is authorized to adopt rules specifically for ASCs.^{23,24} Currently, there are 501 licensed ASCs in Florida.²⁵

Applicants for ASC licensure must submit information detailed in Rule 59A-5.003, F.A.C., to the AHCA prior to accepting patients for care or treatment. Upon receipt of an initial application, the AHCA is required to conduct a survey to determine compliance with all laws and rules.

ASCs are required to provide certain information during the initial inspection, including:

- Governing body bylaws, rules, and regulations;
- Medical staff bylaws, rules, and regulations;
- A roster of medical staff members;
- The ASC's nursing procedures manual;
- A roster of registered nurses and licensed practical nurses with current license numbers;
- A fire plan; and
- The comprehensive Emergency Management Plan.²⁶

The minimum standards for ASCs are contained in Chapter 59A-5, F.A.C.

Florida's Board of Medicine

The Board of Medicine (BOM) is the state's regulatory board for licensed medical doctors, also known as allopathic physicians. The BOM is composed of 15 members appointed by the Governor and confirmed by the Senate for four year terms who serve until their successors are appointed. Twelve members of the BOM must be licensed physicians in good standing who are state residents and who have been engaged in the active practice or teaching of medicine for at least four years immediately preceding their appointment. One of the physicians must be on the full-time faculty of a medical school in Florida. One physician must be in private practice and a full-time staff member of a statutory teaching hospital in Florida.²⁷ One physician must be a graduate of a foreign medical school. One member must be a health care risk manager. One member must be age 60 or older. The remaining three members must be residents of Florida who are not, and never have been, licensed health care practitioners.²⁸

Florida's Board of Osteopathic Medicine

The Board of Osteopathic Medicine (BOOM) is the state's regulatory board for osteopathic physicians. The BOOM is composed of seven members appointed by the Governor and confirmed by the Senate. Five members of the board must be licensed osteopathic physicians in good standing who are Florida residents and who have been engaged in the practice of osteopathic medicine for at least four years immediately prior to their appointment. At least one

²³ Section 395.1055, F.S.

²⁴ Sections 395.001-1065, F.S., and Part II, Chapter 408, F.S.

²⁵ Agency for Health Care Administration, Florida Health Finder Report, available at <https://quality.healthfinder.fl.gov/facilitylocator/ListFacilities.aspx>, (reports generated on Mar. 3, 2023).

²⁶ Rule 59A-5.003(5), F.A.C.

²⁷ See s. 408.07, F.S.

²⁸ Section 458.307, F.S.,

member of the BOOM must be 60 years of age or older. The two members must be citizens of the state who are not, and have never been, licensed health care practitioners.²⁹

Office Surgeries

In Florida, surgeries performed in a doctor's office are regulated under ss. 458.328 and 459.0138, F.S. Both sections are identical except for the references to the BOM or the BOOM.

Both statutes require that a physician who performs liposuction procedures in which more than 1,000 cubic centimeters of supernatant fat is removed, Level II surgical procedures, and Level III surgical procedures in an office setting, to register the doctor's office with the DOH, unless that office is licensed as a facility under ch. 395, F.S.

Level II procedures and Level III procedures are not defined in the Florida Statutes, but the respective boards have defined three levels of office surgery by administrative rule.³⁰ A physician may only perform a procedure or surgery identified in ss. 458.328(1)(a) or 459.0138(1)(a), F.S., in an office that is registered with the DOH. The applicable board must impose a fine of \$5,000 a day on a physician who performs a procedure or surgery in an office that is not registered.

As a condition of registration, each office, and each physician practicing at the office, must establish financial responsibility by demonstrating that he or she has met and continues to maintain, at a minimum, the same requirements applicable to physicians in ss. 458.320 and 459.0085, F.S., as applicable. Each registered office must designate a physician who is responsible for the office's compliance with the office health and safety requirements.

The DOH may suspend or revoke the registration of an office in which a procedure or surgery is performed and any of the office's physicians, owners, or operators have failed register or comply with the requirements of ss. 458.238 and 459.0138, F.S. or rules adopted thereunder.

The DOH is required to inspect a registered doctor's office annually unless the office is accredited by a nationally-recognized accrediting agency or an accrediting organization approved by the BOM or the BOOM. The actual costs of registration, inspection, and/or accreditation are to be paid by the person seeking to register and operate the office in which office surgeries are performed. All other aspects of office surgeries are regulated by administrative rules promulgated by the BOM and the BOOM.

Disorders of Sexual Development

Disorders of sexual development (DSD) encompass a group of congenital conditions associated with atypical development of internal and external genital structures. These conditions can be associated with variations in genes, developmental programming, and hormones. Affected individuals may be recognized at birth due to ambiguity of the external genitalia. Others may

²⁹ Section 459.004, F.S.

³⁰ See Fla. Admin. Code R. 64B8-9.009 and 64B15-14.007,(2022).

present later with postnatal virilization, delayed/absent puberty, or infertility. The estimated frequency of genital ambiguity is reported to be in the range of 1 to 2000 to 1 to 4500.³¹

Treatments for Sex Reassignment in Minors

There are currently no prohibitions or regulations in the Florida Statutes specifically pertaining to health care practitioners treating minors for sex reassignment, including hormone therapy, surgery, facial hair removal, interventions for the modification of speech and communication, and behavioral adaptations such as genital tucking or packing, or chest binding.³²

Definitions

The American Academy of Pediatrics (AAP), in a policy statement relating to the care and treatment of gender dysphoric children and youth, defines “sex” as a label, generally “male” or “female,” that is typically assigned at birth on the basis of genetic and anatomic characteristics, such as genital anatomy, chromosomes, and sex hormone levels.³³

According to the American Psychiatric Association (APA), some people will experience “gender dysphoria,” which refers to psychological distress that results from an incongruence between one’s sex assigned at birth and one’s gender identity. Though gender dysphoria often begins in childhood, some people may not experience it until after puberty or much later. The APA defines “gender dysphoria” as a clinical symptom that is characterized by a sense of alienation to some or all of the physical characteristics or social roles of one’s assigned gender; with a psychiatric diagnosis in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR),³⁴ which has its focus on the distress that stems from the incongruence between one’s expressed or experienced gender and the birth gender.

People with gender dysphoria may pursue multiple types of interventions or treatments, including social affirmation (e.g., changing one’s name and pronouns), legal affirmation (e.g., changing gender markers on one’s government-issued documents), medical affirmation (e.g., pubertal suppression or sex-reassignment hormones), and/or surgery (e.g., vaginoplasty, facial feminization surgery, breast augmentation, masculine chest reconstruction, etc.).

³¹ Hughes IA, Nihoul-Fékété C, Thomas B, et al. Consequences of the ESPE/LWPES guidelines for diagnosis and treatment of disorders of sex development. *Best Practice Research Clinical Endocrinology Metabolism*. Vol. 21, pp. 351–65. [PubMed: 17875484] <https://www.clinicalkey.com/#!/content/playContent/1-s2.0-S1521690X07000553?returnurl=null&referrer=null>

³² Deutsch, Madeline B., M.D., M.P.H., Editor; Guidelines for the Primary Care of Transgender and Gender Nonbinary People, Medical Director, UCSF Gender Affirming Health Program Professor of Clinical Family and Community Medicine; University of California, San Francisco, *Overview of gender-affirming treatments and procedures*, available at <https://transcare.ucsf.edu/guidelines/overview> (last visited Mar. 6, 2023).

³³ The American Academy of Pediatrics, PEDIATRIC, Vol. 142, (4), Oct. 2018, *Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents*, available at <https://publications.aap.org/pediatrics/article/142/4/e20182162/37381/Ensuring-Comprehensive-Care-and-Support-for?autologincheck=redirected> (last visited Mar. 13, 2023).

³⁴ Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR). American Psychiatric Association. 2022.

Diagnosis of Gender Dysphoria

The DSM-5-TR provides for one overarching diagnosis for gender dysphoria with separate specific criteria for children and for adolescents and adults.³⁵

Gender Dysphoria in Adolescents

The DSM-5-TR defines gender dysphoria in adolescents and adults as a marked incongruence between one's experienced/expressed gender and their assigned gender, lasting at least six months, as manifested by at least two of the following:

- A marked incongruence between one's experienced or expressed gender and primary and/or secondary sex characteristics (or in young adolescents, the anticipated secondary sex characteristics);
- A strong desire to be rid of one's primary and/or secondary sex characteristics because of a marked incongruence with one's experienced/expressed gender (or in young adolescents, a desire to prevent the development of the anticipated secondary sex characteristics);
- A strong desire to have the primary and/or secondary sex characteristics of the other gender;
- A strong desire to be of the other gender (or some alternative gender different from one's assigned gender);
- A strong desire to be treated as the other gender (or some alternative gender different from one's assigned gender); or
- A strong conviction that one has the typical feelings and reactions of the other gender (or some alternative gender different from one's assigned gender).^{36,37}

In order to meet criteria for the diagnosis, the condition must also be associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning.³⁸

Gender Dysphoria in Children

The DSM-5-TR defines gender dysphoria in children as a marked incongruence between one's experienced or expressed gender and assigned gender, lasting at least six months, as manifested by at least six of the following (one of which must be the first criterion):

- A strong desire to be of the other gender or an insistence that one is the other gender (or some alternative gender different from one's assigned gender);
- In boys, a strong preference for cross-dressing or simulating female attire; or in girls, a strong preference for wearing only typical masculine clothing and a strong resistance to the wearing of typical feminine clothing;
- A strong preference for cross-gender roles in make-believe play or fantasy play;

³⁵ Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR). American Psychiatric Association. 2022.

³⁶ *Id.*

³⁷ Hembree, W. C., Cohen-Kettenis, P. T., Gooren, L., Hannema, S. E., Meyer, W. J., Murad, M. H., ... & T'Sjoen, G. G., The Journal of Clinical Endocrinology & Metabolism, 102(11), 3869-3903. (2017), *Endocrine treatment of gender-dysphoric/gender-incongruent persons: an endocrine society clinical practice guideline*, available at <https://academic.oup.com/jcem/article/102/11/3869/4157558> (last visited Mar. 4, 2023).

³⁸ *Id.*

- A strong preference for the toys, games, or activities stereotypically used or engaged in by the other gender;
- A strong preference for playmates of the other gender;
- In boys, a strong rejection of typically masculine toys, games, and activities and a strong avoidance of rough-and-tumble play; or in girls, a strong rejection of typically feminine toys, games, and activities;
- A strong dislike of one's own sexual anatomy; or
- A strong desire to have the physical sex characteristics that match one's experienced gender.

As with the diagnostic criteria for adolescents and adults, the condition must also be associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning.³⁹

Sex Reassignment Treatment for Minors

Behavioral Health Therapy for Minors

Behavioral health therapy may include open-ended exploration of feelings and experiences of gender identity and expression, without the therapist having any pre-defined gender identity or expression outcome defined as preferable to another. According to the AAP, such treatment is best facilitated through the integration of medical, mental health, and social services, including specific resources and supports for parents and families.⁴⁰

Medical Treatment for Minors

According to the AAP policy statement, medical treatment for gender dysphoria involves decisions about whether to and when to initiate treatment and careful consideration of risks, benefits, and other factors unique to each patient and family. Many protocols suggest that clinical assessment of youth diagnosed as gender dysphoric is ideally conducted on an ongoing basis in the setting of a collaborative, multidisciplinary approach, which, in addition to the patient and family, may include the pediatric provider, a mental health provider, social and legal supports, and a pediatric endocrinologist or adolescent-medicine gender specialist, if available.⁴¹

According to the APA, medical treatment may include pubertal suppression for adolescents with gender dysphoria, and sex reassignment hormones like estrogen and testosterone for older adolescents and adults,⁴² but should only be started following the updated American Association

³⁹ *Id.*

⁴⁰ The American Academy of Pediatrics, PEDIATRIC, Vol. 142, (4), Oct. 2018, *Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents*, available at <https://publications.aap.org/pediatrics/article/142/4/e20182162/37381/Ensuring-Comprehensive-Care-and-Support-for?autologincheck=redirected> (last visited Mar. 6, 2023).

⁴¹ The American Academy of Pediatrics, PEDIATRIC, Vol. 142, (4), Oct. 2018, *Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents*, available at <https://publications.aap.org/pediatrics/article/142/4/e20182162/37381/Ensuring-Comprehensive-Care-and-Support-for?autologincheck=redirected> (last visited Mar. 6, 2023).

⁴² Turban, Jack, M.D., M.H.S., The American Psychiatric Association, *What is Gender Dysphoria?* Aug. 2022, available at <https://www.psychiatry.org/patients-families/gender-dysphoria/what-is-gender-dysphoria#:~:text=Gender%20dysphoria%3A%20A%20concept%20designated,and%20For%20secondary%20sex%20characteristics>. (last visited Mar. 4, 2023).

of Clinical Endocrinologists (AACE) clinical practice guidelines published in 2017,⁴³ which is supported by the American Association of Clinical Endocrinologists, American Society of Andrology, European Society for Pediatric Endocrinology, European Society of Endocrinology, Pediatric Endocrine Society, and World Professional Association for Transgender Health, and which includes specific and extensive guidelines.⁴⁴

Puberty Suppressing Medications

The AACE does not recommend hormone treatment for prepubertal gender dysphoric or gender-incongruent persons. Clinicians who recommend such endocrine treatments must be appropriately trained diagnosing clinicians or a mental health provider for adolescents.⁴⁵

Under the AACE clinical practice guidelines, adolescents are eligible for puberty suppressing hormone treatment if:

- A qualified mental health professional (MHP)⁴⁶ has confirmed that:
 - The adolescent has demonstrated a long-lasting and intense pattern of gender nonconformity or gender dysphoria that worsened with the onset of puberty;
 - Any coexisting psychological, medical, or social problems that could interfere with treatment have been addressed, such that the adolescent's situation and functioning are stable enough to start treatment; and
 - The adolescent has sufficient mental capacity to give informed consent to this treatment; and
- The adolescent:
 - Has been informed of the effects and side effects of treatment (including potential loss of fertility if the individual subsequently continues with sex hormone treatment) and options to preserve fertility; and
 - Has given informed consent and (particularly when the adolescent has not reached the age of legal medical consent, depending on applicable laws) the parents or other caretakers or guardians have consented to the treatment and are involved in supporting the adolescent throughout the treatment process; and
 - A pediatric endocrinologist or other clinician experienced in pubertal assessment:
 - Agrees with the indication for puberty blocking hormone treatment;
 - Has confirmed that puberty has started in the adolescent; and
 - Has confirmed that there are no medical contraindications to puberty suppressing hormone treatment.

⁴³ *Supra*, note 37.

⁴⁴ *Id.*

⁴⁵ *Id.*

⁴⁶ The AACE clinical practice guidelines, advise that only qualified mental health professionals (MHPs) who meet the following criteria should diagnose gender dysphoria or gender incongruence in children and adolescents: Training in child and adolescent developmental psychology and psychopathology; Competence in using the DSM and/or the ICD for diagnostic purposes; The ability to make a distinction between gender dysphoria or gender incongruence and conditions that have similar features (e.g., body dysmorphic disorder); Training in diagnosing psychiatric conditions; The ability to undertake or refer for appropriate treatment; The ability to psychosocially assess the person's understanding and social conditions that can impact sex reassignment hormone therapy; A practice of regularly attending relevant professional meetings; and Knowledge of the criteria for puberty blocking and sex reassignment hormone treatment in adolescents.

The AAP approves of the use of reversible puberty-suppressing hormones in adolescents who experience gender dysphoria to prevent development of secondary sex characteristics and provide time, up until age 16, for the individual and the family to explore gender identity, access psychosocial supports, develop coping skills, and further define appropriate treatment goals. If pubertal suppression treatment is suspended, then endogenous puberty will resume.⁴⁷

Side Effects of Puberty Suppressive Therapy

There is emerging evidence of potential harm from using puberty blockers, according to reviews of scientific papers and interviews with more than 50 doctors and academic experts around the world.⁴⁸

The drugs suppress estrogen and testosterone – hormones that help develop the reproductive system – but also affect the bones, the brain and other parts of the body. During puberty, bone mass typically surges, determining a lifetime of bone health. When adolescents are using blockers, bone density growth stops, on average, according to an analysis commissioned by The New York Times of observational studies examining the effects.⁴⁹

Many doctors treating minors for gender dysphoria believe their patients will recover that loss when they go off blockers. But, two studies from the analysis that tracked patients' bone strength while using blockers, and through the first years of sex hormone treatment, found that many do not fully rebound and lag behind their peers.⁵⁰

That could lead to heightened risk of debilitating fractures earlier than would be expected from normal aging – in their 50s instead of 60s – and more immediate harm for patients who start treatment with already weak bones, experts say.

Many physicians in the U.S. and elsewhere are prescribing blockers to patients at the first stage of puberty – as early as age 8 – and allowing them to progress to sex hormones as soon as 12 or 13. Starting treatment at young ages, they believe, helps patients become better aligned physically with their gender identity and helps protect their bones. But, that could force life-altering choices, other doctors warn, before patients know who they really are. Puberty can help clarify gender, the doctors say, for some adolescents reinforcing their sex at birth, and for others confirming that they are gender dysphoric.⁵¹

In October 2022, England's National Health Service proposed restricting use of the drugs for gender dysphoric youths to research settings. Sweden and Finland have also placed limits on the treatment, concerned not just with the risk of blockers, but the steep rise in young patients, the

⁴⁷ The American Academy of Pediatrics, PEDIATRIC, Vol. 142, (4), Oct. 2018, *Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents*, available at <https://publications.aap.org/pediatrics/article/142/4/e20182162/37381/Ensuring-Comprehensive-Care-and-Support-for?autologincheck=redirected> (last visited Mar. 6, 2023).

⁴⁸ The New York Times, *They Paused Puberty, but Is There a Cost?*, Nov. 14, 2022, available at: <https://www.nytimes.com/2022/11/14/health/puberty-blockers-transgender.html> (last visited Mar. 10, 2023).

⁴⁹ *Id.*

⁵⁰ *Id.*

⁵¹ *Id.*

psychiatric issues that many exhibit, and the extent to which their mental health should be assessed before treatment.⁵²

A full accounting of puberty blockers' risk to bones is not possible. While the Endocrine Society recommends baseline bone scans and then repeat scans every one to two years for gender dysphoric youths, the World Professional Association for Transgender Health and the AAP provide little guidance about whether to do so. Some doctors require regular scans and recommend calcium and exercise to help to protect bones; others do not. Because most treatment is provided outside of research studies, there's little public documentation of outcomes.⁵³

However, it is increasingly evident that the drugs are associated with deficits in bone development. During the teen years, bone density typically surges by about 8 to 12 percent a year. The analysis commissioned by The New York Times examined seven studies from the Netherlands, Canada and England involving about 500 gender dysphoric teens from 1998 through 2021. Researchers observed that while on puberty blockers, the teens did not gain any bone density, on average, and lost significant ground compared to their peers, according to the analysis by researchers at McMaster University in Canada.⁵⁴

If any harm resulted from the use of puberty blockers, it likely would not be evident until decades later, with fractures. However, for children who already have weak bones as they start treatment, the dangers could be more immediate. While there is no systematic record-keeping of such cases, some anecdotal evidence is available.⁵⁵

Medical Risks Associated with Hormone Therapy for Adolescents

According to the AACE clinical practice guidelines, males seeking to transition to female with estrogen, have a very high risk of developing thromboembolic⁵⁶ side effects. Males transitioning to female also have a moderate risk of developing the following adverse outcomes:⁵⁷

- Macroprolactinoma,⁵⁸
- Breast cancer;
- Coronary artery disease;
- Cerebrovascular disease;
- Cholelithiasis⁵⁹; and

⁵² *Id.*

⁵³ *Id.*

⁵⁴ *Id.*

⁵⁵ *Id.*

⁵⁶ “Thromboembolic” side effects refer to blood clots in the veins. Merriam Webster Dictionary, available at <https://www.merriam-webster.com/dictionary/thromboembolism> (last visited Mar. 6, 2023).

⁵⁷ *Supra*, note 37.

⁵⁸ Macroprolactinoma is a rare tumor with increasing incidence in young people and men, whose biological behavior seems to be more aggressive. Clinically, it manifests in the form of visual disturbances and/or headaches due to the compressive effect of the tumor and symptoms arising from the hyperprolactinemia. Iglesias, J.J. Diez, QJM: An International Journal of Medicine, Volume 106, (6), pp. 495–504, Jan. 16, 2013, available at <https://academic.oup.com/qjmed/article/106/6/495/1538299> (last visited Mar. 6, 2023).

⁵⁹ Cholelithiasis means production of gallstones, Merriam Webster Dictionary, available at <https://www.merriam-webster.com/dictionary/cholelithiasis> (last visited Mar. 6, 2023).

- Hypertriglyceridemia.⁶⁰

According to the AACE clinical practice guidelines, females seeking to transition to male with testosterone, have a very high risk of experiencing erythrocytosis⁶¹ and a moderate risk of the following adverse reactions:

- Severe liver dysfunction;
- Coronary artery disease;
- Cerebrovascular disease;
- Hypertension; and
- Breast or uterine cancer.⁶²

Sexual Reassignment Surgeries

A wide range of surgeries are available. Those include surgeries specific to sex reassignment, as well as procedures commonly performed for purposes unrelated to sex reassignment. Surgeries specific to sex reassignment include:⁶³

- Feminizing vaginoplasty;
- Masculinizing phalloplasty and scrotoplasty;
- Metoidioplasty;⁶⁴
- Masculinizing chest surgery (“top surgery”);
- Facial feminization procedures;
- Reduction thyrochondroplasty (tracheal cartilage shave); and
- Voice surgery.

According to the AAP policy statement and the 2017 AACE clinical practice guidelines, these surgeries are typically performed on adults, although adolescents may be considered on a case by case basis. Eligibility criteria for surgical interventions among adolescents are not clearly defined between established protocols and practice. Eligibility is to be determined on a case-by-case basis with the adolescent and the family, along with input from medical, mental health, and surgical providers.

⁶⁰ Hypertriglyceridemia is a condition in which triglyceride levels (fats) are elevated in your blood. The Cleveland Clinic, *What is Hypertriglyceridemia?* available at <https://my.clevelandclinic.org/health/diseases/23942-hypertriglyceridemia> (last visited Mar. 6, 2023).

⁶¹ Erythrocytosis is having a high concentration of red blood cells. Your levels may be high for many reasons. Some causes, like dehydration, are less concerning than others, like polycythemia vera, a serious blood disorder. Getting diagnosed and receiving treatment can prevent complications associated with erythrocytosis, like life-threatening blood clots. The Cleveland Clinic, *Erythrocytosis*, available at <https://my.clevelandclinic.org/health/diseases/23468-erythrocytosis> (last visited Mar. 6, 2023).

⁶² *Supra*, note 37.

⁶³ Deutsch, Madeline B., M.D., M.P.H., Editor; Guidelines for the Primary Care of Transgender and Gender Nonbinary People, Medical Director, UCSF Gender Affirming Health Program Professor of Clinical Family and Community Medicine; University of California, San Francisco, *Supporting Evidence For Providing Gender-Affirming Treatments And Procedures* available at: <https://transcare.ucsf.edu/guidelines/overview> (last visited Mar. 6, 2023).

⁶⁴ See <https://my.clevelandclinic.org/health/treatments/21668-metoidioplasty> (last visited Mar. 10, 2023).

Federal Position on Sex Reassignment Medical Treatment

On May 25, 2021, the U.S. Department of Health and Human Services (HHS) published a notification consistent with the U.S. Supreme Court's decision in *Bostock v. Clayton County*⁶⁵ that HHS would interpret and enforce s. 1557 of the Affordable Care Act (ACA) to prohibiting discrimination on the basis of sex to include:

- Discrimination on the basis of sexual orientation; and
- Discrimination on the basis of gender identity.⁶⁶

Section 1557 of the ACA prohibits discrimination on the bases of race, color, national origin, sex, age, and disability in covered health programs or activities.⁶⁷ The HHS interpretation guides the Office for Civil Rights (OCR) in processing complaints and conducting investigations but does not itself determine the outcome in any particular case or set of facts.

On March 2, 2022, HHS issued additional guidance, indicating that s. 1557 of the ACA prohibits health care programs that are federally funded from discriminating against patients on the basis of sex and prohibits federally funded entities from restricting an individual's ability to receive medically necessary health care, including sex reassignment treatment, on the basis of birth sex or gender identity, based on *Bostock*.⁶⁸

In response, Texas filed a lawsuit against the HHS and the Equal Opportunity Employment Commission (EEOC). October 1, 2022, the Federal District Court issued an opinion and order declaring the March 2, 2022, HHS guidance concerning sex reassignment medical treatment to be arbitrary, capricious, unlawful, in violation of the Federal Administrative Procedure Act, and set it aside.⁶⁹

⁶⁵ *Bostock v. Clayton County*, 590 U.S. ____; 140 S. Ct. 1731; 207 L. Ed. 2d 218; 2020 WL 3146686; 2020 U.S. LEXIS 3252 (2020). On June 15, 2020, the U.S. Supreme Court held that everyone in every state in the country who works at or applies for a job with an employer that has at least 15 employees is protected under federal law against employment discrimination based on sexual orientation or gender identity.

⁶⁶ National Archives and records administration, Federal Register, *Notification of Interpretation and Enforcement of Section 1557 of the Affordable Care Act and Title IX of the Education Amendments of 1972*, available at <https://www.federalregister.gov/documents/2021/05/25/2021-10477/notification-of-interpretation-and-enforcement-of-section-1557-of-the-affordable-care-act-and-title-ix-of-the-education-amendments-of-1972>, last visited Mar. 3, 2023).

⁶⁷ 42 U.S.C. 18116(a), which states: An individual shall not, on the ground prohibited under title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000D et seq.), title IX of the Education Amendments of 1972 (20 U.S.C. 1681 et seq.), the Age Discrimination Act of 1975 (42 U.S.C. 6101 et seq.), or SECTION 794 OF TITLE 29, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under, any health program or activity, any part of which is receiving Federal financial assistance, including credits, subsidies, or contracts of insurance, or under any program or activity that is administered by an Executive Agency or any entity established under this title 1 (or amendments). The enforcement mechanisms provided for and available under such title VI, title IX, section 794, or such Age Discrimination Act shall apply for purposes of violations of this subsection.

⁶⁸ U.S. Department Of Health And Human Services, Office for Civil Rights, *HHS Notice and Guidance on Gender Affirming Care, Civil Rights, and Patient Privacy*, March 2, 2022, available at <https://www.hhs.gov/sites/default/files/hhs-ocr-notice-and-guidance-gender-affirming-care.pdf> (last visited Mar. 3, 2023).

⁶⁹ *Texas vs. EEOC, et. al*, U.S. District Court, Nor. Dist. Texas, Case # 2:21-CV-194-Z, *Opinion and Order*, Oct. 1, 2022, available at <https://www.eeoc.gov/sites/default/files/2022-10/downloadfile.pdf> (last visited Mar. 3, 2023).

The HHS Office of Civil Rights is evaluating its next steps in light of the judgment in *Texas v. EEOC* but is reportedly complying with the court's order.⁷⁰

On June 15, 2022, President Joe Biden signed Executive Order 14075,⁷¹ which calls on the U.S. Department of Education and the HHS to increase access to sex reassignment medical treatment and develop ways to counter state efforts aimed at limiting such treatments for minors.⁷²

Florida's Position on Sex Reassignment Medical Treatment

Department of Health Guidelines

On April 20, 2022, the DOH issued Florida guidelines for *Treatment of Gender Dysphoria for Children and Adolescents*⁷³ to clarify evidence cited on a fact sheet⁷⁴ released one month earlier by the HHS for the purpose of providing federal guidance on treating gender dysphoria for children and adolescents.

The DOH guidance from April 2022 included the following:

- Systematic reviews on hormonal treatment for young people show a trend of low-quality evidence, small sample sizes, and medium to high risk of bias.
- A paper published in the *International Review of Psychiatry* states that 80 percent of those seeking clinical care will lose their desire to identify with the non-birth sex.
- Due to the lack of conclusive evidence, and the potential for long-term, irreversible effects, the DOH guidelines are as follows:
 - Social gender transition should not be a treatment option for children or adolescents.
 - Anyone under 18 should not be prescribed puberty blockers or hormone therapy.
 - Gender reassignment surgery should not be a treatment option for children or adolescents.
 - Children and adolescents should be provided social support by peers and family and seek counseling from a licensed provider.
- These guidelines do not apply to procedures or treatments for children or adolescents born with a genetically or biochemically verifiable disorder of sex development (DSD).

These DOH guidelines are non-binding and do not carry the force of law or rule. The guidance ended with “Parents are encouraged to reach out to their child’s health care provider for more information.” The BOM and the BOOM – not the DOH nor the Surgeon General – have

⁷⁰ *Supra*, note 68.

⁷¹ Federal Registry, Vol. 87., No. 188, June 15, 2022, Executive Order 14075, *Advancing Equality for Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex Individuals*, available at <https://www.govinfo.gov/content/pkg/FR-2022-06-21/pdf/2022-13391.pdf> (last visited Mar. 7, 2023).

⁷² Neugeboren, Eric, Jun. 15, 2022, *The Texas Tribune*, *Biden Signs Order to Protect Transgender Children as Texas Continues Efforts to Restrict Gender-Affirming Care*, available at <https://www.texastribune.org/2022/06/15/joe-biden-texas-transgender-care/> (last visited Mar. 7, 2023).

⁷³ Florida Department of Health, *Treatment of Gender Dysphoria for Children and Adolescents* Apr. 20, 2022, available at <https://www.floridahealth.gov/documents/newsroom/press-releases/2022/04/20220420-gender-dysphoria-guidance.pdf> (last visited Mar. 3, 2023).

⁷⁴ Office of the Assistant Secretary for Health, Office of Population Affairs, *Gender-Affirming Care and Young People*, available at <https://opa.hhs.gov/sites/default/files/2022-03/gender-affirming-care-young-people-march-2022.pdf> (last visited Mar. 13, 2023).

statutory authority to establish standards of care by rule for physicians who may treat patients diagnosed with gender dysphoria.

BOM and BOOM Rule Making

On July 28, 2022, the DOH filed a *Petition to Initiate Rulemaking* to set standards of care for the treatment of gender dysphoria⁷⁵ with the BOM for the care and treatment of minors with gender dysphoria, to preserve the health, safety, and welfare of the public under s. 20.43, F.S.

The DOH petition asserted it was necessary for the BOM to establish a standard of care for the treatment of gender dysphoria for children and adolescents because:

- The HHS had issued guidance encouraging early treatment for gender dysphoria with an array of services, including psychological, medical, and surgical interventions;
- The AACE and the AAP had issued similar guidance based on low-quality evidence plagued with small sample sizes and high risks of bias;
- The above endorsements had permeated both the general public and health care community and created the false impression that chemical and surgical intervention was not only clinically proven but was also the standard of care for treatment of gender dysphoria in Florida;
- The AHCA had conducted a study and issued a report⁷⁶ in June of 2022 to determine whether such procedures were consistent with generally-accepted professional medical standards, and had concluded that:
 - Available medical literature provided insufficient evidence that sex reassignment through medical interventions was a safe and effective treatment for gender dysphoria;
 - Puberty blockers were not approved by the FDA for the treatment of gender dysphoria, were not medically efficacious for the treatment of gender dysphoria, and had permanent side effects;
 - Hormonal treatments in adolescents can achieve their intended physical effects but reliable evidence regarding their psychological and cognitive impact was generally lacking;
 - Treatments can cause irreversible physical changes;
 - Surgical interventions for gender dysphoria included multiple procedures to alter the appearance of the body to resemble the individual's desired gender, were not reversible, and the long-term mental health effects of these procedures were largely unknown;
 - Due to the stark contrast regarding the efficacy of sex reassignment treatment, the confusion it has caused, and the lack of quality evidence regarding the effectiveness of such treatments, it was necessary for the BOM to provide preemptory guidance to the medical community to protect the health, safety, and welfare of Floridians.

The BOM considered the petition at its meeting on August 5, 2022, and voted to begin rulemaking proceedings through forming a joint committee with the BOOM. The boards

⁷⁵ Florida Board of Medicine, Public Book 0805292022 FB2 p. 870, available upon request at the Florida Department of Health, Board of Medicine, 4052 Bald Cypress Way Bin C-03, Tallahassee, FL 32399-3253, 850-488-0595.

⁷⁶ Agency for Health Care Administration, *Generally Accepted Professional Medical Standards Determination on the Treatment of Gender Dysphoria*, June 2022, available at https://www.ahca.myflorida.com/letkidsbekids/docs/AHCA_GAPMS_June_2022_Report.pdf (last visited Mar. 9, 2023).

received thousands of emails,⁷⁷ took testimony from board members, members of the public, and stakeholders on multiple occasions regarding the language for the rule. The BOM ultimately adopted the following rule with an effective date of March 16, 2023.

64B8-9.019 Standards of Practice for the Treatment of Gender Dysphoria in Minors.

(1) The following therapies and procedures performed for the treatment of gender dysphoria in minors are prohibited.

(a) Sex reassignment surgeries, or any other surgical procedures, that alter primary or secondary sexual characteristics.

(b) Puberty blocking, hormone, and hormone antagonist therapies.

(2) Minors being treated with puberty blocking, hormone, or hormone antagonist therapies prior to the effective date of this rule may continue with such therapies.

A proposed BOOM rule is identical but is still in its rule making process.⁷⁸

Florida Medicaid’s Rule for General Medicaid Policy

One day after issuing its June 2022 report on “Generally Accepted Professional Medical Standards Determination on the Treatment of Gender Dysphoria,” the AHCA issued a notice of development of rulemaking. On June 17, 2022, AHCA proposed an amendment to its General Medicaid Policy, Rule 59G-1.050, F.A.C., which was finalized and became effective on August 21, 2022.

The rule amendment provides that Florida Medicaid does not cover services for the treatment of gender dysphoria, including: puberty blockers, hormones, hormone antagonists, sex reassignment surgeries, or any other procedures that alter primary or secondary sexual characteristics. This amendment to the rule applies to all age groups.

Opponents of this change to the rule argue that it violates the sex discrimination protections provided under the equal protection clauses in the U.S. and Florida Constitutions and the federal code and rules relating to Medicaid by discriminating against people on the basis of their sex, gender status, and gender identity. A lawsuit⁷⁹ was filed on September 7, 2022, against the AHCA in federal court, seeking a preliminary injunction to enjoin Florida Medicaid from applying the new rule. However, the injunction was denied in October 2022, so the rule is in effect, pending further action as the case progresses.

Nine other states (Arizona, Nebraska, Texas, Missouri, Arkansas, Kentucky, Ohio, Tennessee, and Georgia) exclude coverage of hormone therapy, top surgery, and bottom surgery in their state Medicaid programs, either in statute or in agency rule or policy. Seventeen states have not taken a position for their Medicaid programs. The other 24 states have differing policies, authorizing some level of Medicaid coverage for surgeries and/or hormone therapy. Of those

⁷⁷ Email from Executive Director, Florida Board of Medicine, Florida Department of Health, March 7, 2023 (on file with the Senate Committee on Health Policy)..

⁷⁸ *Id.*

⁷⁹ See https://www.lambdalegal.org/sites/default/files/legal-docs/downloads/filed_complaint_against_ahca.pdf (last visited Mar. 10, 2023).

states, some states offer full coverage of such services and others provide coverage for those above 15, 16, or 18 years of age.

Other State Laws Prohibiting Sex Reassignment Treatments in Minors

Seven states, including Alabama, Arizona, Arkansas, Mississippi, Tennessee, Texas and Utah, recently enacted laws or policies restricting youth access to sex reassignment medical treatment in general and, in some cases, imposing penalties on adults facilitating access. Arkansas' 2021 law has been permanently enjoined,⁸⁰ but SB 199, entitled *Protecting Minors from Medical Malpractice Act of 2023*, currently is moving through the Arkansas legislature.⁸¹ Alabama's law is also currently enjoined but that ruling is under appeal at the Federal 11th Circuit Court of Appeals and is awaiting the court's opinion.⁸²

III. Effect of Proposed Changes:

Section 1 of the bill amends Florida's Uniform Child Custody Jurisdiction and Enforcement Act by creating s. 61.5175, F.S., to provide that, notwithstanding any other provision of the Act, a court of this state has jurisdiction to enter, modify, or stay a child custody determination relating to a child who is present in this state to the extent necessary to protect the child from being subjected to sex-reassignment prescriptions or procedures, as defined in s. 456.001, F.S., in another state.

Section 2 of the bill creates s. 286.31, F.S., to prohibit a governmental entity, the state group health insurance program, a managing entity as defined in s. 394.9082, F.S., or a managed care plan providing services in the SMMC program, from expending state funds as described in s. 215.31, F.S., for sex-reassignment prescriptions or procedures as defined in s. 456.001, F.S. The bill defines "governmental entity" to mean the state or any political subdivision thereof, including the executive, legislative, and judicial branches of government; the independent establishments of the state, counties, municipalities, districts, authorities, boards, or commissions; and any agencies that are subject to ch. 286, F.S.

Section 3 of the bill creates a new subsection (6) of s. 395.003, F.S., to provide that, by July 1, 2023, each licensed hospital or ASC must provide a signed attestation to the AHCA stating that the facility does not offer or provide sex-reassignment prescriptions or procedures, as defined in

⁸⁰ In 2021 Arkansas passed a law prohibiting sex reassignment treatment for minors, including puberty blockers, hormone therapy, and sex reassignment surgery. The law prohibited the use of insurance or public funds, including through Medicaid, for coverage of these services for minors.

⁸¹ Arkansas SB 199 (2023), available at <https://legiscan.com/AR/text/SB199/2023> (last visited Mar. 7, 2023).

⁸² In April 2022, Alabama enacted a law that prevents transgender minors from receiving sex reassignment treatment, including puberty blockers, hormone therapy, and surgical intervention. The bill makes it a felony for any person to "engage in or cause" a transgender minor to receive any of these treatments, punishable by up to 10 years in prison or a fine up to \$15,000. A lawsuit was filed challenging the law's constitutionality and the Federal District Court enjoined Alabama from enforcing part of the law criminalizing sex reassignment treatment for children; and Alabama appealed the injunction. See Holmes, Jacob; Alabama Political Reporter, Nov. 21, 2022, *State Appeals to Lift Injunction on Law Criminalizing Treatment of Transgender Youth*, available at <https://www.alreporter.com/2022/11/21/state-appeals-to-lift-injunction-on-law-criminalizing-treatment-of-transgender-youth/> (last visited March 6, 2023). The 11th Circuit heard oral argument November 18, 2022, but no opinion has been issued as of March 13, 2023. See *Paul Eknes-Tucker v. Governor of the State of Alabama*, Oral Argument, available at <https://www.courtlistener.com/audio/83873/paul-eknes-tucker-v-governor-of-the-state-of-alabama/> (last visited Mar. 6, 2023).

s. 456.001, F.S., to patients younger than 18 years of age who do not qualify for the exception specified in Section 5 of the bill, and does not refer such patients to other providers for such services.

Beginning July 1, 2023, each licensed facility must provide the signed attestation to the AHCA upon initial licensure and as a requirement for each licensure renewal. Under the due process requirements provided in ch. 120, F.S., the AHCA must revoke the license of any licensed facility that fails to provide the required attestation.

Section 4 of the bill amends s. 456.001, F.S., to provide the following definitions:

- “Sex” means the classification of a person as either male or female based on the organization of the human body of such person for a specific reproductive role, as indicated by the person’s sex chromosomes, naturally occurring sex hormones, and internal and external genitalia present at birth.
- “Sex-reassignment prescriptions or procedures” means:
 - The prescription or administration of puberty blockers for the purpose of attempting to stop or delay normal puberty in order to affirm a person’s perception of his or her sex if that perception is inconsistent with the person’s sex as defined in subsection (8).
 - The prescription or administration of hormones or hormone antagonists to affirm a person’s perception of his or her sex if that perception is inconsistent with the person’s sex as defined in subsection (8).
 - Any medical procedure, including a surgical procedure, to affirm a person’s perception of his or her sex if that perception is inconsistent with the person’s sex as defined in subsection (8).
- “Sex-reassignment prescriptions or procedures” does not include:
 - Treatment provided by a physician who, in his or her good faith clinical judgment, performs procedures upon or provides therapies to a minor born with a medically verifiable genetic disorder of sexual development, including any of the following:
 - External biological sex characteristics that are unresolvably ambiguous.
 - A disorder of sexual development in which the physician has determined through genetic or biochemical testing that the patient does not have a normal sex chromosome structure, sex steroid hormone production, or sex steroid hormone action for a male or female, as applicable.
 - Prescriptions or procedures to treat an infection, an injury, a disease, or a disorder that has been caused or exacerbated by the performance of any sex-reassignment prescription or procedure, regardless of whether such prescription or procedure was performed in accordance with state or federal law or whether such prescription or procedure is covered by the private rights of action under ss. 766.102 and 768.042, F.S.
 - Prescriptions or procedures provided to a patient for the treatment of a physical disorder, physical injury, or physical illness that would, as certified by a physician licensed under ch. 458 or ch. 459, F.S., place the individual in imminent danger of death or impairment of a major bodily function without the prescription or procedure.

Section 5 of the bill creates s. 456.52, F.S., to provide that:

- Sex-reassignment prescriptions and procedures are prohibited for patients younger than 18 years of age, except that:

- The BOM and the BOOM must adopt emergency rules pertaining to standards of practice under which a patient younger than 18 years of age may continue to be treated with such prescription if such treatment for sex reassignment was commenced before, and is still active on, the effective date of the bill.
- A patient meeting the criteria above may continue to be treated by a physician with such prescriptions according to rules adopted by the boards.
- If sex-reassignment prescriptions or procedures are prescribed for or administered or performed on patients 18 years of age or older, consent must be voluntary, informed, and in writing on forms approved by the DOH. Consent to sex-reassignment prescriptions or procedures is voluntary and informed only if the physician who is to prescribe or administer the pharmaceutical product or perform the procedure has, at a minimum, while physically present in the same room:
 - Informed the patient of the nature and risks of the prescription or procedure in order for the patient to make a prudent decision;
 - Provided the informed consent form, as approved by the DOH, to the patient; and
 - Received the patient's written acknowledgment, before the prescription or procedure is prescribed, administered, or performed, that the information required to be provided has been provided.
- The requirement for such consent does not apply to renewals of prescriptions relating to sex reassignment if a physician and his or her patient have met the requirements for consent for the initial prescription or renewal. However, separate consent is required for any new prescription for such a pharmaceutical product not previously prescribed to the patient.
- Sex-reassignment prescriptions or procedures may not be prescribed, administered, or performed except by a physician, defined as a physician licensed under ch. 458 or ch. 459, F.S., or a physician practicing medicine or osteopathic medicine in the employment of the federal government.
- Violation of these provisions constitutes grounds for practitioner disciplinary action.
- Any health care practitioner who willfully or actively participates in a violation of the bill's provisions relating to providing treatment to a child commits a felony of the third degree, punishable as provided in ss. 775.082, 775.083, or 775.084, F.S.
- Any health care practitioner who violates the bill's requirements relating to consent or the prohibition against non-physicians providing such treatments commits a misdemeanor of the first degree, punishable as provided in ss. 775.082 or 775.083, F.S.

The DOH is directed to adopt emergency rules to implement Section 5 of the bill. Any emergency rules adopted under Section 5 are exempt from the expiration that normally applies to emergency rules and will remain in effect until replaced by rules adopted under the nonemergency rulemaking procedures of the Administrative Procedure Act.

Section 6 of the bill amends s. 456.074, F.S., to provide that if a health care practitioner is arrested for the crime of providing treatments for sex reassignment to a child who does not qualify for the exception specified in Section 5 of the bill, the practitioner is subject to an emergency order issued by the DOH to immediately suspend his or her license.

Sections 7 and 8 of the bill amend ss. 458.328 and 459.0138, F.S., respectively, to provide that, by July 1, 2023, each allopathic or osteopathic physician office registered for the performance of office surgeries must provide a signed attestation to the DOH stating that the office does not

offer or provide sex-reassignment prescriptions or procedures to patients younger than 18 years of age who do not qualify for the exception specified in Section 5 of the bill, and does not refer such patients to other providers for such services.

Beginning July 1, 2023, any office seeking registration must provide such signed attestation to the DOH. An office's failure to provide the signed attestation is grounds for denial of registration or the suspension or revocation of registration.

Section 9 of the bill provides that if any provision of the bill, once enacted, or its application to any person or circumstance is held invalid, the invalidity does not affect other provisions or applications of the bill, and those other provisions or applications can be given effect without the invalid provision or application, and to this end the provisions of the bill are severable.

Section 10 of the bill directs the Division of Law Revision to replace the phrase "the effective date of this act" wherever it occurs in the bill with the date the bill becomes a law.

Section 11 provides that the bill takes effect upon becoming a law.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

The bill will have a fiscal impact on hospitals, ASCs, or physician offices registered for office surgery that fail to provide the attestation required under sections 3, 7, and 8 of the bill. The bill may have an indeterminate fiscal impact on persons seeking sex reassignment treatment and health care practitioners or facilities who provide such treatment.

C. Government Sector Impact:

The bill may have an indeterminate fiscal impact on governmental entities specified under Section 2 of the bill.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 395.003, 456.001, 456.52, 456.074, 458.328, and 459.0138.

This bill repeals the following sections of the Florida Statutes: 61.5175, 286.31, and 456.52.

IX. Additional Information:**A. Committee Substitute – Statement of Substantial Changes:**

(Summarizing differences between the Committee Substitute and the prior version of the bill.)

CS by Health Policy on March 13, 2023:

The CS:

- Replaces the underlying bill's provisions regarding child custody orders with a provision to give Florida courts jurisdiction to enter, modify, or stay a child custody determination for a child present in Florida to the extent necessary to protect the child from being subjected to sex reassignment treatments in another state, notwithstanding other provisions within the Florida Uniform Child Custody Jurisdiction and Enforcement Act; and
- Modifies the provisions for criminal penalties so that they apply only to health care practitioners who violate certain prohibitions or requirements, as opposed to any person other than the patient as provided in the underlying bill.

B. Amendments:

None.

This Senate Bill Analysis does not reflect the intent or official position of the bill's introducer or the Florida Senate.



201722

LEGISLATIVE ACTION

Senate	.	House
Comm: OO	.	
03/13/2023	.	
	.	
	.	
	.	

The Committee on Health Policy (Davis) recommended the following:

Senate Amendment (with title amendment)

Delete lines 77 - 160.

===== T I T L E A M E N D M E N T =====

And the title is amended as follows:

Delete lines 3 - 27

and insert:

creating s. 381.0027, F.S.; prohibiting



302480

LEGISLATIVE ACTION

Senate	.	House
Comm: OO	.	
03/13/2023	.	
	.	
	.	
	.	

The Committee on Health Policy (Book) recommended the following:

Senate Amendment (with title amendment)

Delete lines 281 - 297

and insert:

the pharmaceutical product or perform the procedure has:

(a) Informed the patient of the nature and risks of the
prescription or procedure in order for the patient to make a
prudent decision;

(b) Provided the informed consent form, as approved by the
department, to the patient; and



302480

11 (c) Received the patient's written acknowledgment, before
12 the prescription or procedure is prescribed, administered, or
13 performed, that the information required to be provided under
14 this subsection has been provided.

15
16 ===== T I T L E A M E N D M E N T =====

17 And the title is amended as follows:

18 Delete lines 50 - 52

19 and insert:

20 applicability;



590780

LEGISLATIVE ACTION

Senate	.	House
Comm: OO	.	
03/13/2023	.	
	.	
	.	
	.	

The Committee on Health Policy (Davis) recommended the following:

Senate Amendment (with title amendment)

Delete lines 305 - 315
and insert:

(5) Violation of this section constitutes grounds for disciplinary action under this chapter and chapter 458 or chapter 459, as applicable.

===== T I T L E A M E N D M E N T =====

And the title is amended as follows:



590780

11 Delete lines 53 - 54
12 and insert:
13 providing for disciplinary action; requiring the
14 Department of Health to adopt

By Senator Yarborough

4-01859G-23

2023254__

1 A bill to be entitled
 2 An act relating to treatments for sex reassignment;
 3 amending s. 61.517, F.S.; granting courts of this
 4 state temporary emergency jurisdiction over children
 5 present in this state if they are at risk of or are
 6 being subjected to the provision of sex-reassignment
 7 prescriptions or procedures; amending s. 61.520, F.S.;
 8 requiring the court to consider certain information
 9 when determining whether the court of another
 10 jurisdiction is the more appropriate or convenient
 11 forum for child custody determination proceedings;
 12 amending s. 61.521, F.S.; requiring courts to consider
 13 specified conduct as unjustifiable for purposes of
 14 determining jurisdiction in certain proceedings;
 15 prohibiting the court from treating a parent's removal
 16 of a child from another parent or from another state
 17 as unjustifiable conduct under certain circumstances;
 18 amending s. 61.534, F.S.; defining the term "serious
 19 physical harm" for purposes of warrants to take
 20 physical custody of a child in certain child custody
 21 enforcement proceedings; amending s. 61.536, F.S.;
 22 providing that the courts of this state have
 23 jurisdiction to vacate, stay, or modify child custody
 24 determinations made by a court of another state under
 25 certain circumstances; requiring that a court do so to
 26 the extent necessary to protect the child from certain
 27 conduct; creating s. 381.0027, F.S.; prohibiting
 28 certain public entities from expending funds for the
 29 provision of sex-reassignment prescriptions or

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30 procedures; amending s. 395.003, F.S.; requiring
 31 certain licensed facilities, by a specified date and
 32 as a condition of licensure thereafter, to provide a
 33 signed attestation of specified information to the
 34 Agency for Health Care Administration; requiring the
 35 agency to revoke a facility's license for failure to
 36 provide such attestation, subject to the due process
 37 procedures of ch. 120, F.S.; amending s. 456.001,
 38 F.S.; defining the terms "sex" and "sex-reassignment
 39 prescriptions or procedures"; creating s. 456.52,
 40 F.S.; prohibiting sex-reassignment prescriptions and
 41 procedures for patients younger than 18 years of age;
 42 providing an exception; requiring the Board of
 43 Medicine and the Board of Osteopathic Medicine to
 44 adopt certain emergency rules; requiring that such
 45 prescriptions and procedures for patients older than
 46 18 years of age be prescribed, administered, or
 47 performed only with the voluntary and informed consent
 48 of the patient; providing criteria for what
 49 constitutes voluntary and informed consent; providing
 50 that only a physician may prescribe, administer, or
 51 perform such prescriptions and procedures; defining
 52 the term "physician"; providing applicability;
 53 providing for disciplinary action; providing criminal
 54 penalties; requiring the Department of Health to adopt
 55 certain emergency rules; providing that such emergency
 56 rules remain in effect until they are replaced by
 57 nonemergency rules; amending s. 456.074, F.S.;
 58 requiring the department to immediately suspend the

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license of a health care practitioner who is arrested for committing or attempting, soliciting, or conspiring to commit specified violations related to sex-reassignment prescriptions or procedures for a patient younger than 18 years of age; amending ss. 458.328 and 459.0138, F.S.; requiring registered physicians' offices to provide a signed attestation of specified information to the department by a specified date; beginning on a specified date, requiring physicians' offices seeking such registration to provide the signed attestation as a condition of registration; providing grounds for disciplinary action; providing severability; providing a directive to the Division of Law Revision; providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. Subsection (1) of section 61.517, Florida Statutes, is amended to read:

61.517 Temporary emergency jurisdiction.—

(1) A court of this state has temporary emergency jurisdiction if the child is present in this state and the child has been abandoned or it is necessary in an emergency to protect the child because the child, or a sibling or parent of the child, is subjected to or threatened with mistreatment or abuse or is at risk of or is being subjected to the provision of sex-reassignment prescriptions or procedures as defined in s. 456.001.

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Section 2. Subsection (2) of section 61.520, Florida Statutes, is amended to read:

61.520 Inconvenient forum.—

(2) Before determining whether it is an inconvenient forum, a court of this state shall consider whether it is appropriate for a court of another state to exercise jurisdiction. For this purpose, the court shall allow the parties to submit information and shall consider all relevant factors, including:

(a) Whether domestic violence has occurred and is likely to continue in the future and which state could best protect the parties and the child;

(b) The length of time the child has resided outside this state;

(c) The distance between the court in this state and the court in the state that would assume jurisdiction;

(d) The relative financial circumstances of the parties;

(e) Any agreement of the parties as to which state should assume jurisdiction;

(f) The nature and location of the evidence required to resolve the pending litigation, including testimony of the child;

(g) The ability of the court of each state to decide the issue expeditiously and the procedures necessary to present the evidence; ~~and~~

(h) The familiarity of the court of each state with the facts and issues in the pending litigation; and

(i) Whether there is reason to believe that one of the parties is subjecting or is likely to subject the child to the provision of sex-reassignment prescriptions or procedures as

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defined in s. 456.001.

Section 3. Subsection (4) is added to section 61.521, Florida Statutes, to read:

61.521 Jurisdiction declined by reason of conduct.—

(4) (a) A court of this state shall treat as unjustifiable conduct subjecting or attempting to subject a child to the provision of sex-reassignment prescriptions or procedures as defined in s. 456.001.

(b) A court may not treat a parent's removal of a child from another parent or from another state as unjustifiable conduct or child abuse if the removal was for the purpose of protecting the child from one or more of the prescriptions or procedures referenced in paragraph (a) and if there is reason to believe that the child was at risk of or was being subjected to the provision of such prescriptions or procedures.

Section 4. Subsection (1) of section 61.534, Florida Statutes, is amended to read:

61.534 Warrant to take physical custody of child.—

(1) (a) Upon the filing of a petition seeking enforcement of a child custody determination, the petitioner may file a verified application for the issuance of a warrant to take physical custody of the child if the child is likely to imminently suffer serious physical harm or removal from this state.

(b) As used in this subsection, the term "serious physical harm" includes the provision of sex-reassignment prescriptions or procedures as defined in s. 456.001.

Section 5. Section 61.536, Florida Statutes, is amended to read:

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61.536 Recognition and enforcement.—

(1) A court of this state shall accord full faith and credit to an order issued by another state and consistent with this part which enforces a child custody determination by a court of another state unless the order has been vacated, stayed, or modified by a court having jurisdiction to do so under ss. 61.514-61.523.

(2) A court of this state has jurisdiction to vacate, stay, or modify a child custody determination of a court of another state to protect the child from the risk of being subjected to the provision of sex-reassignment prescriptions or procedures as defined in s. 456.001. The court must vacate, stay, or modify the child custody determination to the extent necessary to protect the child from the provision of such prescriptions or procedures.

Section 6. Section 381.0027, Florida Statutes, is created to read:

381.0027 Prohibition of expenditure of public funds for sex-reassignment prescriptions and procedures.—A state agency, the state group health insurance program, a local governmental entity, a managing entity as defined in s. 394.9082, or a managed care plan providing services under part IV of chapter 409 may not expend funds for sex-reassignment prescriptions or procedures as defined in s. 456.001.

Section 7. Present subsections (6) through (10) of section 395.003, Florida Statutes, are redesignated as subsections (7) through (11), respectively, a new subsection (6) is added to that section, and present subsections (9) and (10) of that section are amended, to read:

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175 395.003 Licensure; denial, suspension, and revocation.—
 176 (6) By July 1, 2023, each licensed facility must provide a
 177 signed attestation to the agency stating that the facility does
 178 not offer or provide sex-reassignment prescriptions or
 179 procedures, as defined in s. 456.001, to patients younger than
 180 18 years of age, unless authorized under s. 456.52(1)(b), and
 181 does not refer such patients to other providers for such
 182 services. Beginning July 1, 2023, each licensed facility shall
 183 provide the signed attestation to the agency upon initial
 184 licensure and as a requirement for each licensure renewal. Under
 185 the due process requirements provided in chapter 120, the agency
 186 must revoke the license of any licensed facility that fails to
 187 provide the attestation required by this subsection.
 188 (10)(9) A hospital licensed as of June 1, 2004, shall be
 189 exempt from subsection (9) ~~(8)~~ as long as the hospital maintains
 190 the same ownership, facility street address, and range of
 191 services that were in existence on June 1, 2004. Any transfer of
 192 beds, or other agreements that result in the establishment of a
 193 hospital or hospital services within the intent of this section,
 194 shall be subject to subsection (9) ~~(8)~~. Unless the hospital is
 195 otherwise exempt under subsection (9) ~~(8)~~, the agency shall deny
 196 or revoke the license of a hospital that violates any of the
 197 criteria set forth in that subsection.
 198 (11)(10) The agency may adopt rules implementing the
 199 licensure requirements set forth in subsection (9) ~~(8)~~. Within
 200 14 days after rendering its decision on a license application or
 201 revocation, the agency shall publish its proposed decision in
 202 the Florida Administrative Register. Within 21 days after
 203 publication of the agency's decision, any authorized person may

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204 file a request for an administrative hearing. In administrative
 205 proceedings challenging the approval, denial, or revocation of a
 206 license pursuant to subsection (9) ~~(8)~~, the hearing must be
 207 based on the facts and law existing at the time of the agency's
 208 proposed agency action. Existing hospitals may initiate or
 209 intervene in an administrative hearing to approve, deny, or
 210 revoke licensure under subsection (9) ~~(8)~~ based upon a showing
 211 that an established program will be substantially affected by
 212 the issuance or renewal of a license to a hospital within the
 213 same district or service area.
 214 Section 8. Subsections (8) and (9) are added to section
 215 456.001, Florida Statutes, to read:
 216 456.001 Definitions.—As used in this chapter, the term:
 217 (8) "Sex" means the classification of a person as either
 218 male or female based on the organization of the human body of
 219 such person for a specific reproductive role, as indicated by
 220 the person's sex chromosomes, naturally occurring sex hormones,
 221 and internal and external genitalia present at birth.
 222 (9) (a) "Sex-reassignment prescriptions or procedures"
 223 means:
 224 1. The prescription or administration of puberty blockers
 225 for the purpose of attempting to stop or delay normal puberty in
 226 order to affirm a person's perception of his or her sex if that
 227 perception is inconsistent with the person's sex as defined in
 228 subsection (8).
 229 2. The prescription or administration of hormones or
 230 hormone antagonists to affirm a person's perception of his or
 231 her sex if that perception is inconsistent with the person's sex
 232 as defined in subsection (8).

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233 3. Any medical procedure, including a surgical procedure,
 234 to affirm a person's perception of his or her sex if that
 235 perception is inconsistent with the person's sex as defined in
 236 subsection (8).

237 (b) The term does not include:

238 1. Prescriptions or procedures for individuals born with a
 239 genetically or biochemically verifiable disorder of sex
 240 development (DSD), including, but not limited to, 46, XX DSD;
 241 46, XY DSD; sex chromosome DSDs; XX or XY sex reversal; and
 242 ovotesticular disorder.

243 2. Prescriptions or procedures to treat an infection, an
 244 injury, a disease, or a disorder that has been caused or
 245 exacerbated by the performance of any sex-reassignment
 246 prescription or procedure, regardless of whether such
 247 prescription or procedure was performed in accordance with state
 248 or federal law or whether such prescription or procedure is
 249 covered by the private rights of action under ss. 766.102 and
 250 768.042.

251 3. Prescriptions or procedures provided to a patient for
 252 the treatment of a physical disorder, physical injury, or
 253 physical illness that would, as certified by a physician
 254 licensed under chapter 458 or chapter 459, place the individual
 255 in imminent danger of death or impairment of a major bodily
 256 function without the prescription or procedure.

257 Section 9. Section 456.52, Florida Statutes, is created to
 258 read:

259 456.52 Sex-reassignment prescriptions and procedures;
 260 prohibitions; informed consent.-

261 (1) Sex-reassignment prescriptions and procedures are

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262 prohibited for patients younger than 18 years of age, except
 263 that:

264 (a) The Board of Medicine and the Board of Osteopathic
 265 Medicine shall adopt emergency rules pertaining to standards of
 266 practice under which a patient younger than 18 years of age may
 267 continue to be treated with a prescription consistent with those
 268 referenced under s. 456.001(9)(a)1. or 2. if such treatment for
 269 sex reassignment was commenced before, and is still active on,
 270 the effective date of this act.

271 (b) A patient meeting the criteria of paragraph (a) may
 272 continue to be treated by a physician with such prescriptions
 273 according to rules adopted under paragraph (a) or nonemergency
 274 rules adopted under paragraph (6)(b).

275 (2) If sex-reassignment prescriptions or procedures are
 276 prescribed for or administered or performed on patients 18 years
 277 of age or older, consent must be voluntary, informed, and in
 278 writing on forms approved by the department. Consent to sex-
 279 reassignment prescriptions or procedures is voluntary and
 280 informed only if the physician who is to prescribe or administer
 281 the pharmaceutical product or perform the procedure has, at a
 282 minimum, while physically present in the same room:

283 (a) Informed the patient of the nature and risks of the
 284 prescription or procedure in order for the patient to make a
 285 prudent decision;

286 (b) Provided the informed consent form, as approved by the
 287 department, to the patient; and

288 (c) Received the patient's written acknowledgment, before
 289 the prescription or procedure is prescribed, administered, or
 290 performed, that the information required to be provided under

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291 this subsection has been provided.

292 (3) Sex-reassignment prescriptions or procedures may not be
 293 prescribed, administered, or performed except by a physician.
 294 For the purposes of this section, the term "physician" is
 295 defined as a physician licensed under chapter 458 or chapter 459
 296 or a physician practicing medicine or osteopathic medicine in
 297 the employment of the Federal Government.

298 (4) Consent required under subsection (2) does not apply to
 299 renewals of prescriptions consistent with those referenced under
 300 s. 456.001(9)(a)1. and 2. if a physician and his or her patient
 301 have met the requirements for consent for the initial
 302 prescription or renewal. However, separate consent is required
 303 for any new prescription for a pharmaceutical product not
 304 previously prescribed to the patient.

305 (5)(a) Violation of this section constitutes grounds for
 306 disciplinary action under this chapter and chapter 458 or
 307 chapter 459, as applicable.

308 (b) Any person, other than the patient, who willfully or
 309 actively participates in a violation of subsection (1) commits a
 310 felony of the third degree, punishable as provided in s.
 311 775.082, s. 775.083, or s. 775.084.

312 (c) Any person, other than the patient, who violates
 313 subsection (2), subsection (3), or subsection (4) commits a
 314 misdemeanor of the first degree, punishable as provided in s.
 315 775.082 or s. 775.083.

316 (6)(a) The department shall adopt emergency rules to
 317 implement this section.

318 (b) Any emergency rules adopted under this section are
 319 exempt from s. 120.54(4)(c) and shall remain in effect until

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320 replaced by rules adopted under the nonemergency rulemaking
 321 procedures of the Administrative Procedure Act.

322 Section 10. Present paragraphs (c) through (gg) of
 323 subsection (5) of section 456.074, Florida Statutes, are
 324 redesignated as paragraphs (d) through (hh), respectively, and a
 325 new paragraph (c) is added to that subsection, to read:

326 456.074 Certain health care practitioners; immediate
 327 suspension of license.—

328 (5) The department shall issue an emergency order
 329 suspending the license of any health care practitioner who is
 330 arrested for committing or attempting, soliciting, or conspiring
 331 to commit any act that would constitute a violation of any of
 332 the following criminal offenses in this state or similar
 333 offenses in another jurisdiction:

334 (c) Section 456.52(5)(b), relating to prescribing,
 335 administering, or performing sex-reassignment prescriptions or
 336 procedures for a patient younger than 18 years of age.

337 Section 11. Paragraph (c) of subsection (1) of section
 338 458.328, Florida Statutes, is amended to read:

339 458.328 Office surgeries.—

340 (1) REGISTRATION.—

341 (c) Each of the following is ~~A~~ a condition of
 342 registration:

343 1. An ~~each~~ office must establish financial responsibility
 344 by demonstrating that it has met and continues to maintain, at a
 345 minimum, the same requirements applicable to physicians in ss.
 346 458.320 and 459.0085.

347 2. Each physician practicing at an office registered under
 348 this section or s. 459.0138 must meet the financial

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responsibility requirements under s. 458.320 or s. 459.0085, as applicable.

3. By July 1, 2023, each office registered under this section must provide a signed attestation to the department stating that the office does not offer or provide sex-reassignment prescriptions or procedures, as defined in s. 456.001, to patients younger than 18 years of age, unless authorized under s. 456.52(1)(b), and does not refer such patients to other providers for such services. Beginning July 1, 2023, any office seeking registration must provide such signed attestation to the department. An office's failure to provide the signed attestation is grounds for denial of registration or the suspension or revocation of registration under paragraph (f).

Section 12. Paragraph (c) of subsection (1) of section 459.0138, Florida Statutes, is amended to read:

459.0138 Office surgeries.—

(1) REGISTRATION.—

(c) Each of the following is ~~As~~ a condition of registration:—

1. ~~An each~~ office must establish financial responsibility by demonstrating that it has met and continues to maintain, at a minimum, the same requirements applicable to physicians in ss. 458.320 and 459.0085.

2. Each physician practicing at an office registered under this section or s. 458.328 must meet the financial responsibility requirements under s. 458.320 or s. 459.0085, as applicable.

3. By July 1, 2023, each office registered under this

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section must provide a signed attestation to the department stating that the office does not offer or provide sex-reassignment prescriptions or procedures, as defined in s. 456.001, to patients younger than 18 years of age , unless authorized under s. 456.52(1)(b), and does not refer such patients to other providers for such services. Beginning July 1, 2023, any office seeking registration must provide such signed attestation to the department. An office's failure to provide the signed attestation is grounds for denial of registration or the suspension or revocation of registration under paragraph (f).

Section 13. If any provision of this act or its application to any person or circumstance is held invalid, the invalidity does not affect other provisions or applications of this act which can be given effect without the invalid provision or application, and to this end the provisions of this act are severable.

Section 14. The Division of Law Revision is directed to replace the phrase "the effective date of this act" wherever it occurs in this act with the date the act becomes a law.

Section 15. This act shall take effect upon becoming a law.



The Florida Senate

Committee Agenda Request

To: Senator Colleen Burton, Chair
Committee on Health Policy

Subject: Committee Agenda Request

Date: March 7, 2023

I respectfully request that **Senate Bill #254**, relating to Treatments for Sex Reassignment, be placed on the:

- ☐ committee agenda at your earliest possible convenience.
- ☒ next committee agenda.

A handwritten signature in cursive script that reads "Clay Yarborough".

Senator Clay Yarborough
Florida Senate, District 4

The Florida Senate
APPEARANCE RECORD

Deliver both copies of this form to
Senate professional staff conducting the meeting

3/13/2023
Meeting Date
Health Policy
Committee

SB254
Bill Number or Topic
201722
Amendment Barcode (if applicable)
788684

Name Nathan Bruemmer Phone

Address
Street
City Guluport State FL Zip

Speaking: ☐ For ☐ Against ☐ Information **OR** Waive Speaking: ☒ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

- ☐ I am appearing without compensation or sponsorship. ☐ I am a registered lobbyist, representing: ☐ I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1, [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

This form is part of the public record for this meeting.

S-001 (08/10/2021)

The Florida Senate
APPEARANCE RECORD

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3/13/23
Meeting Date
S. Health Policy
Committee

SB 254
Bill Number or Topic
788684
Amendment Barcode (if applicable)

Name Jon Harris Maurer Phone

Address
Street 201 E Park Ave.
City TLH State FL Zip 32301

Speaking: ☐ For ☐ Against ☐ Information **OR** Waive Speaking: ☒ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

- ☐ I am appearing without compensation or sponsorship. ☒ I am a registered lobbyist, representing: Equality Florida ☐ I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1, [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

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S-001 (08/10/2021)

The Florida Senate

APPEARANCE RECORD

3/13/23

Meeting Date

S. Health Policy

Committee

Deliver both copies of this form to
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SB 254

Bill Number or Topic

953930

Amendment Barcode (if applicable)

Name Jon Harris Maurer

Phone

Address 201 E. Park Ave.

Email

Street

TLH

City

FL

State

32301

Zip

Speaking: ☐ For ☐ Against ☐ Information

OR

Waive Speaking: ☒ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☐ I am appearing without
compensation or sponsorship.☒ I am a registered lobbyist,
representing:

Equality Florida

☐ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

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S-001 (08/10/2021)

The Florida Senate

APPEARANCE RECORD

3/13/2023

Meeting Date

Health Policy

Committee

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Senate professional staff conducting the meeting

SB 254

Bill Number or Topic

953930

Amendment Barcode (if applicable)

Name Nathan Bruemmer

Phone

Address

Email

Street

Gulfport

City

FL

State

Zip

Speaking: ☐ For ☐ Against ☐ Information

OR

Waive Speaking: ☒ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☐ I am appearing without
compensation or sponsorship.☐ I am a registered lobbyist,
representing:☐ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

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S-001 (08/10/2021)

The Florida Senate
APPEARANCE RECORD

Deliver both copies of this form to
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SB254

Bill Number or Topic

309890

Amendment Barcode (if applicable)

Meeting Date 3/13/2023
Committee Health Policy
Name Nathan Bruemmer Phone _____

Address _____ Email _____
Street _____
City Gulfport State FL Zip 33908

Speaking: ☒ For ☐ Against ☐ Information **OR** Waive Speaking: ☐ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

- ☐ I am appearing without compensation or sponsorship. ☐ I am a registered lobbyist, representing: ☐ I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1, [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

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S-001 (08/10/2021)

The Florida Senate
APPEARANCE RECORD

Deliver both copies of this form to
Senate professional staff conducting the meeting

SB 254

Bill Number or Topic

309890

Amendment Barcode (if applicable)

Meeting Date 3/13/23
Committee S. Health Policy
Name Jon Harris Maurer Phone _____

Address _____ Email _____
Street 201 E Park Ave.
City TLH State FL Zip 32301

Speaking: ☐ For ☐ Against ☐ Information **OR** Waive Speaking: ☒ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

- ☐ I am appearing without compensation or sponsorship. ☒ I am a registered lobbyist, representing: Equality Florida ☐ I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1, [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

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S-001 (08/10/2021)

The Florida Senate
APPEARANCE RECORD

SB 254

Bill Number or Topic

448208

Amendment Barcode (if applicable)

3/13/23

Meeting Date

S. Health Policy

Committee

Name

Jon Harris Maurer

Phone

Address

201 E Park Ave.

Email

Street

TLH

City

FL

State

32301

Zip

Speaking: ☐ For ☐ Against ☐ Information

OR

Waive Speaking: ☒ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☐ I am appearing without compensation or sponsorship.

☒ I am a registered lobbyist, representing:

Equality Florida

☐ I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1, [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

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S-001 (08/10/2021)

The Florida Senate
APPEARANCE RECORD

SB 254

Bill Number or Topic

590780

Amendment Barcode (if applicable)

448208

3/13/2023

Meeting Date

Health Policy

Committee

Name

Nathan Bruemmer

Phone

Address

Street

Gulfport

City

FL

State

Zip

Speaking: ☐ For ☐ Against ☐ Information

OR

Waive Speaking: ☒ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☐ I am appearing without compensation or sponsorship.

☐ I am a registered lobbyist, representing:

☐ I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

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S-001 (08/10/2021)

The Florida Senate
APPEARANCE RECORD

Deliver both copies of this form to
Senate professional staff conducting the meeting

PCS SB 254

Bill Number or Topic

448208

Amendment Barcode (if applicable)

3/13/23
Meeting Date
Health
Committee

Name D Paul Robinson M.D. Phone 850-566-4551

Address 4656 Inisheer Dr Email Robinsondp@mac.com
Street
Tallahassee, FL 32309
City State Zip

Speaking: ☒ For ☐ Against ☐ Information **OR** Waive Speaking: ☐ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☒ I am appearing without
compensation or sponsorship.

☐ I am a registered lobbyist,
representing:

☐ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

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S-001 (08/10/2021)

The Florida Senate
APPEARANCE RECORD

Deliver both copies of this form to
Senate professional staff conducting the meeting

SB 254

Bill Number or Topic

Amendment Barcode (if applicable)

3/13/23
Meeting Date
Committee

Name Alister Vergara Phone 766 8 17 9638

Address Email
Street
 City State Zip

Speaking: ☐ For ☒ Against ☐ Information **OR** Waive Speaking: ☐ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☒ I am appearing without
compensation or sponsorship.

☐ I am a registered lobbyist,
representing:

☐ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

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S-001 (08/10/2021)

The Florida Senate
APPEARANCE RECORD

Deliver both copies of this form to
Senate professional staff conducting the meeting

3/13/23
Meeting Date
Healthcare
Committee

SB254
Bill Number or Topic
Amendment Barcode (if applicable)

Name Heather Wilkie Phone 407/399-0774
Address 1839 Pearwood Ct Email hwilkie@uba.youth.org
Street
Orlando FL 32818
City State Zip

Speaking: ☐ For ☒ Against ☐ Information **OR** Waive Speaking: ☐ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

- ☒ I am appearing without compensation or sponsorship. ☐ I am a registered lobbyist, representing: ☐ I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

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S-001 (08/10/2021)

The Florida Senate
APPEARANCE RECORD

Deliver both copies of this form to
Senate professional staff conducting the meeting

3/13/2023
Meeting Date
HEALTH POLICY
Committee

254
Bill Number or Topic
Amendment Barcode (if applicable)

Name VINCE CUADRA Phone 305-849-8082
Address 1175 NE 125TH ST. SUITE 103 Email VINCENIZCUADRA@GMAIL.COM
Street
NORTH MIAMI FL 33161
City State Zip

Speaking: ☐ For ☒ Against ☐ Information **OR** Waive Speaking: ☐ In Support ☒ Against

PLEASE CHECK ONE OF THE FOLLOWING:

- ☐ I am appearing without compensation or sponsorship. ☐ I am a registered lobbyist, representing: ☐ I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

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S-001 (08/10/2021)

The Florida Senate
APPEARANCE RECORD

SB 254

Bill Number or Topic

3/13/23

Meeting Date

Deliver both copies of this form to
Senate professional staff conducting the meeting

Amendment Barcode (if applicable)

Senate Health Policy

Committee

Name

Emer Roy

Phone

407 955 6041

Address

2337 Albion Ave

Email

eroy823@gmail.com

Street

City

Orlando

State

FL

Zip

32833

Speaking:

☐ For

☒ Against

☐ Information

OR

Waive Speaking:

☐ In Support

☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:



I am appearing without
compensation or sponsorship.



I am a registered lobbyist,
representing:



I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

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S-001 (08/10/2021)

The Florida Senate
APPEARANCE RECORD

SB 254

Bill Number or Topic

The Florida Senate

Deliver both copies of this form to
Senate professional staff conducting the meeting

Committee

Name

Sheani Quinn Cutliff

Phone

352-530-3523

Address

6911 W Rosewood Lane

Email

j.cutliff84@live.com

Street

City

Towles

State

FL

Zip

32778

Speaking:

☐ For

☒ Against

☐ Information

OR

Waive Speaking:

☐ In Support

☒ Against

PLEASE CHECK ONE OF THE FOLLOWING:



I am appearing without
compensation or sponsorship.



I am a registered lobbyist,
representing:



I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

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S-001 (08/10/2021)

The Florida Senate

APPEARANCE RECORD

SB 254

Meeting Date

Deliver both copies of this form to
Senate professional staff conducting the meeting

Bill Number or Topic

Committee

Amendment Barcode (if applicable)

Name

Phone

Address

Email

Street

City

State

Zip

Speaking:

☐ For☒ Against☐ Information

OR

Waive Speaking:

☐ In Support☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without
compensation or sponsorship.I am a registered lobbyist,
representing:I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
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S-001 (08/10/2021)

The Florida Senate

APPEARANCE RECORD

HCS/SB 254

Meeting Date

Deliver both copies of this form to
Senate professional staff conducting the meeting

Bill Number or Topic

Committee

Amendment Barcode (if applicable)

Name

Phone

Address

Email

Street

City

State

Zip

Speaking:

☐ For☒ Against☐ Information

OR

Waive Speaking:

☐ In Support☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without
compensation or sponsorship.I am a registered lobbyist,
representing:I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

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S-001 (08/10/2021)

The Florida Senate
APPEARANCE RECORD
Deliver both copies of this form to
Senate professional staff conducting the meeting

Meeting Date 3/13/23
Committee Senate Health Policy Committee

Bill Number or Topic Gender Affirming Care
Amendment Barcode (if applicable) _____

Name Shane Mukahy Phone 407 955 3732
Address 2337 Albion Ave Email shane2wab@gmail.com
City Orlando State FL Zip 32833

Speaking: ☐ For ☒ Against ☐ Information **OR** Waive Speaking: ☐ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☒ I am appearing without
compensation or sponsorship.

☐ I am a registered lobbyist,
representing:

☐ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

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S-001 (08/10/2021)

The Florida Senate
APPEARANCE RECORD
Deliver both copies of this form to
Senate professional staff conducting the meeting

Meeting Date 3/13/23
Committee _____

Bill Number or Topic POS/8B254
Amendment Barcode (if applicable) _____

Name Caroline Pryor Phone 407 468 3931
Address 2943 Olson Landing Rd Email carolinempryor@gmail.com
City Tallahassee State FL Zip 32308

Speaking: ☐ For ☒ Against ☐ Information **OR** Waive Speaking: ☐ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☒ I am appearing without
compensation or sponsorship.

☐ I am a registered lobbyist,
representing:

☐ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

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S-001 (08/10/2021)

The Florida Senate
APPEARANCE RECORD

Deliver both copies of this form to
Senate professional staff conducting the meeting

3/13/23

Meeting Date

HEALTH CARE

Committee

SB 254

Bill Number or Topic

Amendment Barcode (if applicable)

Name PAUL ARONS MD

Phone 850-545-8997

Address 1706 BEECHWOOD CR. N

Email paronsmd@gmail.com

Street

TALLAHASSEE FL 32301

City

State

Zip

Speaking: ☐ For ☒ Against ☐ Information **OR** Waive Speaking: ☐ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☒ I am appearing without
compensation or sponsorship.

☐ I am a registered lobbyist,
representing:

☐ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

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S-001 (08/10/2021)

The Florida Senate
APPEARANCE RECORD

Deliver both copies of this form to
Senate professional staff conducting the meeting

03-13-2023

Meeting Date

Health Policy

Committee

SB 254

Bill Number or Topic

Amendment Barcode (if applicable)

Name Madison Hilt

Phone 904-303-0714

Address 2272 Orange Ave

Email hiltj@smail.com

Street

Orange Park FL 32073

City

State

Zip

Speaking: ☐ For ☒ Against ☐ Information **OR** Waive Speaking: ☐ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☒ I am appearing without
compensation or sponsorship.

☐ I am a registered lobbyist,
representing:

☐ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

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S-001 (08/10/2021)

The Florida Senate
APPEARANCE RECORD

Deliver both copies of this form to
Senate professional staff conducting the meeting

SB 254

Bill Number or Topic

Meeting Date

Health Policy
Committee

Name

Rence Davis

Phone

262-751-4427

Address

400 S Monroe St
Tallahassee FL

Email

City

State

Zip

Amendment Barcode (if applicable)

Speaking: ☐ For ☒ Against ☐ Information **OR** Waive Speaking: ☐ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

- ☐ I am appearing without compensation or sponsorship.
- ☐ I am a registered lobbyist, representing:

- ☒ I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

Equality Florida

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S-001 (08/10/2021)

The Florida Senate
APPEARANCE RECORD

Deliver both copies of this form to
Senate professional staff conducting the meeting

SB 254

Bill Number or Topic

Meeting Date

3-13-23
Health Policy
Committee

Name

Juv Lynch

Phone

407-941-8553

Address

600 12th St S APT 210
Saint Petersburg FL 33705

Email

hubbitygubbity@protonmail.com

City

State

Zip

Amendment Barcode (if applicable)

Speaking: ☐ For ☒ Against ☐ Information **OR** Waive Speaking: ☐ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

- ☐ I am appearing without compensation or sponsorship.
- ☐ I am a registered lobbyist, representing:

- ☒ I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

Equality Florida

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S-001 (08/10/2021)

The Florida Senate
APPEARANCE RECORD

Deliver both copies of this form to
Senate professional staff conducting the meeting

3-13-23

Meeting Date

HEALTH

Committee

SB 254

Bill Number or Topic

Amendment Barcode (if applicable)

Name CLAUDIA THOMAS

Phone 321-396-2828

Address 113 KAYS LANDING DR

Email GUITARCHICK@DUCK.COM

Street

SANFORD

FL

32771

City

State

Zip

Speaking: ☐ For ☒ Against ☐ Information **OR** Waive Speaking: ☐ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☒ I am appearing without
compensation or sponsorship.

☐ I am a registered lobbyist,
representing:

☐ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

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S-001 (08/10/2021)

The Florida Senate
APPEARANCE RECORD

Deliver both copies of this form to
Senate professional staff conducting the meeting

3/13/23

Meeting Date

Health Policy

Committee

SB 254

Bill Number or Topic

Amendment Barcode (if applicable)

Name Melinda Stanwood

Phone 850-227-1275

Address 4721 Flowerwood Drive

Email FrenchyFrye@hotmail.com

Street

Tallahassee FL 32303

City

State

Zip

Speaking: ☐ For ☒ Against ☐ Information **OR** Waive Speaking: ☐ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☒ I am appearing without
compensation or sponsorship.

☐ I am a registered lobbyist,
representing:

☐ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

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The Florida Senate

APPEARANCE RECORD

SB 254

Bill Number or Topic

3/13/23

Meeting Date

Deliver both copies of this form to
Senate professional staff conducting the meeting

S. Health Policy

Committee

Amendment Barcode (if applicable)

Name Jan Harris Maurer

Phone

Address 201 E. Park Ave.

Email

Street

TLC

City

FL

State

32301

Zip

Speaking: ☐ For ☒ Against ☐ Information OR Waive Speaking: ☐ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☐ I am appearing without
compensation or sponsorship.☒ I am a registered lobbyist,
representing:

Equality Florida

☐ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

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S-001 (08/10/2021)

The Florida Senate

APPEARANCE RECORD

SB 254

Bill Number or Topic

3/13/23

Meeting Date

Deliver both copies of this form to
Senate professional staff conducting the meeting

Committee

Amendment Barcode (if applicable)

Name Denise L Barber

Phone

850-694-4386

Address 501 S. Blarstone Rd. #2923

Email

dbdolphn50@
yahoo.com

Street

City

Tally

FL

State

32301

Zip

Speaking: ☐ For ☒ Against ☐ Information OR Waive Speaking: ☐ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☒ I am appearing without
compensation or sponsorship.☐ I am a registered lobbyist,
representing:☐ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

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S-001 (08/10/2021)

The Florida Senate
APPEARANCE RECORD

Deliver both copies of this form to
Senate professional staff conducting the meeting

SB 254

Bill Number or Topic

Amendment Barcode (if applicable)

3-13-23
Meeting Date
Health Policy
Committee

Name Van Harnes

Phone _____

Address _____ Email _____

Street

City

State

Zip

32054

Speaking: ☐ For ☒ Against ☐ Information **OR** Waive Speaking: ☐ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☒ I am appearing without
compensation or sponsorship.

☐ I am a registered lobbyist,
representing:

☐ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

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S-001 (08/10/2021)

The Florida Senate
APPEARANCE RECORD

Deliver both copies of this form to
Senate professional staff conducting the meeting

SB 254

Bill Number or Topic

Amendment Barcode (if applicable)

3/13/23
Meeting Date
Health Policy
Committee

Name Lisa O.

Phone _____

Address P.O. Box 12137

Email _____

Street

City

State

Zip

St Pete, FL

Speaking: ☐ For ☒ Against ☐ Information **OR** Waive Speaking: ☐ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☒ I am appearing without
compensation or sponsorship.

☐ I am a registered lobbyist,
representing:

☐ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

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S-001 (08/10/2021)

The Florida Senate
APPEARANCE RECORD

SB254

Bill Number or Topic

Meeting Date

Deliver both copies of this form to
Senate professional staff conducting the meeting

Amendment Barcode (if applicable)

Name

Phone

Address

Email

Street

City

State

Zip

Speaking:

☐ For

☒ Against

☐ Information

OR

Waive Speaking:

☐ In Support

☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☒ I am appearing without
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☐ I am a registered lobbyist,
representing:

☐ I am not a lobbyist, but received
something of value for my appearance
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S-001 (08/10/2021)

The Florida Senate
APPEARANCE RECORD

SB254

Bill Number or Topic

Meeting Date

Deliver both copies of this form to
Senate professional staff conducting the meeting

Amendment Barcode (if applicable)

Name

Phone

Address

Email

Street

City

State

Zip

Speaking:

☐ For

☒ Against

☐ Information

OR

Waive Speaking:

☐ In Support

☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☒ I am appearing without
compensation or sponsorship.

☐ I am a registered lobbyist,
representing:

☐ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

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APPEARANCE RECORD

SB 254

Bill Number or Topic

Meeting Date

Deliver both copies of this form to
Senate professional staff conducting the meeting

Committee

Amendment Barcode (if applicable)

Name

Leanne Klumb

Phone

813-685-4104

Address

Street

Heronglen Dr.

Email

lealany@gmail.com

City

State

Zip

Speaking:

☐ For

☒ Against

☐ Information

OR

Waive Speaking:

☐ In Support

☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:



I am appearing without
compensation or sponsorship.



I am a registered lobbyist,
representing:



I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

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S-001 (08/10/2021)

APPEARANCE RECORD

SB 254

Bill Number or Topic

Meeting Date

Deliver both copies of this form to
Senate professional staff conducting the meeting

Committee

Amendment Barcode (if applicable)

Name

Dalton Vanderford

Phone

(913) 305-9688

Address

Street

6519 Jamesville Dr.

Email

123dalton@gmail.com

City

State

Zip

Speaking:

☐ For

☒ Against

☐ Information

OR

Waive Speaking:

☐ In Support

☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:



I am appearing without
compensation or sponsorship.



I am a registered lobbyist,
representing:



I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

Tampa Drag Community

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1, [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

This form is part of the public record for this meeting.

S-001 (08/10/2021)

The Florida Senate
APPEARANCE RECORD

SB 254

Bill Number or Topic

Amendment Barcode (if applicable)

Meeting Date
3/13/23
Health Policy
Committee

Deliver both copies of this form to
Senate professional staff conducting the meeting

Name Gabe I Phone _____

Address PO Box 12137 Email _____
Street

St Pete FL
City State Zip

Speaking: ☐ For ☒ Against ☐ Information **OR** Waive Speaking: ☐ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

- ☒ I am appearing without compensation or sponsorship. ☐ I am a registered lobbyist, representing: ☐ I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

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S-001 (08/10/2021)

The Florida Senate
APPEARANCE RECORD

254

Bill Number or Topic

Amendment Barcode (if applicable)

Meeting Date
3-13-23
Health Policy
Committee

Deliver both copies of this form to
Senate professional staff conducting the meeting

Name Barbara DeVane Phone 850-251-4280

Address 625 E. Brevard St Email barbaradevane1@
Street Tallahassee FL 32308 yahoo.com
City State Zip

Speaking: ☐ For ☐ Against ☐ Information **OR** Waive Speaking: ☐ In Support ☒ Against

PLEASE CHECK ONE OF THE FOLLOWING:

- ☐ I am appearing without compensation or sponsorship. ☒ I am a registered lobbyist, representing: FL NOW ☐ I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

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S-001 (08/10/2021)

3/13/2023
Meeting Date
Health Policy
Committee

The Florida Senate
APPEARANCE RECORD
Deliver both copies of this form to
Senate professional staff conducting the meeting

254
Bill Number or Topic

Amendment Barcode (if applicable)

Name Karen Woodall Phone _____

Address 579 E. Cull St. Email fefer@yahoo.com
Street

Tallahassee, FL 32301
City State Zip

Speaking: ☐ For ☐ Against ☐ Information **OR** Waive Speaking: ☐ In Support ☒ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☐ I am appearing without
compensation or sponsorship.

☒ I am a registered lobbyist,
representing:
FL Center for Fiscal
& Economic Policy

☐ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

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S-001 (08/10/2021)

3/13/23
Meeting Date
Health Policy
Committee

The Florida Senate
APPEARANCE RECORD
Deliver both copies of this form to
Senate professional staff conducting the meeting

SB 254
Bill Number or Topic

Amendment Barcode (if applicable)

Name Jamie Merchant Phone 6143291995

Address 12324 Casals Ln Email jamie.merchant6
Street

Bonita Springs FL 34135
City State Zip

Speaking: ☒ For ☐ Against ☐ Information **OR** Waive Speaking: ☒ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☒ I am appearing without
compensation or sponsorship.

☐ I am a registered lobbyist,
representing:

☐ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

This form is part of the public record for this meeting.

3/13/23
Meeting Date
Senate Health Policy
Committee

The Florida Senate
APPEARANCE RECORD

Deliver both copies of this form to
Senate professional staff conducting the meeting

SB 254
Bill Number or Topic

Amendment Barcode (if applicable)

Name Ryan Kennedy Phone 239-671-5733
Address 9745 Roundstone Circle Email ryan@9oflca.org
Fort Myers FL 33967
City State Zip

Speaking: ☐ For ☐ Against ☐ Information **OR** Waive Speaking: ☒ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☐ I am appearing without
compensation or sponsorship.

☒ I am a registered lobbyist,
representing:

Florida Citizens
Alliance

☐ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1, [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

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S-001 (08/10/2021)

3/13/2023

Meeting Date

Health Policy

Committee

The Florida Senate
APPEARANCE RECORD

Deliver both copies of this form to
Senate professional staff conducting the meeting

254

Bill Number or Topic

112830

Amendment Barcode (if applicable)

Name Jorge Chamizo Phone 8506810024
Address 108 S Monroe Street Email Jorge@flapartners.com
Tallahassee, FL 32301 FL 32301
City State Zip

Speaking: ☐ For ☐ Against ☐ Information **OR** Waive Speaking: ☒ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☐ I am appearing without
compensation or sponsorship.

☒ I am a registered lobbyist,
representing:

Do No Harm Medicine

☐ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1, [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

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S-001 (08/10/2021)

3/13/23
Meeting Date
Health Policy Comm.
Committee

The Florida Senate
APPEARANCE RECORD

Deliver both copies of this form to
Senate professional staff conducting the meeting

SB254
Bill Number or Topic

Amendment Barcode (if applicable)

Name Lateresa Jones Phone 352-284 3852
Address P.O. Box 630 Email ljonesusa
Ocala FL 34479
City State Zip

Speaking: ☐ For ☒ Against ☐ Information **OR** Waive Speaking: ☐ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☒ I am appearing without
compensation or sponsorship.

☐ I am a registered lobbyist,
representing:

☐ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

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S-001 (08/10/2021)

03/13/23
Meeting Date
Health &
Committee

The Florida Senate
APPEARANCE RECORD

Deliver both copies of this form to
Senate professional staff conducting the meeting

SB 254
Bill Number or Topic

Amendment Barcode (if applicable)

Name Sarah Parker Phone 941 376 482
Address 1543 14th St. Email admin@WVSWA.com
Sarasota FL
City State Zip

Speaking: ☐ For ☒ Against ☐ Information **OR** Waive Speaking: ☐ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☐ I am appearing without
compensation or sponsorship.

☐ I am a registered lobbyist,
representing:

☒ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by: WVSWA

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

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S-001 (08/10/2021)

The Florida Senate
APPEARANCE RECORD

SB 254

Meeting Date

Bill Number or Topic

3/13/23
~~Education & Employment~~

Deliver both copies of this form to
Senate professional staff conducting the meeting

Committee

Amendment Barcode (if applicable)

Health Policy
Name Seneca Bristol

Phone

Address

Email

Street

City

State

Zip

Speaking: ☐ For ☒ Against ☐ Information

OR

Waive Speaking: ☐ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☐ I am appearing without
compensation or sponsorship.

☐ I am a registered lobbyist,
representing:

☒ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

Equality FL

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1, [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

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S-001 (08/10/2021)

The Florida Senate
APPEARANCE RECORD

SB 254

Meeting Date

Bill Number or Topic

Deliver both copies of this form to
Senate professional staff conducting the meeting

Amendment Barcode (if applicable)

3/13/23
Health Policy

Committee

Name Tsi Day Smyth

Phone

Address 316 Ulrich Ave

Email

Street

Winter Haven FL

33881

City

State

Zip

Speaking: ☐ For ☒ Against ☐ Information

OR

Waive Speaking: ☐ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☐ I am appearing without
compensation or sponsorship.

☐ I am a registered lobbyist,
representing:

☒ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

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S-001 (08/10/2021)

The Florida Senate
APPEARANCE RECORD

Deliver both copies of this form to
Senate professional staff conducting the meeting

SB 254

Bill Number or Topic

Amendment Barcode (if applicable)

Meeting Date

Health Policy

Committee

Name

Lola Smyth

Phone

Address

Street

316 Ukiah Ave

Email

sheri.mayer85@gmail

City

Winter Haven FL

State

Zip

33881

Speaking: ☐ For ☒ Against ☐ Information

OR

Waive Speaking: ☐ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☒ I am appearing without
compensation or sponsorship.

☐ I am a registered lobbyist,
representing:

☐ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

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S-001 (08/10/2021)

The Florida Senate
APPEARANCE RECORD

Deliver both copies of this form to
Senate professional staff conducting the meeting

SB 254

Bill Number or Topic

Amendment Barcode (if applicable)

Meeting Date

3/13/2023

Health Policy

Committee

Name

Corey Bleakley

Phone

407-795-7059

Address

Street

641 Iris Rd

Email

City

Casselberry FL

State

Zip

32707

Speaking: ☐ For ☒ Against ☐ Information

OR

Waive Speaking: ☐ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☐ I am appearing without
compensation or sponsorship.

☐ I am a registered lobbyist,
representing:

☒ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

Equality FL,
women's Voices of SWFL

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

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S-001 (08/10/2021)

3/15/23

The Florida Senate

APPEARANCE RECORD

5b 254

Meeting Date

Health Policy

Committee

Deliver both copies of this form to
Senate professional staff conducting the meeting

Bill Number or Topic

Name

Amanda Langworthy

Phone

941-328-2374

Address

3701 webber st apt 200

Email

amandalangworthy4@gmail.com

Street

Sarasota

City

FL

State

34232

Zip

Speaking:

☐ For☒ Against☐ Information

OR

Waive Speaking:

☐ In Support☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☐I am appearing without
compensation or sponsorship.☐I am a registered lobbyist,
representing:☒I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

Equality FL

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1, [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

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S-001 (08/10/2021)

3/13/2023

The Florida Senate

APPEARANCE RECORD

5b 254

Meeting Date

Health Policy

Committee

Deliver both copies of this form to
Senate professional staff conducting the meeting

Bill Number or Topic

Name

Harrison Lindy

Phone

(813) 998-5928

Address

12010 Streambed Drive

Email

Street

Liverview

City

FL

State

33571

Zip

Speaking:

☐ For☒ Against☐ Information

OR

Waive Speaking:

☐ In Support☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☐I am appearing without
compensation or sponsorship.☐I am a registered lobbyist,
representing:☒I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:Equality FL / Women's Voice
SW FL

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1, [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

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S-001 (08/10/2021)

The Florida Senate

APPEARANCE RECORD

Deliver both copies of this form to
Senate professional staff conducting the meeting

3-13-23

Meeting Date

SB254

Bill Number or Topic

Committee

Amendment Barcode (if applicable)

Name

Zyde Cox

Phone

727-339-9374

Address

7336 Ashmore Dr

Email

Street

New Port Richey

Florida

34653

City

State

Zip

Speaking:

☐ For☒ Against☐ Information

OR

Waive Speaking:

☐ In Support☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without
compensation or sponsorship.I am a registered lobbyist,
representing:I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](https://flsenate.gov/2020-2022-JointRules.pdf)

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S-001 (08/10/2021)

The Florida Senate

APPEARANCE RECORD

Deliver both copies of this form to
Senate professional staff conducting the meeting

3-13-23

Meeting Date

SB254

Bill Number or Topic

Committee

Amendment Barcode (if applicable)

Name

Kimberly Cox

Phone

727 877 9580

Address

7336 Ashmore Dr

Email

klimcox1979@gmail.com

Street

New Port Richey FL

34653

City

State

Zip

Speaking:

☐ For☒ Against☐ Information

OR

Waive Speaking:

☐ In Support☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without
compensation or sponsorship.I am a registered lobbyist,
representing:I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](https://flsenate.gov/2020-2022-JointRules.pdf)

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S-001 (08/10/2021)

The Florida Senate

APPEARANCE RECORD

SB 254

Bill Number or Topic

Meeting Date

3-13-2023

Deliver both copies of this form to
Senate professional staff conducting the meeting

Committee

Health Policy

Amendment Barcode (if applicable)

Name

Kim Moore

Phone

305 321 5520

Address

1230 Pizarro St

Email

Street

Coral Gables, FL 33134

City

State

Zip

Speaking:

☐ For☒ Against☐ Information

OR

Waive Speaking:

☐ In Support☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☒ I am appearing without
compensation or sponsorship.☐ I am a registered lobbyist,
representing:☐ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1, [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

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S-001 (08/10/2021)

The Florida Senate

APPEARANCE RECORD

SB #254

Bill Number or Topic

Meeting Date

3/13/23

Deliver both copies of this form to
Senate professional staff conducting the meeting

Committee

Health Policy

Amendment Barcode (if applicable)

Name

Emile (pronounced uh-meel) Fox

Phone

954-829-4221

Address

418 cathcart avenue

Email

emilefox@18@gmail.com

Street

Orlando FL 32803

City

State

Zip

Speaking:

☐ For☒ Against☐ Information

OR

Waive Speaking:

☐ In Support☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☒ I am appearing without
compensation or sponsorship.☐ I am a registered lobbyist,
representing:☐ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

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The Florida Senate
APPEARANCE RECORD

SB 254

Bill Number or Topic

Deliver both copies of this form to
Senate professional staff conducting the meeting

Amendment Barcode (if applicable)

03/13/2023

Meeting Date

Education & Employment

Committee

Name Health Policy

Phone 863-388-0721

Address 349 Pioneer Trails Loop

Email g.vicente@tccos@gmail.com

City Lakeland State FL Zip 33810

Speaking: ☒ For ☒ Against ☐ Information **OR** Waive Speaking: ☐ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☐ I am appearing without
compensation or sponsorship.

☐ I am a registered lobbyist,
representing:

☒ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

Equality Florida

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

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S-001 (08/10/2021)

The Florida Senate
APPEARANCE RECORD

SB 254

Bill Number or Topic

Deliver both copies of this form to
Senate professional staff conducting the meeting

Amendment Barcode (if applicable)

3/13/23

Meeting Date

Health Policy

Committee

Name Aurelie Colon Larrauri

Phone 954 881 8595

Address

Email aurelie@latinainstitute.org

City State Zip

Speaking: ☐ For ☒ Against ☐ Information **OR** Waive Speaking: ☐ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☐ I am appearing without
compensation or sponsorship.

☒ I am a registered lobbyist,
representing: National Latina
Institute for Reproductive
Justice FL

☐ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

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S-001 (08/10/2021)

The Florida Senate
APPEARANCE RECORD

Deliver both copies of this form to
Senate professional staff conducting the meeting

3/13/23
Meeting Date
Health Policy
Committee

SB 254
Bill Number or Topic
Amendment Barcode (if applicable)

Name Arron DiPietro Phone 904-608-4471
Address _____ Email arrond@flfamily.org
Street
Orlando FL
City State Zip

Speaking: ☒ For ☐ Against ☐ Information **OR** Waive Speaking: ☐ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☐ I am appearing without
compensation or sponsorship.

☒ I am a registered lobbyist,
representing:

Florida Family Policy Council

☐ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1, [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

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S-001 (08/10/2021)

The Florida Senate
APPEARANCE RECORD

Deliver both copies of this form to
Senate professional staff conducting the meeting

03-13-23
Meeting Date
Health Policy
Committee

SB 254
Bill Number or Topic
Amendment Barcode (if applicable)

Name Lilith Black (Andrew Hawk-Baker) Phone 727-643-1920
Address 2135 Eth Ave N Apt. 1/2 Email Queen Lilith Black @ Gmail-com
Street
St. Petersburg Florida 33713
City State Zip

Speaking: ☐ For ☒ Against ☐ Information **OR** Waive Speaking: ☐ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☒ I am appearing without
compensation or sponsorship.

☐ I am a registered lobbyist,
representing:

☐ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

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S-001 (08/10/2021)

The Florida Senate
APPEARANCE RECORD

Deliver both copies of this form to
Senate professional staff conducting the meeting

3/13/2023

Meeting Date

SB254

Bill Number or Topic

Committee

Amendment Barcode (if applicable)

Name Kelly Everling

Phone 352-318-4690

Address 2515 SE 15th Ave

Email pastorkellyeverling@gmail.com

Street

Gainesville

FL

32641

City

State

Zip

Speaking: ☐ For ☒ Against ☐ Information **OR** Waive Speaking: ☐ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☒ I am appearing without
compensation or sponsorship.

☐ I am a registered lobbyist,
representing:

☐ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1, [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

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S-001 (08/10/2021)

The Florida Senate
APPEARANCE RECORD

Deliver both copies of this form to
Senate professional staff conducting the meeting

3/13

Meeting Date

HEALTH POLICY

Committee

SB254

Bill Number or Topic

Amendment Barcode (if applicable)

Name JARED R

Phone

Address

Street

City

State

Zip

Speaking: ☒ For ☒ Against ☐ Information **OR** Waive Speaking: ☐ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☒ I am appearing without
compensation or sponsorship.

☐ I am a registered lobbyist,
representing:

☐ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1, [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

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S-001 (08/10/2021)

The Florida Senate
APPEARANCE RECORD

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3/13/2023

Meeting Date

SB 254

Bill Number or Topic

Committee

Amendment Barcode (if applicable)

Name Javier Gomez

Phone 305-927-3351

Address

Street

Email javierg033581@gmail.com

City

State

Zip

Speaking: ☐ For ☒ Against ☐ Information **OR** Waive Speaking: ☐ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☐ I am appearing without
compensation or sponsorship.

☐ I am a registered lobbyist,
representing:

☒ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by: Equality
Florida

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

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S-001 (08/10/2021)

The Florida Senate
APPEARANCE RECORD

Deliver both copies of this form to
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3/13/2023

Meeting Date

SB 254

Bill Number or Topic

Committee

Amendment Barcode (if applicable)

Name Meg Titcomb

Phone 651-398-0817

Address 34 4th St

Street

Email megantitcomb@outlook.com

Bonita Springs FL 34134

City

State

Zip

Speaking: ☐ For ☒ Against ☐ Information **OR** Waive Speaking: ☐ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☐ I am appearing without
compensation or sponsorship.

☒ I am a registered lobbyist,
representing:

Equality FL

☐ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

The Florida Senate
APPEARANCE RECORD

Deliver both copies of this form to
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3/13/23

Meeting Date

SB 254

Bill Number or Topic

Committee

Amendment Barcode (if applicable)

Name Rev. Bromleigh McCleneghan Phone (352) 378-3500
Address United Church of Gainesville, 1624 5th Ave Email bromleighm@ucgainesville.org
Gainesville FL 32603
City State Zip

Speaking: ☐ For ☒ Against ☐ Information **OR** Waive Speaking: ☐ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☐ I am appearing without
compensation or sponsorship.

☐ I am a registered lobbyist,
representing:

☒ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

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S-001 (08/10/2021)

The Florida Senate
APPEARANCE RECORD

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3/13/23

Meeting Date

254

Bill Number or Topic

Committee

Amendment Barcode (if applicable)

Name GINGER MASOR Phone 940 315 0902
Address 151 E WASHINGTON Email RAVENONYK@CIVILC
ORLANDO FL 32801
City State Zip

Speaking: ☐ For ☒ Against ☐ Information **OR** Waive Speaking: ☐ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☐ I am appearing without
compensation or sponsorship.

☒ I am a registered lobbyist,
representing:

☐ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

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3-13-23

The Florida Senate
APPEARANCE RECORD

SB 254

Deliver both copies of this form to
Senate professional staff conducting the meeting

Bill Number or Topic

Amendment Barcode (if applicable)

Meeting Date
Health Policy
Committee
Name Paula Pifer

Phone

Address 811 S. Main St
Street
Gainesville FL 32601
City State Zip

Email advopaulap@gmail.com

Speaking: ☐ For ☒ Against ☐ Information **OR** Waive Speaking: ☐ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☒ I am appearing without
compensation or sponsorship.

☐ I am a registered lobbyist,
representing:

☐ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

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S-001 (08/10/2021)

3/13/2023

The Florida Senate
APPEARANCE RECORD

SB 254

Deliver both copies of this form to
Senate professional staff conducting the meeting

Bill Number or Topic

Committee

Amendment Barcode (if applicable)

Name Regina Loungs

Phone 352-377-0384

Address PO Box 237
Street

Email unspoken Society is at
outlook.com

Bwn Ln FL 32602
City State Zip

Speaking: ☒ For ☒ Against ☐ Information **OR** Waive Speaking: ☐ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☒ I am appearing without
compensation or sponsorship.

☐ I am a registered lobbyist,
representing:

☐ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

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The Florida Senate

APPEARANCE RECORD

Deliver both copies of this form to
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SB 254

Bill Number or Topic

Meeting Date

3/13/23
Health Policy

Committee

Amendment Barcode (if applicable)

Name

D. Paul Robinson, MD

Phone

850-566-4551

Address

4656 Innsheer Dr.

Email

Robinsmdp@mac.com

Street

Tallahassee, FL

32309

City

State

Zip

Speaking: ☐ For ☒ Against ☐ Information

OR

Waive Speaking: ☐ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without
compensation or sponsorship.I am a registered lobbyist,
representing:I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

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S-001 (08/10/2021)

The Florida Senate

APPEARANCE RECORD

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SB 254

Bill Number or Topic

Committee

Amendment Barcode (if applicable)

Name

Mason Manion

Phone

904-581-5039

Address

339 Cottage Ave.

Email

mason@equalityflorida.org

Street

Tall, FL

32206

City

State

Zip

Speaking: ☐ For ☒ Against ☐ Information

OR

Waive Speaking: ☐ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without
compensation or sponsorship.I am a registered lobbyist,
representing:I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:Equality
Florida

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

The Florida Senate

APPEARANCE RECORD

Deliver both copies of this form to
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3/13/23
Meeting Date

Health Policy
Committee

Name D. Paul Robinson MD

Phone 850-566-4551

Address 4656 Irisheer Dr
Street

Email Robinsondp@mac.com

TN FL 32309
City State Zip

SB 254
Bill Number or Topic

590780
Amendment Barcode (if applicable)

Speaking: ☒ For ☐ Against ☐ Information **OR** Waive Speaking: ☐ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☒ I am appearing without
compensation or sponsorship.

☐ I am a registered lobbyist,
representing:

☐ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

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S-001 (08/10/2021)

The Florida Senate

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03/13/23

Meeting Date

SB254

Bill Number or Topic

Committee

Amendment Barcode (if applicable)

Name Vance Ahrens Phone

Address Street Email

City

FL

State

32949

Zip

Speaking: ☐ For ☒ Against ☐ Information **OR** Waive Speaking: ☐ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☐ I am appearing without compensation or sponsorship.

☐ I am a registered lobbyist, representing:

☐ I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

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S-001 (08/10/2021)

The Florida Senate

APPEARANCE RECORD

Deliver both copies of this form to
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13 March 23

Meeting Date

SP254

Bill Number or Topic

Committee

Amendment Barcode (if applicable)

Name Anne Burner-Reeves Phone 850 566 0303

Address 2116 Croydon Dr Email Anne.burnerreeves@gmail.com

Street

City

T FL 32303

State

Zip

Speaking: ☐ For ☒ Against ☐ Information **OR** Waive Speaking: ☐ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☒ I am appearing without compensation or sponsorship.

☐ I am a registered lobbyist, representing:

☐ I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

13 March 23

Meeting Date

The Florida Senate
APPEARANCE RECORD

Deliver both copies of this form to
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SB 254

Bill Number or Topic

Committee

Amendment Barcode (if applicable)

Name

Rehn Bruner Reeves

Phone

450 366 1254

Address

2116 Croydon Dr.

Email

Rehn.Bruner.Reeves@gmail.com

Street

T

FL

32303

City

State

Zip

Speaking: ☐ For ☒ Against ☐ Information **OR** Waive Speaking: ☐ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:



I am appearing without
compensation or sponsorship.



I am a registered lobbyist,
representing:



I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

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S-001 (08/10/2021)

13 March 23

Meeting Date

The Florida Senate
APPEARANCE RECORD

Deliver both copies of this form to
Senate professional staff conducting the meeting

SB 254

Bill Number or Topic

Committee

Amendment Barcode (if applicable)

Name

Kerry Bruner

Phone

450 443 5146

Address

2116 Croydon Dr.

Email

Kerry.bruner@gmail.com

Street

T

FL

32303

City

State

Zip

Speaking: ☐ For ☒ Against ☐ Information **OR** Waive Speaking: ☐ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:



I am appearing without
compensation or sponsorship.



I am a registered lobbyist,
representing:



I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

3/13/2022 -
Meeting Date
Health Policy.
Committee

The Florida Senate
APPEARANCE RECORD

Deliver both copies of this form to
Senate professional staff conducting the meeting

SB 254 -
Bill Number or Topic

Amendment Barcode (if applicable)

Name Mary Eakins-Durand Phone 305-607-8556
Address 241 NW 53rd Street Email MaryAEakins@gmail.com
Oakland Park, FL 33309
City State Zip

Speaking: ☐ For ☒ Against ☐ Information **OR** Waive Speaking: ☐ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:		
☒ I am appearing without compensation or sponsorship.	☐ I am a registered lobbyist, representing:	☐ I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1, [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

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S-001 (08/10/2021)

3-13-23
Meeting Date
HEALTH POLICY
Committee

The Florida Senate
APPEARANCE RECORD

Deliver both copies of this form to
Senate professional staff conducting the meeting

SB 254
Bill Number or Topic

Amendment Barcode (if applicable)

Name SOPHIA AMBER JAMES Phone 850-797-1519
Address 2410 CUMBERLAND WAY Email Amberjames2018@gmail.com
CRESTVIEW FL 32534
City State Zip

Speaking: ☐ For ☒ Against ☐ Information **OR** Waive Speaking: ☐ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:		
☒ I am appearing without compensation or sponsorship.	☐ I am a registered lobbyist, representing:	☐ I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1, [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

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S-001 (08/10/2021)

The Florida Senate
APPEARANCE RECORD

Deliver both copies of this form to
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SB 254

Bill Number or Topic

Amendment Barcode (if applicable)

Meeting Date

Health Policy

Committee

Name

Trey-Shawn Perez

Phone

Address

Street

Email

City

State

Zip

33733

Speaking: ☐ For ☒ Against ☐ Information

OR

Waive Speaking: ☐ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☒ I am appearing without
compensation or sponsorship.

☐ I am a registered lobbyist,
representing:

☐ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1, [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

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S-001 (08/10/2021)

The Florida Senate
APPEARANCE RECORD

Deliver both copies of this form to
Senate professional staff conducting the meeting

254

Amendment Barcode (if applicable)

Meeting Date

3/13/23

Committee

Name

Judy Schmidt

Phone

Address

Street

Email

City

State

Zip

Orlando FL

Speaking: ☐ For ☒ Against ☐ Information

OR

Waive Speaking: ☐ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☒ I am appearing without
compensation or sponsorship.

☐ I am a registered lobbyist,
representing:

☐ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

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The Florida Senate

APPEARANCE RECORDDeliver both copies of this form to
Senate professional staff conducting the meeting

SB 254

Bill Number or Topic

Meeting Date

3/13/23

Committee

Sen Health Policy

Amendment Barcode (if applicable)

Name

Jessica Wilson

Phone

9042008008

Address

5627 Norde Dr

Email

JESSWILL@GMAIL.COM

Street

Jacksonville FL

32244

City

State

Zip

Speaking:

☐ For☒ Against☐ Information**OR**

Waive Speaking:

☐ In Support☐ Against**PLEASE CHECK ONE OF THE FOLLOWING:**I am appearing without
compensation or sponsorship.I am a registered lobbyist,
representing:I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

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S-001 (08/10/2021)

The Florida Senate

APPEARANCE RECORDDeliver both copies of this form to
Senate professional staff conducting the meeting

SB 254

Bill Number or Topic

Meeting Date

3/13

Committee

Heath Policy

Amendment Barcode (if applicable)

Name

J. Marie Bailey

Phone

Address

Street

Orlando, FL

City

State

Zip

Speaking:

☐ For☒ Against☐ Information**OR**

Waive Speaking:

☐ In Support☐ Against**PLEASE CHECK ONE OF THE FOLLOWING:**I am appearing without
compensation or sponsorship.I am a registered lobbyist,
representing:I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

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The Florida Senate
APPEARANCE RECORD

Deliver both copies of this form to
Senate professional staff conducting the meeting

SB 254

Bill Number or Topic

Amendment Barcode (if applicable)

3/13/23
Meeting Date
HEALTH POLICY
Committee

Name KOLYN B. Phone _____

Address _____ Email _____
Street

City _____ State _____ Zip _____

Speaking: ☐ For ☒ Against ☐ Information **OR** Waive Speaking: ☐ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☒ I am appearing without
compensation or sponsorship.

☐ I am a registered lobbyist,
representing:

☐ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

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S-001 (08/10/2021)

The Florida Senate
APPEARANCE RECORD

Deliver both copies of this form to
Senate professional staff conducting the meeting

SB25K

Bill Number or Topic

Amendment Barcode (if applicable)

3/13/2023
Meeting Date
Health Policy
Committee

Name Nathan Bruemmer Phone _____

Address _____ Email _____
Street

Gulfport FL 33711
City State Zip

Speaking: ☐ For ☒ Against ☐ Information **OR** Waive Speaking: ☐ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☐ I am appearing without
compensation or sponsorship.

☐ I am a registered lobbyist,
representing:

☐ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

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The Florida Senate
APPEARANCE RECORD

Deliver both copies of this form to
Senate professional staff conducting the meeting

SB-254

Bill Number or Topic

Amendment Barcode (if applicable)

Meeting Date

3/13/2023
Health Policy

Committee

Name

Fiona Rawls

Phone

Address

Street

West Palm Beach

City

State

33407

Zip

Email

Speaking:

☐ For

☒ Against

☐ Information

OR

Waive Speaking:

☐ In Support

☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:



I am appearing without
compensation or sponsorship.



I am a registered lobbyist,
representing:



I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

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S-001 (08/10/2021)

The Florida Senate
APPEARANCE RECORD

Deliver both copies of this form to
Senate professional staff conducting the meeting

SP254

Bill Number or Topic

Amendment Barcode (if applicable)

Meeting Date

3/13/23
Health Policy

Committee

Name

Trey-Shawn Perez

Phone

Address

Street

Dade

City

FL

State

Zip

Email

Speaking:

☐ For

☒ Against

☐ Information

OR

Waive Speaking:

☐ In Support

☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:



I am appearing without
compensation or sponsorship.



I am a registered lobbyist,
representing:



I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

This form is part of the public record for this meeting.

The Florida Senate
APPEARANCE RECORD

Deliver both copies of this form to
Senate professional staff conducting the meeting

SP 254

Bill Number or Topic

Amendment Barcode (if applicable)

3/13/23
Meeting Date
Health Policy
Committee

Name SCOTT MENA

Phone

Address

Street

Email

City

State

Zip

Speaking: ☐ For ☒ Against ☐ Information **OR** Waive Speaking: ☐ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☒ I am appearing without
compensation or sponsorship.

☐ I am a registered lobbyist,
representing:

☐ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

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S-001 (08/10/2021)

The Florida Senate
APPEARANCE RECORD

Deliver both copies of this form to
Senate professional staff conducting the meeting

SB 254

Bill Number or Topic

Amendment Barcode (if applicable)

3-13-23
Meeting Date
Health Policy
Committee

Name James W. Harper

Phone

Address

Street

Email

City

FL
State

32607
Zip

Speaking: ☐ For ☒ Against ☐ Information **OR** Waive Speaking: ☐ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☒ I am appearing without
compensation or sponsorship.

☐ I am a registered lobbyist,
representing:

☐ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

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S-001 (08/10/2021)

03/13/2023

Meeting Date

The Florida Senate
APPEARANCE RECORD

Deliver both copies of this form to
Senate professional staff conducting the meeting

SB 254

Bill Number or Topic

Committee

Amendment Barcode (if applicable)

Name

LINDA ROBERTS

Phone

Address

Email

Street

City

State

Zip

Speaking:

☐

For

☒

Against

☒

Information

OR

Waive Speaking:

☐

In Support

☐

Against

PLEASE CHECK ONE OF THE FOLLOWING:☒

I am appearing without
compensation or sponsorship.

☐

I am a registered lobbyist,
representing:

☐

I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

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S-001 (08/10/2021)

The Florida Senate

APPEARANCE RECORD

Deliver both copies of this form to
Senate professional staff conducting the meeting

3/13/23

Meeting Date

Health

Committee

SB 254

Bill Number or Topic

Amendment Barcode (if applicable)

Name

JAKE L

Phone

Address

Email

Street

City

State

Zip

Speaking:

☐

For

☒

Against

☐

Information

OR

Waive Speaking:

☐

In Support

☐

Against

PLEASE CHECK ONE OF THE FOLLOWING:☒

I am appearing without
compensation or sponsorship.

☐

I am a registered lobbyist,
representing:

☐

I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

The Florida Senate
APPEARANCE RECORD

Deliver both copies of this form to
Senate professional staff conducting the meeting

SB 254
Bill Number or Topic

Amendment Barcode (if applicable)

Meeting Date

Committee

Name

Phone

Address

Email

Street

City

State

Zip

Speaking: ☐ For ☒ Against ☐ Information **OR** Waive Speaking: ☐ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☒ I am appearing without
compensation or sponsorship.

☐ I am a registered lobbyist,
representing:

☐ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

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S-001 (08/10/2021)

The Florida Senate
APPEARANCE RECORD

Deliver both copies of this form to
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§ SB 527
Bill Number or Topic

Amendment Barcode (if applicable)

Meeting Date

Committee

Name

Phone

Address

Email

Street

City

State

Zip

Speaking: ☐ For ☒ Against ☐ Information **OR** Waive Speaking: ☐ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☐ I am appearing without
compensation or sponsorship.

☐ I am a registered lobbyist,
representing:

☒ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

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The Florida Senate
APPEARANCE RECORD

Deliver both copies of this form to
Senate professional staff conducting the meeting

3/13/23
Meeting Date
Health Policy
Committee

254

Bill Number or Topic

Name Sam Sharf Phone 813-816-4827

Address 1112 S. Dunbar Ave.
Street
Tampa FL 33629
City State Zip

Email samsharf15@gmail.com

Speaking: ☐ For ☒ Against ☐ Information **OR** Waive Speaking: ☐ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☐ I am appearing without
compensation or sponsorship.

☐ I am a registered lobbyist,
representing:

☒ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

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S-001 (08/10/2021)

The Florida Senate
APPEARANCE RECORD

Deliver both copies of this form to
Senate professional staff conducting the meeting

3/13/23
Meeting Date
Committee

SB 254

Bill Number or Topic

Name Ted McCollin Phone 561-248-0868

Address Orange Ave.
Street
WPB FL 33407
City State Zip

Email

Speaking: ☐ For ☒ Against ☐ Information **OR** Waive Speaking: ☐ In Support ☒ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☒ I am appearing without
compensation or sponsorship.

☐ I am a registered lobbyist,
representing:

☐ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

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S-001 (08/10/2021)

The Florida Senate
APPEARANCE RECORD

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Senate professional staff conducting the meeting

SB 254

Bill Number or Topic

Amendment Barcode (if applicable)

3-13-23

Meeting Date

Committee

Name JESS HUNT

Phone

Address

Street

Email

City

State

Zip

Speaking: ☐ For ☒ Against ☐ Information **OR** Waive Speaking: ☐ In Support ☒ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☒ I am appearing without
compensation or sponsorship.

☐ I am a registered lobbyist,
representing:

☐ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

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S-001 (08/10/2021)

The Florida Senate
APPEARANCE RECORD

Deliver both copies of this form to
Senate professional staff conducting the meeting

SB 254

Bill Number or Topic

Amendment Barcode (if applicable)

3/13/23

Meeting Date

Health Policy

Committee

Name Robin Witt

Phone

Address

Street

Email

City

State

Zip

Speaking: ☐ For ☒ Against ☐ Information **OR** Waive Speaking: ☐ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☐ I am appearing without
compensation or sponsorship.

☐ I am a registered lobbyist,
representing:

☒ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

Equality Florida

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1, [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#).

The Florida Senate
APPEARANCE RECORD

Deliver both copies of this form to
Senate professional staff conducting the meeting

SB 254

Bill Number or Topic

Amendment Barcode (if applicable)

Meeting Date

Committee

Name

Phone

Address

Email

Street

City

State

Zip

Speaking:

☐ For

☒ Against

☐ Information

OR

Waive Speaking:

☐ In Support

☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:



I am appearing without
compensation or sponsorship.



I am a registered lobbyist,
representing:



I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1, [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

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S-001 (08/10/2021)

The Florida Senate
APPEARANCE RECORD

Deliver both copies of this form to
Senate professional staff conducting the meeting

SB 254

Bill Number or Topic

Meeting Date

Committee

Name

Phone

Address

Email

Street

City

State

Zip

Speaking:

☐ For

☒ Against

☐ Information

OR

Waive Speaking:

☐ In Support

☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:



I am appearing without
compensation or sponsorship.



I am a registered lobbyist,
representing:



I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

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S-001 (08/10/2021)

The Florida Senate
APPEARANCE RECORD

3/13/23

Meeting Date

SB 254

Bill Number or Topic

Deliver both copies of this form to
Senate professional staff conducting the meeting

Committee

Amendment Barcode (if applicable)

Name Mauricio Herrera

Phone

Address

Street

Email

City

State

Zip

Speaking: ☐ For ☒ Against ☐ Information

OR

Waive Speaking: ☐ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☒ I am appearing without
compensation or sponsorship.

☐ I am a registered lobbyist,
representing:

☐ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

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This form is part of the public record for this meeting.

S-001 (08/10/2021)

The Florida Senate
APPEARANCE RECORD

3-13-14

Meeting Date

Health Policy

Committee

SB 254

Bill Number or Topic

Deliver both copies of this form to
Senate professional staff conducting the meeting

Amendment Barcode (if applicable)

Name Cielo Samsarae

Phone

904 554 5157

Address 2302 ne 7th ave

Street

Email

eqf1@eqfl.org

W.M Florida

City

State

33305

Zip

Speaking: ☐ For ☒ Against ☐ Information

OR

Waive Speaking: ☐ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☐ I am appearing without
compensation or sponsorship.

☐ I am a registered lobbyist,
representing:

☒ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

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S-001 (08/10/2021)

The Florida Senate

APPEARANCE RECORD

Deliver both copies of this form to
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03/13/2023

Meeting Date

Health Policy

Committee

SB-254

Bill Number or Topic

Amendment Barcode (if applicable)

Name Madison MurphyPhone (813) 528-6458Address 2138 Park Crescent Dr.

Street

Email madison.renee.murphy@gmail.comLand O Lakes

City

FL

State

34639

Zip

Speaking: ☐ For ☒ Against ☐ Information

OR

Waive Speaking: ☐ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☒ I am appearing without
compensation or sponsorship.☐ I am a registered lobbyist,
representing:☐ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

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S-001 (08/10/2021)

The Florida Senate

APPEARANCE RECORD

Deliver both copies of this form to
Senate professional staff conducting the meeting

March 13, 2023

Meeting Date

Health Policy

Committee

SB 254

Bill Number or Topic

Amendment Barcode (if applicable)

Name Jonathan WebberPhone 9545934449Address 400 Washington St

Street

Email jonathan.webber@splcactionfund.orgMontgomery

City

AL

State

36104

Zip

Speaking: ☐ For ☒ Against ☐ Information

OR

Waive Speaking: ☐ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☐ I am appearing without
compensation or sponsorship.☒ I am a registered lobbyist,
representing:

SPLC Action Fund

☐ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1, [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

This form is part of the public record for this meeting.

S-001 (08/10/2021)

March 13, 2023

Meeting Date

Health Policy

Committee

Name Jonathan Webber

Phone 9545934449

Address 400 Washington St

Email jonathan.webber@splcactionfund.org

Street

Montgomery

AL

36104

City

State

Zip

Speaking:

☐

For

☒

Against

☐

Information

OR

Waive Speaking:

☐

In Support

☐

Against

PLEASE CHECK ONE OF THE FOLLOWING:

☐

I am appearing without compensation or sponsorship.

☒

I am a registered lobbyist, representing:

SPLC Action Fund

☐

I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](https://www.flsenate.gov/2020-2022-Joint-Rules.pdf)

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S-001 (08/10/2021)

The Florida Senate

APPEARANCE RECORD

Deliver both copies of this form to
Senate professional staff conducting the meeting

March 13th

Meeting Date

Health Policy

Committee

Name Annie Filkowski

Phone

Address

Street

Email

City

State

Zip

Speaking:

☐

For

☐

Against

☐

Information

OR

Waive Speaking:

☐

In Support

☒

Against

PLEASE CHECK ONE OF THE FOLLOWING:

☐

I am appearing without compensation or sponsorship.

☒

I am a registered lobbyist, representing:

The Florida Alliance of
Planned Parenthood Affiliates

☐

I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](https://www.flsenate.gov/2020-2022-Joint-Rules.pdf)

3/13/23
Meeting Date

The Florida Senate
APPEARANCE RECORD

Deliver both copies of this form to
Senate professional staff conducting the meeting

SB 254
Bill Number or Topic

Committee

Name STEFANIE NOLDER

Amendment Barcode (if applicable)

Phone 850-933-8460

Address 1529 Chulie Ndc
Street

Email snoldermsw@yahoo.com

Tallahassee FL 32301
City State Zip

Speaking: ☐ For ☐ Against ☐ Information **OR** Waive Speaking: ☐ In Support ☒ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☒ I am appearing without
compensation or sponsorship.

☐ I am a registered lobbyist,
representing:

☐ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

National Association of Social Workers

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

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S-001 (08/10/2021)

March 13th
Meeting Date
Health Policy
Committee

The Florida Senate
APPEARANCE RECORD

Deliver both copies of this form to
Senate professional staff conducting the meeting

SB 254
Bill Number or Topic
112830
Amendment Barcode (if applicable)

Name Annie Filkowski

Phone

Address
Street

City State Zip

Speaking: ☐ For ☐ Against ☐ Information **OR** Waive Speaking: ☒ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☐ I am appearing without
compensation or sponsorship.

☒ I am a registered lobbyist,
representing:

☐ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

Florida Alliance of
Planned Parenthood Affiliates

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

The Florida Senate
APPEARANCE RECORD

Deliver both copies of this form to
Senate professional staff conducting the meeting

3-13-2032

Meeting Date

SB-254

Bill Number or Topic

Committee

Amendment Barcode (if applicable)

Name

Astley Bailey

Phone

321-946-0419

Address

10166 Eastern Lake ave apt 103

Email

baileyastley@gmail.com

Street

Orlando

City

FL

State

32817

Zip

Speaking:

☐ For

☐ Against

☐ Information

OR

Waive Speaking:

☒ In Support

☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☒ I am appearing without
compensation or sponsorship.

☐ I am a registered lobbyist,
representing:

☐ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

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S-001 (08/10/2021)

The Florida Senate
APPEARANCE RECORD

Deliver both copies of this form to
Senate professional staff conducting the meeting

3/13/23

Meeting Date

SB 254

Bill Number or Topic

Committee

Amendment Barcode (if applicable)

Name

Stefanie Nolden

Phone

850-933-8460

Address

1529 Chuliville

Email

snoldenmsn@yahoo.com

Street

Tall. FL

City

State

32301

Zip

Speaking:

☐ For

☐ Against

☐ Information

OR

Waive Speaking:

☐ In Support

☒ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☒ I am appearing without
compensation or sponsorship.

☐ I am a registered lobbyist,
representing:

☐ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

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S-001 (08/10/2021)

3/13/23
Meeting Date
Health Policy
Committee

The Florida Senate
APPEARANCE RECORD

Deliver both copies of this form to
Senate professional staff conducting the meeting

SB 254
Bill Number or Topic

Amendment Barcode (if applicable)

Name Bob POWERS

Phone _____

Address _____ Email _____

Street

City

State

Zip

Speaking: ☐ For ☐ Against ☐ Information **OR** Waive Speaking: ☐ In Support ☒ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☒ I am appearing without
compensation or sponsorship.

☐ I am a registered lobbyist,
representing:

☐ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

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S-001 (08/10/2021)

3/13/23

Meeting Date

The Florida Senate
APPEARANCE RECORD

Deliver both copies of this form to
Senate professional staff conducting the meeting

SB 254

Bill Number or Topic

Amendment Barcode (if applicable)

Committee

Name Atticus Luby

Phone _____

Address _____ Email _____

Street

City

State

Zip

Speaking: ☐ For ☐ Against ☐ Information **OR** Waive Speaking: ☐ In Support ☒ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☒ I am appearing without
compensation or sponsorship.

☐ I am a registered lobbyist,
representing:

☐ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

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S-001 (08/10/2021)

The Florida Senate

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SB 254

Bill Number or Topic

3/13/23

Meeting Date

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health policy

Committee

Amendment Barcode (if applicable)

Name Grayson Powers

Phone (941) 518-5080

Address 2203 51st St W

Email japowers80@gmail.com

Street

Bradenton Fla

34209

City

State

Zip

Speaking: ☐ For ☐ Against ☐ Information

OR

Waive Speaking: ☐ In Support ☒ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☒ I am appearing without
compensation or sponsorship.☐ I am a registered lobbyist,
representing:☐ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

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Committee

Name Jennifer Jone

Phone 760 705 7151

Address

Email prestojj@gmail.com

Street

City

State

Zip

Speaking: ☐ For ☐ Against ☐ Information

OR

Waive Speaking: ☐ In Support ☒ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☒ I am appearing without
compensation or sponsorship.☐ I am a registered lobbyist,
representing:☐ I am not a lobbyist, but received
something of value for my appearance
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SB 254

Bill Number or Topic

Amendment Barcode (if applicable)

Meeting Date

Health Policy

Committee

Name Haider B Phone _____

Address _____ Email _____

Street

City

State

Zip

Speaking: ☐ For ☐ Against ☐ Information **OR** Waive Speaking: ☐ In Support ☒ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☒ I am appearing without
compensation or sponsorship.

☐ I am a registered lobbyist,
representing:

☐ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

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S-001 (08/10/2021)

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SB 254

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Meeting Date

Health Policy

Committee

Name Jessica Powers Phone (941) 932-2042

Address 2203 51st St. W. Email jpowers80@gmail.com

Street

City

State

Zip

Amendment Barcode (if applicable)

Speaking: ☐ For ☐ Against ☐ Information **OR** Waive Speaking: ☐ In Support ☒ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☒ I am appearing without
compensation or sponsorship.

☐ I am a registered lobbyist,
representing:

☐ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

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Meeting Date

SB254
Bill Number or Topic

Committee

Amendment Barcode (if applicable)

Name TARIN BAHU

Phone 203 675 4143

Address 2619 BAYSIDE BLVD #200
Street

Email _____

TAMPA FL 33629
City State Zip

Speaking: ☐ For ☐ Against ☐ Information **OR** Waive Speaking: ☐ In Support ☒ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☐ I am appearing without
compensation or sponsorship.

☐ I am a registered lobbyist,
representing:

☐ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

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SB 254
Bill Number or Topic

Committee

Amendment Barcode (if applicable)

HEALTH POLICY

Name NICHOLAS MACHUCA

Phone 813 928 6454

Address 413 W CHELSEA
Street

Email _____

TAMPA FL 33603
City State Zip

Speaking: ☐ For ☒ Against ☐ Information **OR** Waive Speaking: ☐ In Support ☒ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☒ I am appearing without
compensation or sponsorship.

☐ I am a registered lobbyist,
representing:

☐ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

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The Florida Senate

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SB 254

Bill Number or Topic

March 13th, 2023

Meeting Date

Health Policy

Committee

4

Amendment Barcode (if applicable)

Name

Annie Filkowski

Phone

(239) 849-2644

Address

Street

Email

City

State

Zip

Speaking: ☐ For ☐ Against ☐ Information**OR**Waive Speaking: ☐ In Support ☒ Against**PLEASE CHECK ONE OF THE FOLLOWING:**☐ I am appearing without
compensation or sponsorship.☒ I am a registered lobbyist,
representing:
Florida Alliance of
Planned Parenthood Affiliates☐ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

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The Florida Senate

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SB 254

Bill Number or Topic

Meeting Date

3/13/2023

Committee

Health Policy

Name

Charlotte Keaton

Phone

Address

Street

Email

City

State

Zip

Speaking: ☐ For ☐ Against ☐ Information**OR**Waive Speaking: ☐ In Support ☒ Against**PLEASE CHECK ONE OF THE FOLLOWING:**☒ I am appearing without
compensation or sponsorship.☐ I am a registered lobbyist,
representing:☐ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

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The Florida Senate
APPEARANCE RECORD

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SB254

Bill Number or Topic

Amendment Barcode (if applicable)

March 13, 2023
Meeting Date
Health Policy
Committee
Name Parker Kerton

Address _____ Phone _____
Street _____
City _____ State _____ Zip _____

Speaking: ☐ For ☐ Against ☐ Information **OR** Waive Speaking: ☐ In Support ☒ Against

PLEASE CHECK ONE OF THE FOLLOWING:

- ☒ I am appearing without compensation or sponsorship. ☐ I am a registered lobbyist, representing: ☐ I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

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SB 254

Bill Number or Topic

Amendment Barcode (if applicable)

Mar 13, 2023
Meeting Date
Health Policy
Committee
Name CITARUL CITEFF

Address _____ Phone _____
Street _____
City _____ State _____ Zip _____

Speaking: ☐ For ☐ Against ☐ Information **OR** Waive Speaking: ☐ In Support ☒ Against

PLEASE CHECK ONE OF THE FOLLOWING:

- ☒ I am appearing without compensation or sponsorship. ☐ I am a registered lobbyist, representing: ☐ I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

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MAR 13, 2023

Meeting Date

HEALTH POLICY

Committee

SB 254

Bill Number or Topic

Amendment Barcode (if applicable)

Name

KEVIN KEMPSON

Phone

Address

Street

Email

City

State

Zip

Speaking: ☐ For ☐ Against ☐ Information**OR**Waive Speaking: ☐ In Support ☒ Against**PLEASE CHECK ONE OF THE FOLLOWING:**☒ I am appearing without
compensation or sponsorship.☐ I am a registered lobbyist,
representing:☐ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

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3/13/23

Meeting Date

Health Policy

Committee

SB 254

Bill Number or Topic

Amendment Barcode (if applicable)

Name

Cynthia Lacker

Phone

Address

Street

Email

City

State

Zip

34210

Speaking: ☐ For ☐ Against ☐ Information**OR**Waive Speaking: ☐ In Support ☒ Against**PLEASE CHECK ONE OF THE FOLLOWING:**☒ I am appearing without
compensation or sponsorship.☐ I am a registered lobbyist,
representing:☐ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

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SB 254

Bill Number or Topic

Amendment Barcode (if applicable)

5-13-23
Meeting Date
Health Policy
Committee

Name Thomas Locker Phone

Address Street Email

City State Zip

Speaking: ☐ For ☐ Against ☐ Information **OR** Waive Speaking: ☐ In Support ☒ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☒ I am appearing without
compensation or sponsorship.

☐ I am a registered lobbyist,
representing:

☐ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

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SB 254

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Amendment Barcode (if applicable)

3/13/23
Meeting Date
Health Policy
Committee

Name Robert Brown Phone

Address Street Email robert.brown@hdmal.com

City State Zip

Speaking: ☐ For ☐ Against ☐ Information **OR** Waive Speaking: ☐ In Support ☒ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☒ I am appearing without
compensation or sponsorship.

☐ I am a registered lobbyist,
representing:

☐ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

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The Florida Senate
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SB 254
Bill Number or Topic
Amendment Barcode (if applicable)

Name Yenisbel Vilario Phone 786-419-6049
Address P.O. Box 260230 Email Yenisbel@StateInnovation.org
Madison WI 53726
City State Zip

Speaking: ☐ For ☐ Against ☐ Information **OR** Waive Speaking: ☐ In Support ☒ Against

PLEASE CHECK ONE OF THE FOLLOWING:

- ☐ I am appearing without compensation or sponsorship.
- ☒ I am a registered lobbyist, representing:
State Innovation Exchange Action
- ☐ I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

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Committee

The Florida Senate
APPEARANCE RECORD

Deliver both copies of this form to
Senate professional staff conducting the meeting

SB 254
Bill Number or Topic
Amendment Barcode (if applicable)

Name Avery Bohler Phone _____
Address _____ Email AB

City State Zip

Speaking: ☐ For ☐ Against ☐ Information **OR** Waive Speaking: ☐ In Support ☒ Against

PLEASE CHECK ONE OF THE FOLLOWING:

- ☒ I am appearing without compensation or sponsorship.
- ☐ I am a registered lobbyist, representing:
- ☐ I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

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SB 254

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3/13/23

Committee

Health Policy

Amendment Barcode (if applicable)

Name

NR Hines

Phone

786-363-1104

Address

4343 W. Flagler St

Email

nhines@adufl.org

Street

Coral Gables FL

Zip

33134

Speaking: ☐ For ☐ Against ☐ Information**OR**Waive Speaking: ☐ In Support ☒ Against**PLEASE CHECK ONE OF THE FOLLOWING:**☐ I am appearing without
compensation or sponsorship.☒ I am a registered lobbyist,
representing:

ACLU FL

☐ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

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SB 254

Bill Number or Topic

Meeting Date

3/13/23

Committee

Health Policy

Amendment Barcode (if applicable)

Name

Lauren Kelly-Manders

Phone

Address

Street

Email

City

State

Zip

Speaking: ☐ For ☐ Against ☐ Information**OR**Waive Speaking: ☐ In Support ☒ Against**PLEASE CHECK ONE OF THE FOLLOWING:**☒ I am appearing without
compensation or sponsorship.☐ I am a registered lobbyist,
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Health Policy

Committee

SB 254

Bill Number or Topic

Amendment Barcode (if applicable)

Name Victoria Throop

Phone 904-728-1212

Address 2272 Orange Ave

Email victoria.throop2000@gmail.com

Street

Orange Park FL

City

State

Zip

Speaking: ☐ For ☐ Against ☐ Information **OR** Waive Speaking: ☐ In Support ☒ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☒ I am appearing without
compensation or sponsorship.

☐ I am a registered lobbyist,
representing:

☐ I am not a lobbyist, but received
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S-001 (08/10/2021)

The Florida Senate
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3/13/23

Meeting Date

Health Policy

Committee

SB 254

Bill Number or Topic

Amendment Barcode (if applicable)

Name Dana Farmer

Phone

Address

Email

Street

City

State

Zip

Speaking: ☐ For ☐ Against ☐ Information **OR** Waive Speaking: ☐ In Support ☒ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☒ I am appearing without
compensation or sponsorship.

☐ I am a registered lobbyist,
representing:

☐ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

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SB 254

Bill Number or Topic

Amendment Barcode (if applicable)

Meeting Date

Committee

Name

Phone

Address

Email

Street

City

State

Zip

Speaking: ☐ For ☐ Against ☐ Information **OR** Waive Speaking: ☐ In Support ☒ Against

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S-001 (08/10/2021)

The Florida Senate
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Deliver both copies of this form to
Senate professional staff conducting the meeting

254

Bill Number or Topic

Amendment Barcode (if applicable)

Meeting Date

Committee

Name

Phone

Address

Email

Street

City

State

Zip

Speaking: ☐ For ☐ Against ☐ Information **OR** Waive Speaking: ☐ In Support ☒ Against

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☐ I am not a lobbyist, but received
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sponsored by:

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S-001 (08/10/2021)

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APPEARANCE RECORD

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Senate professional staff conducting the meeting

Bill Number or Topic

Amendment Barcode (if applicable)

Name

Phone

Address

Email

Street

City

State

Zip

Speaking: ☐ For ☐ Against ☐ Information

OR

Waive Speaking: ☐ In Support ☒ Against

PLEASE CHECK ONE OF THE FOLLOWING:

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S-001 (08/10/2021)

The Florida Senate

APPEARANCE RECORD

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Bill Number or Topic

Amendment Barcode (if applicable)

Name

Phone

Address

Email

Street

City

State

Zip

Speaking: ☐ For ☐ Against ☐ Information

OR

Waive Speaking: ☐ In Support ☒ Against

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compensation or sponsorship.☐ I am a registered lobbyist,
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something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

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SB 254

Bill Number or Topic

Amendment Barcode (if applicable)

13 March 23
Meeting Date
Health Policy
Committee

Name Corey Gallet de St Anrein

Phone _____

Address 811 S Main St

Email _____

Gameville FL 32601
City State Zip

Speaking: ☐ For ☐ Against ☐ Information **OR** Waive Speaking: ☐ In Support ☒ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☒ I am appearing without
compensation or sponsorship.

☐ I am a registered lobbyist,
representing:

☐ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

This form is part of the public record for this meeting.

S-001 (08/10/2021)

The Florida Senate
APPEARANCE RECORD

Deliver both copies of this form to
Senate professional staff conducting the meeting

S254

Bill Number or Topic

Amendment Barcode (if applicable)

3/13/23
Meeting Date
Sen. Public Health Cmtee
Committee

Name American Atheists (Brittany Williams)

Phone _____

Address _____

Email _____

Street

City

State

Zip

33324

Speaking: ☐ For ☐ Against ☐ Information **OR** Waive Speaking: ☐ In Support ☒ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☐ I am appearing without
compensation or sponsorship.

☐ I am a registered lobbyist,
representing:

☐ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

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The Florida Senate
APPEARANCE RECORD

03/13/23

Meeting Date

Health Policy

Committee

SB 254

Bill Number or Topic

Deliver both copies of this form to
Senate professional staff conducting the meeting

Amendment Barcode (if applicable)

Name Jackson Oberlink

Phone 772-532-1371

Address 10800 Biscayne Blvd suite 1050

Email jackson@floridaforall.vote

Street

Miami

City

FL

State

33161

Zip

Speaking: ☐ For ☐ Against ☐ Information

OR

Waive Speaking: ☐ In Support ☒ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☐ I am appearing without
compensation or sponsorship.

☒ I am a registered lobbyist,
representing:

☐ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

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S-001 (08/10/2021)

The Florida Senate
APPEARANCE RECORD

3/13/23

Meeting Date

Senate Health Policy

Committee

SB 254

Bill Number or Topic

Deliver both copies of this form to
Senate professional staff conducting the meeting

Amendment Barcode (if applicable)

Name Heather McLean

Phone 386-232-8551

Address 110 W. New York Ave

Email heather@delandpride.org

Street

DeLand

City

FL

State

32720

Zip

Speaking: ☐ For ☐ Against ☐ Information

OR

Waive Speaking: ☐ In Support ☒ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☒ I am appearing without
compensation or sponsorship.

☐ I am a registered lobbyist,
representing:

☐ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

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This form is part of the public record for this meeting.

S-001 (08/10/2021)

3/13/2023
Meeting Date
Health Policy
Committee
Name KB Francis
Address 1839 Hearnswood Court
Street
Orlando FL 32813
City State Zip

The Florida Senate
APPEARANCE RECORD

Deliver both copies of this form to
Senate professional staff conducting the meeting

SB 254
Bill Number or Topic

Amendment Barcode (if applicable)

Phone

Email

Speaking: ☐ For ☐ Against ☐ Information **OR** Waive Speaking: ☐ In Support ☒ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☒ I am appearing without
compensation or sponsorship.

☐ I am a registered lobbyist,
representing:

☐ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

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S-001 (08/10/2021)

3/13/2023
Meeting Date
HEALTH POLICY
Committee

The Florida Senate
APPEARANCE RECORD

Deliver both copies of this form to
Senate professional staff conducting the meeting

SB 254
Bill Number or Topic

Amendment Barcode (if applicable)

Name KELSEY KOLISNYK Phone 314 7491448

Address 37 BAY VIEW DR
Street
ST AUGUSTINE FL 32084
City State Zip

Speaking: ☐ For ☐ Against ☐ Information **OR** Waive Speaking: ☐ In Support ☒ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☒ I am appearing without
compensation or sponsorship.

☐ I am a registered lobbyist,
representing:

☐ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

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S-001 (08/10/2021)

The Florida Senate
APPEARANCE RECORD

Deliver both copies of this form to
Senate professional staff conducting the meeting

3/13/23
Meeting Date
Health Policy
Committee

254
Bill Number or Topic
Amendment Barcode (if applicable)

Name Michael Barrett Phone (850) 205-6823
Address 201 W. Park Ave
Street
Tallahassee FL 32301
City State Zip

Speaking: ☐ For ☐ Against ☐ Information **OR** Waive Speaking: ☒ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☐ I am appearing without
compensation or sponsorship.

☒ I am a registered lobbyist,
representing:
Florida Conference of
Catholic Bishops

☐ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

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S-001 (08/10/2021)

The Florida Senate
APPEARANCE RECORD

Deliver both copies of this form to
Senate professional staff conducting the meeting

3/13/2023
Meeting Date
Senate Health Policy
Committee

SB 254
Bill Number or Topic
Amendment Barcode (if applicable)

Name Billie Joan Hill-Bairdau Phone (850) 488-6167
Address 400 S Monroe St
Street
Tallahassee FL 32399
City State Zip

Speaking: ☐ For ☐ Against ☐ Information **OR** Waive Speaking: ☐ In Support ☒ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☒ I am appearing without
compensation or sponsorship.

☐ I am a registered lobbyist,
representing:

☐ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

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S-001 (08/10/2021)

03/13/2023

Meeting Date

The Florida Senate
APPEARANCE RECORD

Deliver both copies of this form to
Senate professional staff conducting the meeting

SB 254

Bill Number or Topic

Committee

Name

Mary Green

Phone

321-216-7473

Address

3281 Marsh Rd

Email

Marycgreen13@gmail.com

Street

City

Deland

State

FL

Zip

32724

Speaking: ☐ For ☐ Against ☐ Information

OR

Waive Speaking: ☐ In Support ☒ Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without
compensation or sponsorship.I am a registered lobbyist,
representing:I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

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S-001 (08/10/2021)

The Florida Senate

APPEARANCE RECORD

Deliver both copies of this form to
Senate professional staff conducting the meeting

3/13/23

Meeting Date

SB 254

Bill Number or Topic

Committee

Name

Nathaniel Perdomo

Phone

305 206 7678

Address

14262 Swiss Ct

Email

nperdomo@fiu.edu

Street

City

Miami

State

FL

Zip

33196

Speaking: ☐ For ☐ Against ☐ Information

OR

Waive Speaking: ☐ In Support ☒ Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without
compensation or sponsorship.I am a registered lobbyist,
representing:I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
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S-001 (08/10/2021)

The Florida Senate

APPEARANCE RECORD

3/14/23

Meeting Date

Deliver both copies of this form to
Senate professional staff conducting the meeting

SB254

Bill Number or Topic

Senate Health Committee

Committee

Amendment Barcode (if applicable)

Name Sylvia Weber

Phone 786-464-7499

Address 19640 Bob O Link Drive

Email sylviaweber@gmail.com

Street

Hialeah FL 33015

City

State

Zip

Speaking: ☐ For ☐ Against ☐ Information **OR** Waive Speaking: ☐ In Support ☒ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☐ I am appearing without
compensation or sponsorship.☐ I am a registered lobbyist,
representing:☒ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

Equality

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1, 2020-2022 Joint Rules.pdf (flsenate.gov)

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S-001 (08/10/2021)

The Florida Senate

APPEARANCE RECORD

March 13, 2023

Meeting Date

Deliver both copies of this form to
Senate professional staff conducting the meeting

SB 254

Bill Number or Topic

Senate Health Policy

Committee

Amendment Barcode (if applicable)

Name Icarus Jaspard

Phone 813-382-9811

Address 12112 Wazatch Ct

Email ajaspard@usf.edu

Street

Tampa Florida 33624

City

State

Zip

Speaking: ☐ For ☐ Against ☐ Information **OR** Waive Speaking: ☐ In Support ☒ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☒ I am appearing without
compensation or sponsorship.☐ I am a registered lobbyist,
representing:☐ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

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S-001 (08/10/2021)

The Florida Senate
APPEARANCE RECORD

3-13-23

Meeting Date

SB 254

Bill Number or Topic

Deliver both copies of this form to
Senate professional staff conducting the meeting

Committee

Amendment Barcode (if applicable)

Name RODRIGUEZ, LUIS Phone _____

Address 2380 COURTLAND BLVD Email _____
Street

DELTONA FL 32738
City State Zip

Speaking: ☐ For ☐ Against ☐ Information **OR** Waive Speaking: ☐ In Support ☒ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☐ I am appearing without
compensation or sponsorship.

☒ I am a registered lobbyist,
representing:

☐ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

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S-001 (08/10/2021)

The Florida Senate
APPEARANCE RECORD

3/13/23

Meeting Date

SB 254

Bill Number or Topic

Deliver both copies of this form to
Senate professional staff conducting the meeting

Committee

Amendment Barcode (if applicable)

Name Raphael Aroca Phone 386-204-1862

Address 2380 COURTLAND BLVD Email _____
Street

DELTONA FL 32738
City State Zip

Speaking: ☐ For ☐ Against ☐ Information **OR** Waive Speaking: ☐ In Support ☒ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☐ I am appearing without
compensation or sponsorship.

☒ I am a registered lobbyist,
representing:

☐ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

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S-001 (08/10/2021)



THE FLORIDA SENATE

Tallahassee, Florida 32399-1100

COMMITTEES:

Appropriations Committee on Health and Human Services, *Chair*
Environment and Natural Resources, *Vice Chair*
Appropriations
Appropriations Committee on Education
Education Postsecondary
Health Policy
Judiciary

SELECT COMMITTEE:

Select Committee on Resiliency

SENATOR GAYLE HARRELL

31st District

March 12, 2023

Senator Colleen Burton
530 Knott Building
404 S. Monroe Street
Tallahassee, Florida 32399

Dear Chair Burton,

I would like to request an excused absence from the Health Policy Committee meeting, scheduled for Monday, March 13th, due to the fact that I have a medical appointment.

Thank you for your consideration of this request.

Regards,

A handwritten signature in blue ink that reads "Gayle B. Harrell".

Senator Gayle Harrell
District 31

Cc: Allen Brown, Committee Staff Director
Anhar Al-Asadi, Committee Administrative Assistant
Denise DeBow, Legislative Aide

REPLY TO:

□ 215 SW Federal Highway, Suite 203, Stuart, Florida 34994 (772) 221-4019 FAX: (888) 263-7895
□ 414 Senate Building, 404 South Monroe Street, Tallahassee, Florida 32399-1100 (850) 487-5031

Senate's Website: www.flsenate.gov

KATHLEEN PASSIDOMO
President of the Senate

DENNIS BAXLEY
President Pro Tempore

CourtSmart Tag Report

Room: KB 412

Case No.: -

Type:

Caption: Senate Committee on Health Policy

Judge:

Started: 3/13/2023 3:31:00 PM

Ends: 3/13/2023 6:42:57 PM

Length: 03:11:58

3:31:01 PM Chair Burton calls meeting to order
3:31:12 PM Roll Call
3:31:35 PM Quorum is present
3:32:10 PM Take up Tab 2 SB 246 Florida Kidcare Program Eligibility
3:34:20 PM Chair Burton recognizes Senator Calatayud to explain bill
3:34:36 PM Public Testimony by Dr. Paul Robinson
3:35:20 PM Public Testimony by Michael Barrett of FL Conference of Catholic Bishops
3:36:21 PM Public Appearance by Michelle Watson of FL Alliance of Children's Councils & Trusts
3:36:26 PM Public Appearance by Karen Woodall of Florida Center for Fiscal and Economic Policy
3:36:35 PM Public Appearance by Austin Stowers of Office of CFO Jimmy Patronis
3:36:43 PM Public Appearance by Tasha Carter by Office of Insurance Consumer Advocate
3:36:59 PM Comment by Senator Osgood
3:38:16 PM Comment by Senator Davis
3:38:23 PM Chair Burton recognizes Senator Calatayud to close
3:39:50 PM Roll Call SB 246
3:39:57 PM Vote Recorded
3:40:24 PM Take up Tab 3 SB 988 Medicaid Coverage of Continuous Glucose Monitors
3:40:45 PM Chair Burton passes gavel to Senator Albritton
3:40:56 PM Chair Albritton recognizes Senator Burton to explain bill
3:41:41 PM Take up amendment barcode 312278
3:41:42 PM Chair Albritton recognizes Senator Burton to explain amendment
3:42:08 PM Action on amendment recorded, back on bill
3:42:21 PM Public Appearance by Dr. Paul Robinson
3:42:51 PM Public Testimony by Chris Clark
3:44:52 PM Public Testimony Geoffrey Becker of Medtronic
3:46:53 PM Public Testimony by Erika Mobley
3:48:24 PM Public Testimony by Dr. Otis Kirksey
3:52:26 PM Public Appearance by Amanda Fraser of American Diabetes Association
3:52:32 PM Public Appearance by Ivonne Fernandez of AARP
3:53:03 PM Comment by Senator Burton
3:53:34 PM Chair Albritton recognizes Senator Burton to close
3:53:36 PM Roll Call SB 988
3:54:56 PM Vote recorded
3:55:15 PM Take up Tab 1 Senate Confirmation Hearing of State Surgeon General
3:55:20 PM Chair Burton recognizes Dr. Ladapo
3:55:40 PM Public Testimony by Dr. Ladapo
4:01:00 PM Questions
4:31:26 PM Chair recognizes Dr. Ladapo to close
4:31:55 PM Roll Call on motion to recommend confirmation
4:32:48 PM Vote recorded
4:36:20 PM Chair Burton calls meeting to recess
4:37:50 PM Chair Burton call meeting back to order
4:38:38 PM Take up Tab 4 254 Treatments for Sex Reassignment
4:38:54 PM Take up PCS barcode 112830
4:39:07 PM Chair Burton recognizes Senator Yarborough to explain PCS
4:44:29 PM Question by Senator Davis
4:44:30 PM Answer by Senator Yarborough
4:45:15 PM Question by Senator Davis
4:45:45 PM Answer by Senator Yarborough
4:46:05 PM Question by Senator Davis
4:46:07 PM Answer by Senator Yarborough
4:46:26 PM Question by Senator Davis

4:46:34 PM	Answer by Senator Yarborough
4:46:49 PM	Question by Senator Davis
4:46:55 PM	Answer by Senator Yarborough
4:47:51 PM	Question by Senator Davis
4:48:18 PM	Answer by Senator Yarborough
4:50:18 PM	Question by Senator Davis
4:50:28 PM	Answer by Senator Yarborough
4:52:43 PM	Question by Senator Book
4:53:43 PM	Answer by Senator Yarborough
5:04:00 PM	Take up amendment barcode 788684
5:04:59 PM	Chair Burton Recognizes Senator Davis to explain amendment
5:05:17 PM	Public Appearance by John Harris Mauer of Equality Florida
5:05:54 PM	Public Appearance by Nathan Brummer
5:06:09 PM	Chair Burton Recognizes Senator Davis to close on amendment
5:06:15 PM	Comment by Senator Yarborough
5:07:37 PM	Action on amendment recorded
5:07:40 PM	Take up amendment barcode 953930
5:07:59 PM	Chair Burton recognizes Senator Book to explain amendment
5:08:43 PM	Public Appearance by John Harris Mauer of Equality Florida
5:08:49 PM	Public Appearance by Nathan Brummer
5:09:01 PM	Comment by Senator Yarborough
5:09:08 PM	Chair Burton recognizes Senator Book to close on amendment
5:10:20 PM	Action on amendment recorded
5:10:22 PM	Take up amendment barcode 309890
5:10:33 PM	Chair Burton recognizes Senator Book to explain amendment
5:10:58 PM	Pubic Testimony by Nathan Brummer
5:13:53 PM	Public Appearance by John Harris Mauer of Equality Florida
5:14:09 PM	Comment by Senator Yarborough
5:15:09 PM	Chair Burton recognizes Senator Book to close on amendment
5:15:52 PM	Action on amendment recorded
5:16:03 PM	Take up amendment barcode 448208
5:16:13 PM	Chair Burton recognizes Senator Davis to explain amendment
5:16:37 PM	Public Testimony by Dr. Paul Robinson
5:19:07 PM	Comment by Senator Book
5:20:13 PM	Comment by Senator Yarborough
5:21:38 PM	Chair Burton recognizes Senator Davis to close on amendment
5:22:01 PM	Action on amendment recorded
5:23:00 PM	Back on bill
5:25:25 PM	Public Appearances
6:24:01 PM	Comment by Senator Davis
6:27:09 PM	Comment by Senator Book
6:30:01 PM	Comment by Senator Osgood
6:34:29 PM	Chair recognizes Senator Yarborough to close on bill
6:37:12 PM	Roll Call SB 254
6:38:19 PM	Vote Recorded
6:41:40 PM	Senator Brodeur moves to adjourn
6:42:40 PM	Meeting Adjourned