Tab 2	**SB 42** by **Sharief (CO-INTRODUCERS) Rouson, Grall, Bernard;** Similar to CS/CS/H 00047 Specific Medical Diagnoses in Child Protective Investigations

Tab 3	**CS/SB 196** by **HP, Sharief (CO-INTRODUCERS) Osgood, Davis, Rouson, Bernard, Berman;** Compare to H 00327 Uterine Fibroid Research Database

Tab 4	**SB 878** by **Yarborough;** Identical to H 01347 Clinical Laboratory Personnel

Tab 5	**CS/SB 902** by **HP, Garcia;** Similar to H 00733 Department of Health

219722	A	S	AHS, Garcia	btw L.203 - 204:	02/16 07:40 PM
224164	A	S	AHS, Burton	btw L.313 - 314:	02/16 07:40 PM

Tab 6	**CS/SB 914** by **HP, Calatayud;** Similar to CS/H 00867 Dry Needling

Tab 7	**CS/SB 1092** by **HP, Massullo;** Compare to CS/H 00567 Podiatric Medicine

933280	A	S	AHS, Massullo	Delete L.43 - 188:	02/16 08:49 PM

Tab 8	**CS/SB 1168** by **HP, Grall;** Compare to CS/H 01069 Background Screenings

Tab 9	**SB 1340** by **Harrell;** Coordinated Screening and Progress Monitoring

Tab 10	**CS/SB 1404** by **HP, Burton;** Similar to CS/H 01295 Memory Care

Tab 11	**CS/SB 1414** by **HP, Polsky;** Compare to H 01203 Education on Congenital Cytomegalovirus

Tab 12	**SB 1684** by **Calatayud;** Similar to CS/CS/H 01443 Parkinson's Disease Registry

722508	D	S	AHS, Calatayud	Delete everything after	02/15 04:39 PM

Tab 13	**CS/SB 1686** by **HP, Calatayud;** Similar to CS/H 01445 Public Records/Parkinson's Disease Registry

The Florida Senate

COMMITTEE MEETING EXPANDED AGENDA

APPROPRIATIONS COMMITTEE ON HEALTH AND HUMAN SERVICES
Senator Trumbull, Chair
Senator Davis, Vice Chair

MEETING DATE: Wednesday, February 18, 2026
TIME: 8:30—10:00 a.m.
PLACE: *Pat Thomas Committee Room,* 412 Knott Building

MEMBERS: Senator Trumbull, Chair; Senator Davis, Vice Chair; Senators Brodeur, Burton, Garcia, Harrell, Rodriguez, Rouson, and Sharief

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
1	Review and Discussion of Fiscal Year 2026-2027 Budget Issues Relating to: Agency for Health Care Administration Agency for Persons with Disabilities Department of Children and Families Department of Elder Affairs Department of Health Department of Veterans' Affairs		
2	**SB 42** Sharief (Similar CS/CS/H 47)	Specific Medical Diagnoses in Child Protective Investigations; Providing an exception to the requirement that the Department of Children and Families immediately forward certain allegations to a law enforcement agency; requiring a child protective investigator to inform the subject of an investigation of a certain duty; requiring Child Protection Teams to consult with a licensed physician or advanced practice registered nurse when evaluating certain reports; authorizing, under a certain circumstance, a parent or legal custodian from whom a child was removed to request specified examinations of the child, etc. CF 01/12/2026 Favorable AHS 02/18/2026 FP	
3	**CS/SB 196** Health Policy / Sharief (Compare H 327, H 1515, Linked CS/S 864)	Uterine Fibroid Research Database; Deleting a prohibition on the inclusion of personal identifying information in the uterine fibroid research database, etc. HP 02/11/2026 Fav/CS AHS 02/18/2026 FP	

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
4	**SB 878** Yarborough (Identical H 1347)	Clinical Laboratory Personnel; Requiring that an applicant who qualifies for licensure under specified provisions provide proof of such qualification and pay the required fees to be eligible for licensure; requiring that applicants for licensure as a technologist or technician who meet specified criteria be deemed to have satisfied minimum qualifications for licensure to perform high or moderate complexity testing as a technologist or technician, as applicable, etc. HP 02/11/2026 Favorable AHS 02/18/2026 RC	
5	**CS/SB 902** Health Policy / Garcia (Similar H 733)	Department of Health; Revising requirements for department approval of qualified physicians and medical directors of medical marijuana treatment centers; prohibiting medical marijuana treatment center cultivating, processing, or dispensing facilities from being located within a specified distance of parks, child care facilities, or facilities providing early learning services; revising duties of the department in administering the Early Steps Program; authorizing a registered nurse to delegate the administration of certain controlled substances to a home health aide for medically fragile children under certain circumstances, etc. HP 02/11/2026 Fav/CS AHS 02/18/2026 RC	
6	**CS/SB 914** Health Policy / Calatayud (Similar CS/H 867)	Dry Needling; Defining the terms “dry needling” and “myofascial trigger point”; requiring the Board of Occupational Therapy to establish minimum standards of practice for the performance of dry needling by occupational therapists, including specified standards; requiring the board, if it deems it necessary for patient safety, to adopt additional supervision and training requirements for occupational therapists to perform dry needling on specified areas, etc. HP 02/02/2026 Fav/CS AHS 02/18/2026 RC	

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
7	**CS/SB 1092** Health Policy / Massullo (Compare CS/H 567)	Podiatric Medicine; Requiring certain podiatric physicians, instead of all podiatric physicians, to complete specified continuing education; authorizing podiatric physicians to perform stem cell therapy not approved by the United States Food and Drug Administration under certain circumstances; requiring podiatric physicians who perform such therapies to use stem cell therapy products obtained from facilities that adhere to applicable current good manufacturing practices, etc. HP 02/11/2026 Fav/CS AHS 02/18/2026 RC	
8	**CS/SB 1168** Health Policy / Grall (Compare CS/H 1069, S 1438)	Background Screenings; Specifying additional disqualifying offenses under the background screening requirements for certain persons; requiring the Agency for Health Care Administration, beginning on a specified date or as soon as practicable thereafter, to review and determine eligibility for all criminal history checks submitted to the Care Provider Background Screening Clearinghouse by specified agencies; providing that, beginning on a specified date, an independent sanctioning authority is considered a qualified entity for the purpose of participating in the clearinghouse; requiring qualified entities conducting background criminal history checks to designate a user administrator for a specified purpose, etc. HP 01/26/2026 Fav/CS AHS 02/18/2026 FP	
9	**SB 1340** Harrell (Compare S 7036)	Coordinated Screening and Progress Monitoring; Specifying requirements for a school district if a student exhibits characteristics of dyslexia or dyscalculia; providing circumstances under which a student is required to undergo further screening for dyslexia or dyscalculia, etc. ED 01/27/2026 Favorable AHS 02/18/2026 RC	

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
10	**CS/SB 1404** Health Policy / Burton (Similar CS/H 1295, Compare CS/S 1630)	Memory Care; Requiring licenses for assisted living facilities that provide memory care services; requiring an assisted living facility that serves memory care residents or holds itself out as providing memory care services to obtain a memory care services license; requiring the Agency for Health Care Administration to adopt rules governing memory care services licenses by a specified date; authorizing a facility that served memory care residents without a memory care services license before a specified date to continue to do so if certain requirements are met, etc. HP 02/02/2026 Fav/CS AHS 02/18/2026 FP	
11	**CS/SB 1414** Health Policy / Polsky (Compare H 1203)	Education on Congenital Cytomegalovirus; Requiring the Department of Health, in consultation with medical experts identified by the department, to develop educational materials on congenital cytomegalovirus for distribution to expectant and new parents or caregivers; requiring certain hospitals, birth centers, and obstetrics and gynecology physician practices to provide the educational materials to such parents and caregivers, etc. HP 02/11/2026 Fav/CS AHS 02/18/2026 FP	
12	**SB 1684** Calatayud (Similar CS/CS/H 1443, Compare CS/H 1445, Linked CS/S 1686)	Parkinson's Disease Registry; Subject to a specific appropriation, requiring the Department of Health to contract with the Consortium for Parkinson's Disease Research within the University of South Florida for a specified purpose; beginning on a specified date, requiring physicians who diagnose or treat a patient with Parkinson's disease to report specified information to the registry; requiring physicians to notify patients orally and in writing of specified information before submitting reports to the registry; requiring the Parkinson's Disease Research Board to submit quarterly reports to the department, etc. HP 02/11/2026 Favorable AHS 02/18/2026 FP	

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
13	**CS/SB 1686** Health Policy / Calatayud (Similar CS/H 1445, Compare CS/CS/H 1443, Linked S 1684)	Public Records/Parkinson's Disease Registry; Providing an exemption from public records requirements for certain records and personal identifying information submitted to the Parkinson's Disease Registry; providing for future legislative review and repeal; providing a statement of public necessity, etc. HP 02/11/2026 Fav/CS AHS 02/18/2026 FP	

Other Related Meeting Documents

Senate Appropriations Committee on Health & Human Services

Row#	ISSUE CODE	ISSUE TITLE	Fiscal Year 2026-2027 Chairman's Proposed Budget								Row#
			FTE	RATE	REC GR	NR GR	TOBACCO	OTHER STATE TFs	ALL TF FED	ALL FUNDS	
1		**HEALTH CARE ADMIN**									1
2	**1100001**	**Startup (OPERATING)**	**1,549.50**	**99,680,022**	**12,286,297,114**		**244,162,322**	**3,428,094,166**	**20,388,677,234**	**36,347,230,836**	2
3	160S320	Correct Funding Source Identifier for Administration and Support - Add			420,876				528,767	949,643	3
4	160S330	Correct Funding Source Identifier for Administration and Support - Deduct			(420,876)			(528,767)		(949,643)	4
5	1700050	Transfer to the Agency for Persons with Disabilities Home and Community Based Services Waiver			(828,158)				(1,048,900)	(1,877,058)	5
6	2301510	Institutional and Prescribed Drug Providers			(334,188,941)				(440,301,018)	(774,489,959)	6
7	2503080	Direct Billing for Administrative Hearings			(312)			(1,997)	(312)	(2,621)	7
8	3001780	Children's Special Health Care			44,422,885			611,427	71,527,906	116,562,218	8
9	3004500	Medicaid Services			1,565,106,282		(35,740,067)	(110,954,612)	965,258,701	2,383,670,304	9
10	33H5000	Base Budget Reduction Based on Historical Reversions			(50,000)	(54,477,762)		(16,000,000)	(69,998,581)	(140,526,343)	10
11	33V7020	Hospital Outpatient Rate Reduction			(16,391,498)				(20,760,583)	(37,152,081)	11
12	33V7030	Hospital Inpatient Rate Reduction			(23,195,540)				(29,378,214)	(52,573,754)	12
13	3400160	General Revenue to Administrative Trust Fund - Deduct			(324,912)					(324,912)	13
14	3400170	General Revenue to Administrative Trust Fund - Add			-				324,912	324,912	14
15	3600PC0	Florida Planning, Accounting, and Ledger Management (PALM) Readiness			-	450,107				450,107	15
16	36301C0	Florida Medicaid Management Information System (FMMIS)			-	6,323,612			23,692,834	30,016,446	16
17	36306C0	Background Screening Clearinghouse			-			2,500,000		2,500,000	17
18	36312C0	Enterprise Financial Ecosystem Maintenance			-			400,000		400,000	18
19	4000190	Prescription Drug Direct Purchasing			-	4,000,000				4,000,000	19
20	4000260	Medicaid Nursing Facility Clinical Intergration Pilot			-	1,323,600			1,676,400	3,000,000	20
21	4100039	Rural Health Transformation Program	14.00	1,260,000	-				1,872,875	1,872,875	21
22	4100049	Statewide Inpatient Psychiatric Program (SIPP) Redesign			6,622,745				8,388,009	15,010,754	22
23	4100052	Federally Qualified Health Centers (FQHC) and Rural Health Centers (RHC) Rate Increase			10,000,000				12,665,459	22,665,459	23
24	4100111	Orthotic and Prosthetic Durable Medical Equipment			1,323,600				1,676,400	3,000,000	24
25	4100450	Provider Network Audit			-			10,804,253		10,804,253	25
26	4101020	Medicaid Organ Transplant Provider Rate Increase			769,877				975,084	1,744,961	26
27	4101640	Critical Access Hospital Rate Adjustment			7,934,567				10,049,492	17,984,059	27
28	4101651	Nursing Home Reimbursement Rate Adjustment			30,000,000				37,996,374	67,996,374	28
29	4106300	Kidcare Premium Stabilization			-	8,596,329			19,234,145	27,830,474	29
30	4300750	Pace Expansion - Add			1,957,931				2,479,809	4,437,740	30
31	6P00680	Health Care Services			-	1,500,000		1,710,204	2,134,243	5,344,447	31
32	**Total**	**HEALTH CARE ADMIN**	**1,563.50**	**100,940,022**	**13,579,455,640**	**(32,284,114)**	**208,422,255**	**3,316,634,674**	**20,987,671,036**	**38,059,899,491**	32
33											33
34		**PERSONS WITH DISABILITIES**									34
35	**1100001**	**Startup (OPERATING)**	**2,709.00**	**133,809,539**	**1,131,748,785**			**4,992,493**	**123,603,589**	**1,260,344,867**	35
36	1700020	Transfer from the Agency for Health Care Administration Intermediate Care Facilities to the Agency for Persons with Disabilities - Waivers			828,158					828,158	36
37	24010C0	Information Technology Infrastructure Replacement			-	235,700			138,426	374,126	37
38	2503080	Direct Billing for Administrative Hearings			12,965				359	13,324	38
39	3401470	Changes to Federal Financial Participation Rate - State			30,691,623					30,691,623	39
40	3600PC0	Florida Planning, Accounting, and Ledger Management (PALM) Readiness			-	834,785		490,271		1,325,056	40
41	36202C0	Computer Refresh			-	663,955			389,942	1,053,897	41
42	36204C0	iConnect System			-	2,026,213			2,026,212	4,052,425	42
43	4000060	Sunland Chiller Lease			-	75,506			101,446	176,952	43
44	4000590	iBudget Waiver Provider Rate Increase			10,040,746					10,040,746	44

			Fiscal Year 2026-2027 Chairman's Proposed Budget								
Row#	ISSUE CODE	ISSUE TITLE	FTE	RATE	REC GR	NR GR	TOBACCO	OTHER STATE TFs	ALL TF FED	ALL FUNDS	Row#
45	4000650	Operating Cost Increases - Resident Services at Forensic Facilities			650,000					650,000	45
46	4009140	Consumer Directed Care Plus (CDC+) Additional Administration Costs - Deduct			(405,387)					(405,387)	46
47	4009170	Consumer Directed Care Plus (CDC+) Additional Administration Costs - Add			405,387				405,387	810,774	47
48	6P00670	Persons with Disabilities Services			-	8,000,700				8,000,700	48
49	990C000	Code Corrections			-					-	49
50	*080754*	*APD/FCO Needs/Cen Mgd Facs*			-	633,891				633,891	50
51	990F000	Support Facilities			-					-	51
52	*080089*	*Plan/Des-Forensic Fac*			-	5,000,000				5,000,000	52
53	990G000	Grants and Aids - Fixed Capital Outlay			-					-	53
54	*140211*	*Fco-Persons W/Disabilities*			-	9,820,820				9,820,820	54
55	**Total**	**PERSONS WITH DISABILITIES**	**2,709.00**	**133,809,539**	**1,173,972,277**	**27,291,570**	**-**	**5,482,764**	**126,665,361**	**1,333,411,972**	55
56											56
57		**CHILDREN & FAMILIES**									57
58	**1100001**	**Startup (OPERATING)**	**12,520.25**	**688,236,013**	**2,819,821,413**			**147,815,388**	**1,626,864,993**	**4,594,501,794**	58
59	2000200	Transfer Deferred - Payment Commodity Contracts Budget Authority to Expenses - Deduct			(154,716)					(154,716)	59
60	2000210	Transfer Deferred - Payment Commodity Contracts Budget Authority to Expenses - Add			154,716					154,716	60
61	2503080	Direct Billing for Administrative Hearings			185,937					185,937	61
62	3000091	Cash Assistance Adjustment - Estimating Conference Adjustment			(11,208,272)				(11,208,271)	(22,416,543)	62
63	33H5000	Base Budget Reduction Based on Historical Reversions			(44,924,989)					(44,924,989)	63
64	33N0001	Redirect Recurring Appropriations to Non-Recurring - Deduct			-			(3,000,000)		(3,000,000)	64
65	33N0002	Redirect Recurring Appropriations to Non-Recurring - Add			-			3,000,000		3,000,000	65
66	33V1620	Vacant Position Reductions	(33.00)	(1,445,469)	(2,193,519)				(149,032)	(2,342,551)	66
67	3301010	Eliminate Unfunded Budget			-				(15,000,000)	(15,000,000)	67
68	3400350	Snap Administration Fund Shift from Federal Grants Trust Fund to General Revenue - Add			38,037,671					38,037,671	68
69	3400360	Snap Administration Fund Shift from Federal Grants Trust Fund to General Revenue - Deduct			-			(656,603)	(37,381,068)	(38,037,671)	69
70	3400530	Replace Title IV-E Federal Funds with the Welfare Transition Trust Fund for the Healthy Families Program - Add			-				3,124,120	3,124,120	70
71	3400540	Replace Title IV-E Federal Funds with the Welfare Transition Trust Fund for the Healthy Families Program - Deduct			-				(3,124,120)	(3,124,120)	71
72	3400920	Fund Shift Federal Grants Trust Fund to General Revenue for Child Welfare Eligibility - Add			59,431,285					59,431,285	72
73	3400930	Fund Shift Federal Grants Trust Fund to General Revenue for Child Welfare Eligibility - Deduct			-				(59,431,285)	(59,431,285)	73
74	3401470	Changes to Federal Financial Participation Rate - State			423,736					423,736	74
75	3401480	Changes to Federal Financial Participation Rate - Federal			-				(423,736)	(423,736)	75
76	3600PC0	Florida Planning, Accounting, and Ledger Management (PALM) Readiness			-	1,250,000				1,250,000	76
77	36124C0	Comprehensive Child Welfare Information System Maintenance and Operations Need			3,024,114	1,046,809			2,929,077	7,000,000	77
78	36370C0	Mental Health Facilities Safety and Security System Upgrades			-	2,010,050				2,010,050	78
79	4000200	Foster Care Room and Board Rate Increase			10,726,284				411,220	11,137,504	79
80	4000210	Foster Parent Cost of Living Adjustment Growth Rate			1,140,433				364,829	1,505,262	80
81	4000310	Increase Domestic Violence Legal Services			1,839,152					1,839,152	81

			Fiscal Year 2026-2027 Chairman's Proposed Budget								
Row#	ISSUE CODE	ISSUE TITLE	FTE	RATE	REC GR	NR GR	TOBACCO	OTHER STATE TFs	ALL TF FED	ALL FUNDS	Row#
82	4000590	Mental Health Treatment Bed Capacity Maintenance			44,212,525	1,680,329				45,892,854	82
83	4000640	Strengthening State Oversight of 988 Suicide and Crisis Lifeline			7,560,497				2,044,138	9,604,635	83
84	4000780	Step Into Success Program Statewide Expansion	9.00	567,175	3,392,448	57,042				3,449,490	84
85	4002200	Enhancing Patient Safety In Mental Health Treatment Facilities with Anti-Ligature Solutions			-	3,336,534				3,336,534	85
86	4002230	Extended Foster Care			8,895,697					8,895,697	86
87	4002420	Continuation Funding for Behavioral Health Consultants			-				1,823,984	1,823,984	87
88	4002440	Increase Collaboration for Victim Services for Domestic Violence (STOP)			-				8,048,186	8,048,186	88
89	4002540	Economic Self-Sufficiency Services - Mailing Operations			989,396				536,065	1,525,461	89
90	4004510	Central Receiving Facilities - Grant Program			10,400,000					10,400,000	90
91	4006010	Maintenance Adoption Subsidy and Other Adoption Assistance			11,973,500				12,911,566	24,885,066	91
92	4006500	Foster and Family Support Grant Program			5,000,000					5,000,000	92
93	4008750	Automated Community Connection to Economic Self Sufficiency Asset Verification			-	520,870			520,870	1,041,740	93
94	4008860	Valerie's House Child Grief Support Services			2,550,000					2,550,000	94
95	4300110	Managing Entity Administrative Support			-			3,000,000		3,000,000	95
96	4300160	Opioid Settlement - Non-Qualified Counties			-			13,863,003		13,863,003	96
97	4300210	Opioid Settlement - Treatment, Recovery, Housing and Support Services			-			34,297,648		34,297,648	97
98	4300220	Opioid Settlement - Prevention Services			-			16,000,000		16,000,000	98
99	4300230	Opioid Settlement - Technology and Research			-			1,100,000		1,100,000	99
100	4402080	Automated Employment and Income Verification			-	15,562,000			6,676,900	22,238,900	100
101	4600680	Foster Parent and Guardian Ad Litem Digital Recruitment Marketing Campaign			1,000,000					1,000,000	101
102	6P00600	Children and Families Services			-	38,154,465		7,980,500		46,134,965	102
103	990G000	Grants and Aids - Fixed Capital Outlay			-					-	103
104	*140600*	*G/A- Human Services Fac*			-	12,005,790		1,900,000		13,905,790	104
105	990M000	Maintenance and Repair			-					-	105
106	*080751*	*HRS/Cap Needs/Cen Mgd Facs*			-	6,300,000				6,300,000	106
107	**Total**	**CHILDREN & FAMILIES**	**12,496.25**	**687,357,719**	**2,972,277,308**	**81,923,889**	**-**	**225,299,936**	**1,539,538,436**	**4,819,039,569**	107
108											108
109		**ELDER AFFAIRS**									109
110	**1100001**	**Startup (OPERATING)**	**425.00**	**23,557,976**	**236,181,665**			**1,946,810**	**235,875,017**	**474,003,492**	110
111	1700060	Transfer Emergency Home Energy Assistance Program to the Department of Commerce			-				(6,400,000)	(6,400,000)	111
112	2000030	Realign Oco Budget to Expenses Budget for Hardware Refresh - Add			27,197				31,291	58,488	112
113	2000040	Realign Oco Budget to Expenses Budget for Hardware Refresh - Deduct			(27,197)				(31,291)	(58,488)	113
114	2503080	Direct Billing for Administrative Hearings			6,406					6,406	114
115	3000030	Comprehensive Assessment and Review for Long-Term Services Staff Recruitment and Retention		774,446	413,365					413,365	115
116	3000140	Staff Realignment for Workforce Sustainability - Add	7.00	385,720	412,928			211,629		624,557	116
117	3000150	Staff Realignment for Workforce Sustainability - Deduct	(7.00)		(412,697)				(211,860)	(624,557)	117
118	3600PC0	Florida Planning, Accounting, and Ledger Management (PALM) Readiness			-	58,768				58,768	118
119	36207C0	Enterprise Client Information and Registration Tracking System (ECIRTS) Project			2,652,000					2,652,000	119
120	36220C0	Network Infrastructure Upgrade and Managed Services			-	517,600				517,600	120

			Fiscal Year 2026-2027 Chairman's Proposed Budget								
Row#	ISSUE CODE	ISSUE TITLE	FTE	RATE	REC GR	NR GR	TOBACCO	OTHER STATE TFs	ALL TF FED	ALL FUNDS	Row#
121	36240C0	Cloud Modernization Operations			-	503,106				503,106	121
122	36242C0	Cybersecurity Operations			200,000	50,000				250,000	122
123	36243C0	Backup Services for Cloud Modernization			-	120,000				120,000	123
124	4100040	Alzheimer's Disease Initiative - Frail Elders Waiting for Services			3,000,000					3,000,000	124
125	4100200	Serve Additional Clients In the Community Care for the Elderly (CCE) Program			4,000,000					4,000,000	125
126	4100210	Serve Additional Clients In the Home Care for the Elderly (HCE) Program			3,500,000					3,500,000	126
127	4900130	Increase Office of Public & Professional Guardian Funding			4,373,465					4,373,465	127
128	6P00650	Elder Services			-	9,615,925				9,615,925	128
129	990G000	Grants and Aids - Fixed Capital Outlay			-					-	129
130	*140080*	*G/A-Senior Citizen Centers*			-	1,808,700				1,808,700	130
131	**Total**	**ELDER AFFAIRS**	**425.00**	**24,718,142**	**254,327,132**	**12,674,099**	**-**	**2,158,439**	**229,263,157**	**498,422,827**	131
132											132
133		**HEALTH**									133
134	**1100001**	**Startup (OPERATING)**	**12,282.31**	**690,989,994**	**940,047,011**		**90,047,220**	**1,309,989,522**	**1,711,173,894**	**4,051,257,647**	134
135	**1100002**	**Startup Recurring Fixed Capital Outlay (DEBT SERVICE/OTHER)**			**10,000,000**					**10,000,000**	135
136	2000010	Other Personal Services and Contracted Services Funding for Disability Determinations Operations - Add			-				7,252,390	7,252,390	136
137	2000020	Other Personal Services and Contracted Services Funding for Disability Determinations Operations - Deduct			-				(7,252,390)	(7,252,390)	137
138	2000280	Realignment Between Appropriation Categories - Clinical Eligibility Unit - Children's Medical Services - Add			-				849,506	849,506	138
139	2000290	Realignment Between Appropriation Categories - Clinical Eligibility Unit - Children's Medical Services - Deduct			-				(849,506)	(849,506)	139
140	2002040	Technical Adjustment - Realign Budget Between Categories - Add			-			42,604		42,604	140
141	2002050	Technical Adjustment - Realign Budget Between Categories - Deduct			-			(42,604)		(42,604)	141
142	2002080	Realign Healthcare Communications and Patient Logistics Platform - Add			2,500,000					2,500,000	142
143	2002090	Realign Healthcare Communications and Patient Logistics Platform - Deduct			(2,500,000)					(2,500,000)	143
144	2002100	Technical Adjustment - Realign Budget Between Categories for Enterprise Access - Add			-			7,884,000		7,884,000	144
145	2002110	Technical Adjustment - Realign Budget Between Categories for Enterprise Access - Deduct			-			(7,884,000)		(7,884,000)	145
146	2002120	Technical Adjustment - Realign Budget Between Categories for Information Technology - Add			-			500,000		500,000	146
147	2002130	Technical Adjustment - Realign Budget Between Categories for Information Technology - Deduct			-			(209,463)	(290,537)	(500,000)	147
148	2503080	Direct Billing for Administrative Hearings			-			57,564	6,883	64,447	148
149	30010C0	Increased Workload for Data Center to Support an Agency			-	1,741,000				1,741,000	149
150	3200030	Delete Unfunded Budget			-				(19,754,405)	(19,754,405)	150
151	33H5000	Base Budget Reduction Based on Historical Reversions			(3,072,555)					(3,072,555)	151
152	33V1620	Vacant Position Reductions	(400.00)	(17,121,091)	(647,471)			(10,109,678)	(17,150,996)	(27,908,145)	152
153	33V5140	Remove Unfunded Budget from County Health Department Trust Fund			-			(500,000)		(500,000)	153
154	3401270	Realign Funding for Clinical Eligibility Unit for Children's Medical Services - Add			865,265					865,265	154

			Fiscal Year 2026-2027 Chairman's Proposed Budget								
Row#	ISSUE CODE	ISSUE TITLE	FTE	RATE	REC GR	NR GR	TOBACCO	OTHER STATE TFs	ALL TF FED	ALL FUNDS	Row#
155	3401280	Realign Funding for Clinical Eligibility Unit for Children's Medical Services - Deduct			-				(865,265)	(865,265)	155
156	3408370	Administrative Infrastructure for Casey Desantis Cancer Research Program and Cancer Innovation Initiatives - Add	2.00	155,687	2,257,615	600,000			(489,645)	2,367,970	156
157	3408380	Administrative Infrastructure for Casey Desantis Cancer Research Program and Cancer Innovation Initiatives - Deduct	(2.00)	(155,687)	-			(2,367,970)		(2,367,970)	157
158	3600PC0	Florida Planning, Accounting, and Ledger Management (PALM) Readiness			-	5,586,246				5,586,246	158
159	36205C0	Information Technology - Security Modernization and Resiliency Initiative			-			3,649,160		3,649,160	159
160	36210C0	Information Technology Systems - Network Structure Modification			-			2,324,000		2,324,000	160
161	36328C0	Children's Medical Services - Early Steps Administrative System			-				2,204,500	2,204,500	161
162	36360C0	Medical Quality Assurance - Licensure and Enforcement System			-			1,047,086		1,047,086	162
163	36390C0	Florida Cancer Data System Enhancements			-	800,000				800,000	163
164	4100201	Increased Budget Authority for the Prescription Drug Monitoring Program			-			750,000		750,000	164
165	4100250	Doula Support for Healthy Births Pilot Program			-	704,000				704,000	165
166	4100540	Bascom Palmer Eye Institute VisionGen Initiative			6,000,000					6,000,000	166
167	4300042	Neurofibromatosis Disease Grant Program			-	5,000,000				5,000,000	167
168	4309000	Tobacco Constitutional Amendment			-		2,419,479			2,419,479	168
169	4800010	Food and Product Safety Testing Initiative			-	2,000,000				2,000,000	169
170	5900060	Bureau of Preparedness and Response Facility Management			-	6,000,000				6,000,000	170
171	6P00640	Health Services			-	26,497,290				26,497,290	171
172	6200010	Florida Breast and Cervical Cancer Early Detection Program			-	4,171,675				4,171,675	172
173	6200140	Florida Cancer Innovation Fund			10,000,000			10,000,000		20,000,000	173
174	6200490	Public Laboratory Feasibility Study			-	2,500,000				2,500,000	174
175	6201350	Routine Screening Expansion for HIV, Hepatitis, and Syphilis			2,598,682	21,624		336,728		2,957,034	175
176	6401580	Merlin System Funding			2,006,865					2,006,865	176
177	990G000	Grants and Aids - Fixed Capital Outlay			-					-	177
178	*140998*	*G/A-Hlth Facilities*			-	14,650,000				14,650,000	178
179	990M000	Maintenance and Repair			-					-	179
180	*140430*	*Maintenance and Repair*			-	10,000,000		4,000,000		14,000,000	180
181	990S000	Special Purpose			-					-	181
182	*081108*	*Hlth Fac Repair/Maint-Stw*			-			5,000,000		5,000,000	182
183	*084093*	*Cnst/Reno/Equip-Chu*			-	2,900,000		2,417,200		5,317,200	183
184	**Total**	**HEALTH**	**11,882.31**	**673,868,903**	**970,055,412**	**83,171,835**	**92,466,699**	**1,326,884,149**	**1,674,834,429**	**4,147,412,524**	184
185											185
186		**VETERANS' AFFAIRS**									186
187	**1100001**	**Startup (OPERATING)**	**1,511.00**	**77,853,375**	**31,908,570**			**124,304,799**	**46,323,132**	**202,536,501**	187
188	2401500	Replacement of Motor Vehicles			-	145,000		52,790		197,790	188
189	3000650	Executive Direction and Support Services Increase Staffing - Department of Information and Technology	9.00	561,267	911,916	60,885				972,801	189
190	36204C0	Executive Direction and Support Services Increase Budget for Information Technology Security Modernization			-			49,280	126,720	176,000	190
191	36245C0	Information Technology Base Budget Increase			-			311,204	804,222	1,115,426	191
192	36370C0	Health Information Technology Systems Upgrade			-			63,091	163,040	226,131	192
193	4001550	Florida Is for Veterans, Inc., Occupational License Reciprocity			1,000,000	416,667				1,416,667	193

			Fiscal Year 2026-2027 Chairman's Proposed Budget								
Row#	ISSUE CODE	ISSUE TITLE	FTE	RATE	REC GR	NR GR	TOBACCO	OTHER STATE TFs	ALL TF FED	ALL FUNDS	Row#
194	4200170	Increase In Base Budget Authority for Division of Long-Term Care Management			-			561,285	1,450,489	2,011,774	194
195	4601850	Division of Veterans Benefits and Assistance - Veterans Dental Care Grant Program			500,000					500,000	195
196	6P00500	Veterans' Services			-	15,609,204				15,609,204	196
197	990G000	Grants and Aids - Fixed Capital Outlay			-					-	197
198	*140085*	*Grants and Aids - Fco*			-	7,545,000				7,545,000	198
199	990M000	Maintenance and Repair			-					-	199
200	*080859*	*Maint/Rep/Res Fac/Veterans*			-			1,196,491	3,092,009	4,288,500	200
201	**Total**	**VETERANS' AFFAIRS**	**1,520.00**	**78,414,642**	**34,320,486**	**23,776,756**	**-**	**126,538,940**	**51,959,612**	**236,595,794**	201
202	**Grand Total**		**30,596.06**	**1,699,108,967**	**18,984,408,255**	**196,554,035**	**300,888,954**	**5,002,998,902**	**24,609,932,031**	**49,094,782,177**	202

Senate Appropriations Committee on Health and Human Services
Fiscal Year 2026-2027 Proposed Project Funding

Row #	LFIR #	Project Title	General Revenue	Trust Fund	Department
1	1366	Graduate Medical Education-Psychiatry	-	1,344,447	Agency for Health Care Administration
2	2653	UF Health Jacksonville - Operating Support	1,500,000	-	Agency for Health Care Administration
3	3792	eBrief: Technology to Improve Incontinence Care in Florida's Nursing Homes	-	2,500,000	Agency for Health Care Administration
4	1004	ADE INC - CULINARY ACADEMY AND SENIOR PROGRAM FOR ADULTS WITH AUTISM and DEVELOPMENTAL DISABILITIES	350,000	-	Agency for Persons with Disabilities
5	1007	Sunrise Community Shelter Expansion and Facility Renovation	350,000	-	Agency for Persons with Disabilities
6	1116	Easterseals Better Together-Improving Autism and Disability Services Statewide Through Collaboration	2,500,000	-	Agency for Persons with Disabilities
7	1174	The Haven - Community Center	750,000	-	Agency for Persons with Disabilities
8	1194	Our Pride Academy, Inc.	350,000	-	Agency for Persons with Disabilities
9	1232	The Nancy C. Detert Residential Community Phase 4&5	350,000	-	Agency for Persons with Disabilities
10	1245	Inspire of Central Florida - Operation Giving Real Opportunities for Work (GROW)	350,000	-	Agency for Persons with Disabilities
11	1647	Miami Learning Experience School - Job Readiness Program	350,000	-	Agency for Persons with Disabilities
12	1663	Friendship Circle Inclusive Community Center	350,000	-	Agency for Persons with Disabilities
13	1911	Special Hearts Farm Forever Home - Residences	2,469,220	-	Agency for Persons with Disabilities
14	2017	Els for Autism Specialized Autism Recreation Complex	350,000	-	Agency for Persons with Disabilities
15	2038	ARC of the Treasure Coast Health and Wellness Complex	1,000,000	-	Agency for Persons with Disabilities
16	2271	QUANTUM LEAP FARM: EQUINE-ASSISTED THERAPY FOR SPECIAL NEED CHILDREN	128,700	-	Agency for Persons with Disabilities
17	2365	Connections Autism School & Vocational Center Expansion	350,000	-	Agency for Persons with Disabilities
18	2564	HorsePlay Therapy Center - Equine-Assisted Regional Rehabilitation Center for Children and Veterans	1,000,000	-	Agency for Persons with Disabilities
19	2609	Capstone Adaptive Learning and Therapy Centers - Infrastructure for Child and Adult Disability Care	394,600	-	Agency for Persons with Disabilities
20	2693	Pine Castle Community Home	450,000	-	Agency for Persons with Disabilities
21	2814	North Florida School of Special Education Community Integrated Employment for Workforce Development	350,000	-	Agency for Persons with Disabilities
22	2929	The Academy of Spectrum Diversity Expansion of Services Project	250,000	-	Agency for Persons with Disabilities
23	2958	Club Challenge/Challenge Enterprises of North Florida, Inc.	325,000	-	Agency for Persons with Disabilities
24	2963	The Arc Jacksonville - IDD Family Support & Navigation Pilot	350,000	-	Agency for Persons with Disabilities
25	2995	The Arc of Bradford County Rural Work Opportunities for Individuals with Intellectual/Developmental	750,000	-	Agency for Persons with Disabilities

Senate Appropriations Committee on Health and Human Services
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Row #	LFIR #	Project Title	General Revenue	Trust Fund	Department
26	3149	Building Today for Better Tomorrows - The ASHA Neuro-Diverse {new campus) playground	54,000	-	Agency for Persons with Disabilities
27	3216	EmpowerAbility Programming for The Villages at Casa Familia	400,000	-	Agency for Persons with Disabilities
28	3238	The ARC of the St. Johns Transportation Maintenance Facility Expansion and Modernization Project	750,000	-	Agency for Persons with Disabilities
29	3435	The Arc of Palm Beach County - Completion of Special Needs Shelter	1,500,000	-	Agency for Persons with Disabilities
30	3464	Vision of Hope - Vocational Training Center Expansion	750,000	-	Agency for Persons with Disabilities
31	3717	Independence Landing Workforce Development for Persons with Disabilities	500,000	-	Agency for Persons with Disabilities
32	1052	Jewish Family Services (JFS) Keep Families Working Summer and School Break Camp Scholarship Program	250,000	-	Department of Children and Families
33	1053	Faulk Center for Counseling: mental health services for low income families	235,500	-	Department of Children and Families
34	1054	Rales Jewish Family Services Immediate Need Triage Line (INTL) for Individuals and Families	298,839	-	Department of Children and Families
35	1058	ADAM (Awesome Dads Awesome Men): Fatherhood Mentoring Program	330,000	-	Department of Children and Families
36	1072	Growing OAKS Initiative - Connection Coordinator Program	275,000	-	Department of Children and Families
37	1076	Selby Preschool - Pathways to Learning for Children with Disabilities	379,000	-	Department of Children and Families
38	1086	Lifetime Counseling Center: Thrive Within Program	350,000	-	Department of Children and Families
39	1087	Circles of Care - Behavioral Health Facilities Renovation and Safety Improvements	350,000	-	Department of Children and Families
40	1088	Circles of Care - Certified Community Behavioral Health Clinic (CCBHC) Implementation	500,000	-	Department of Children and Families
41	1212	All Star Children's Foundation, Inc.	3,000,000	-	Department of Children and Families
42	1239	Seminole County Hope and Healing Center (Opioid/Addiction Recovery Partnership)	-	350,000	Department of Children and Families
43	1266	IMPOWER Substance Misuse Treatment Program Safety and Recreational Renovations	-	500,000	Department of Children and Families
44	1277	Aspire - Seminole Certified Community Behavioral Health Clinics (CCBHC) Implementation Project	500,000	-	Department of Children and Families
45	1286	Broward County Behavioral Health	350,000	-	Department of Children and Families
46	1328	The Pearl Project - Helping Children Impacted by Substance Abuse	-	350,000	Department of Children and Families
47	1367	Citrus Health Network Crisis Stabilization Unit & Assessment and Emergency Services	2,000,000	-	Department of Children and Families
48	1369	Camillus House Phoenix Human Trafficking Recovery Program	350,000	-	Department of Children and Families
49	1429	Sustaining Opioid Residential Treatment Rural North Florida	-	500,000	Department of Children and Families
50	1477	Connecting Everyone with Second Chances (CESC, Inc.)	650,000	-	Department of Children and Families

Senate Appropriations Committee on Health and Human Services
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Row #	LFIR #	Project Title	General Revenue	Trust Fund	Department
51	1481	Apalachee Center - Operation of Forensic Residential Step-Down Beds	350,000	-	Department of Children and Families
52	1539	Carter's Corner Community Services (Carter's Corner), Inc. 24/7 Dad Initiative	350,000	-	Department of Children and Families
53	1576	Boys Town Florida Prevention and Diversion Support Services	425,155	-	Department of Children and Families
54	1607	Breakthrough Osceola	250,461	-	Department of Children and Families
55	1619	IMPACT Tallahassee Campus Expansion	350,000	-	Department of Children and Families
56	1626	CASL (Renaissance) - Permanent Supportive and Affordable Housing	350,000	-	Department of Children and Families
57	1633	Prevention, Foster Family Recruitment & Hope 4 Healing Project	350,000	-	Department of Children and Families
58	1705	Empowerment Pathway Project: Strengthening Domestic Violence & Sexual Assault Services in Marion Co.	350,000	-	Department of Children and Families
59	1706	Ocala-Marion Senior Crisis Mobile Response Team	350,000	-	Department of Children and Families
60	1726	The Center for Children and Families	600,000	-	Department of Children and Families
61	1727	Speer II, Affordable and Supportive Housing	600,000	-	Department of Children and Families
62	1728	Pasco County Central Receiving Facility Operational Support	2,000,000	-	Department of Children and Families
63	1731	PEMHS d/b/a/ Eleos CSU Facility Improvement Roof Replacement	346,461	-	Department of Children and Families
64	1732	Miracle Place Pasco Family Shelter	750,000	-	Department of Children and Families
65	1746	Competency Restoration Program for Direct File Youth	2,803,455	-	Department of Children and Families
66	1755	Florida Alliance of Boys & Girls Clubs - Opioid Awareness and Prevention Program	-	1,000,000	Department of Children and Families
67	1859	Centro Mater Child Care Services- Family Wellness & Mental Health Education Initiative	175,000	-	Department of Children and Families
68	1868	Community Care for Families - Sarasota and Manatee Counties	350,000	-	Department of Children and Families
69	1941	Lake Cares - Food Insecurity in Lake County	200,000	-	Department of Children and Families
70	1977	Project Lazarus Specialized Outreach in Miami-Dade County	97,081	-	Department of Children and Families
71	1988	SalusCare - Behavioral Health Campus Hardening and Modernization	-	450,000	Department of Children and Families
72	2120	The Florida Area Health Education Center Network Opioid Addiction Training and Education Program	-	1,000,000	Department of Children and Families
73	2122	Harbor58 Transitional Housing Campus for Youth Aging Out of Foster Care	100,000	-	Department of Children and Families
74	2130	Forever Family®: Child Abuse Prevention, Foster Care and Adoption Awareness and Recruitment	350,000	-	Department of Children and Families
75	2135	Fort Lauderdale Substance Abuse & Mental Health Treatment Housing Program	250,000	-	Department of Children and Families

Senate Appropriations Committee on Health and Human Services
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Row #	LFIR #	Project Title	General Revenue	Trust Fund	Department
76	2137	Certified Community Behavioral Health Center Expansion	350,000	-	Department of Children and Families
77	2138	Hurricane Resiliency &Safety Enhancements to Protect Vulnerable Adults with Mental Illness	350,000	-	Department of Children and Families
78	2150	Alpert Jewish Family Service Community Access Life Line (CALL) Service	600,000	-	Department of Children and Families
79	2205	Memorial Healthcare System - Medication Assisted Treatment	-	500,000	Department of Children and Families
80	2206	Broward Health - Integrated Medication Assisted Treatment Response (iMATR)	-	650,000	Department of Children and Families
81	2217	Hialeah Community Coalition - Stronger Choices	-	250,000	Department of Children and Families
82	2240	Overnight Shelter Bus	350,000	-	Department of Children and Families
83	2308	One More Child Anti-Sex Trafficking	350,000	-	Department of Children and Families
84	2313	Tri-County Human Services - Community Detox Beds	-	1,350,000	Department of Children and Families
85	2314	One More Child- Single Moms Program	350,000	-	Department of Children and Families
86	2328	Asphalt Replacement at Heartland Youth Village-Foster Care	285,000	-	Department of Children and Families
87	2330	Repairs and Renovations to Improve Care for Children in Foster Care	175,000	-	Department of Children and Families
88	2331	Gilmore Outpatient Expansion Project - Phase 2	350,000	-	Department of Children and Families
89	2332	Peace River Center - Certified Community Behavioral Health Clinic (CCBHC)	500,019	-	Department of Children and Families
90	2333	Peace River Center - Community Mobile Support Team (CMST)	850,000	-	Department of Children and Families
91	2334	Solo Parent- Support for Single Parent Veterans and First Responders	1,500,000	-	Department of Children and Families
92	2409	Veteran Housing and Homelessness Intervention Program	250,000	-	Department of Children and Families
93	2480	Man Up Coaching & Mentoring for Fatherless Youth	350,000	-	Department of Children and Families
94	2502	Department of Children and Families Extended Release Injectable Naltrexone Program	-	650,000	Department of Children and Families
95	2518	Healing and Empowerment Circles for Survivors of Sexual Trauma in Central Florida	150,000	-	Department of Children and Families
96	2521	Jewish Family Services Mental Health First Aid of Palm Beach	500,000	-	Department of Children and Families
97	2551	Project LIFT - Mental Health and Workforce Development	350,000	-	Department of Children and Families
98	2552	LifeBuilders of the Treasure Coast, Inc.	350,000	-	Department of Children and Families
99	2615	Putnam/St. Johns Residential and Re-Entry Program	-	500,000	Department of Children and Families
100	2679	Live the Life Ministries - Community Marriage and Family Pilot Program	350,000	-	Department of Children and Families

Senate Appropriations Committee on Health and Human Services
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Row #	LFIR #	Project Title	General Revenue	Trust Fund	Department
101	2764	Samaritan Village - Transitional Safe House Program	350,000	-	Department of Children and Families
102	2868	Respite Recovery Housing – Pilot Project to Demonstrate Evidence-Based Practices	-	535,500	Department of Children and Families
103	2872	Service Based Affordable Housing Community for Adoptive & Foster Families: Expansion Soft Costs	250,000	-	Department of Children and Families
104	2873	Support Offices for Substance Use & Step-Down Criminal Justice Services in Hillsborough County	-	600,000	Department of Children and Families
105	2880	Baby CAT	670,000	-	Department of Children and Families
106	2947	Building Capacity to Combat Food Deserts in Central Florida	170,000	-	Department of Children and Families
107	2985	David Lawrence Centers - Certified Community Behavioral Health Clinic Implementation	500,000	-	Department of Children and Families
108	2986	DLC Pathways to Healing Program	375,000	-	Department of Children and Families
109	3152	Okaloosa-Walton Mental Health and Substance Abuse Pre-Trial Diversion Program	325,000	-	Department of Children and Families
110	3160	One Hopeful Place: Emergency Shelter Support Facility - Gathering Place	800,000	-	Department of Children and Families
111	3194	Exchange Club Family Center of the Emerald Coast for Prevention of Child Abuse, Inc.	175,000	-	Department of Children and Families
112	3198	Emergency Safe Home	487,000	-	Department of Children and Families
113	3204	The Art of Manhood Mentoring Organization	100,000	-	Department of Children and Families
114	3382	Hero Kits-Beverly's Angels	100,000	-	Department of Children and Families
115	3411	Foster Youth: Bridge to Work	450,000	-	Department of Children and Families
116	3414	Gateway Community Outreach	-	300,000	Department of Children and Families
117	3426	BRAVE (Be Resilient and Voice Emotions) Program	350,000	-	Department of Children and Families
118	3433	Florida Statewide Psychiatric Treatment Program for Children (Facility Improvement)	350,000	-	Department of Children and Families
119	3482	Florida 1.27 - Evidence-Based Training and Support to Help At-Risk Youth Heal from Trauma	300,000	-	Department of Children and Families
120	3487	Centerstone/Aspire Health Partners - Military Veterans and National Guard Mental Health	1,500,000	-	Department of Children and Families
121	3493	Mental Health Association Walk-In, Counseling, and Training Center	350,000	-	Department of Children and Families
122	3496	NAMI Hernando Recovery Community Center	-	350,000	Department of Children and Families
123	3497	CITRUS COUNTY CHILDREN'S ADVOCACY CENTER, INC.-JESSIE'S PLACE BUILDING EXPANSION	350,000	-	Department of Children and Families
124	3517	Agudath Israel-Florida Ozer Center Project	545,000	-	Department of Children and Families
125	3518	Okaloosa County Behavioral Health Therapies and MAT Access Initiative	-	15,000	Department of Children and Families

Senate Appropriations Committee on Health and Human Services
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Row #	LFIR #	Project Title	General Revenue	Trust Fund	Department
126	3525	Workforce Training Expansion	500,000	-	Department of Children and Families
127	3534	Charlotte Behavioral Health Care - Reducing Youth Recidivism - Parent Partner Model	693,025	-	Department of Children and Families
128	3566	Alpha and Omega D/V and Homeless Shelter Repairs and Operations Project	574,212	-	Department of Children and Families
129	3573	Cross Training Ministries	6,000,000	-	Department of Children and Families
130	3581	Valerie's House for Grieving Children	1,000,000	-	Department of Children and Families
131	3591	Forensic Multidisciplinary Team	750,000	-	Department of Children and Families
132	3596	Second Baptist Church of Richmond Heights - Faith Based Support for Youth Activities	300,000	-	Department of Children and Families
133	3610	Peer Power 2026: Florida Peer Support Retreat	-	30,000	Department of Children and Families
134	3611	Our Corner	250,000	-	Department of Children and Families
135	3613	Friends of Children and Families - Embrace Shortfall	46,979	-	Department of Children and Families
136	3614	Camelot Community Care Embrace Shortfall	258,490	-	Department of Children and Families
137	3615	One Hope United Embrace Shortfall	153,354	-	Department of Children and Families
138	3616	Hibiscus Children's Center - Embrace Shortfall	9,595	-	Department of Children and Families
139	3617	Boys Town North Florida - Embrace Shortfall	6,359	-	Department of Children and Families
140	3618	Boys Town Central Florida - Embrace Shortfall	84,618	-	Department of Children and Families
141	3619	Twin Oaks Juvenile Development - Embrace Shortfall	3,915	-	Department of Children and Families
142	3620	LSF - Hands of Mercy Everywhere - Embrace Shortfall	59,267	-	Department of Children and Families
143	3621	Devereux Foundation - Embrace Shortfall	243,159	-	Department of Children and Families
144	3622	National Youth Advocate Program, Inc.- Embrace Shortfall	4,311	-	Department of Children and Families
145	3647	Functional Family Therapy Team	500,000	-	Department of Children and Families
146	3751	Panama City Rescue Mission Homeless Shelter - Bethel Facility	350,000	-	Department of Children and Families
147	1012	Senior Cancer Support Services Program Miami-Dade County	624,000	-	Department of Elder Affairs
148	1023	South Bay Senior Center Modernization Project	400,000	-	Department of Elder Affairs
149	1044	West Miami Senior Activity Center	200,000	-	Department of Elder Affairs
150	1105	Allapattah Community Action Center Senior Meals & Supplemental Services	286,925	-	Department of Elder Affairs

Senate Appropriations Committee on Health and Human Services
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Row #	LFIR #	Project Title	General Revenue	Trust Fund	Department
151	1121	Boulevard Heights Community Center Senior Program Expansion	170,000	-	Department of Elder Affairs
152	1149	Little Havana Activities & Nutrition Centers of Dade County, Inc.	395,000	-	Department of Elder Affairs
153	1216	Axiom Behavioral Health Geriatric Care	800,000	-	Department of Elder Affairs
154	1382	NUTRITIONAL EQUITY FOR SENIORS KEEPING KOSHER (NESKK)	600,000	-	Department of Elder Affairs
155	1585	Age Well	600,000	-	Department of Elder Affairs
156	1594	Osceola Council on Aging Home Delivered Meals for Rural Seniors Program	200,000	-	Department of Elder Affairs
157	1618	Coming Home Senior Hospital Transition Program	350,000	-	Department of Elder Affairs
158	1621	North Miami Golden Silver Senior Program	350,000	-	Department of Elder Affairs
159	1625	Wakulla Senior Center: Emergency Resiliency and Accessibility Upgrades	208,700	-	Department of Elder Affairs
160	1645	Project Safe Mind	350,000	-	Department of Elder Affairs
161	1674	Hollywood Adult Day Care Center	250,000	-	Department of Elder Affairs
162	1748	Nutrition for Elderly & Disabled Seniors Dialysis Patients	50,000	-	Department of Elder Affairs
163	1749	Dr. Armando Badia Senior Center Meals Program	500,000	-	Department of Elder Affairs
164	1794	City of Deerfield Beach Alzheimer's Daycare/Senior Transportation	300,000	-	Department of Elder Affairs
165	1986	City of West Park Senior Program	400,000	-	Department of Elder Affairs
166	1995	Alzheimer's Community Care Critical Support Initiative and Facility Repairs and Renovations	350,000	-	Department of Elder Affairs
167	2156	Senior Connections	230,000	-	Department of Elder Affairs
168	2194	Miami Springs Senior Meals and Supplemental Services	350,000	-	Department of Elder Affairs
169	2230	City of Hialeah Elder Meals Program	350,000	-	Department of Elder Affairs
170	2235	HHA Elderly Affordable Housing - Hoffman Gardens Phase II	350,000	-	Department of Elder Affairs
171	2482	Keep Seniors Off of the Meals on Wheels and Dining Pinellas County Waitlist	350,000	-	Department of Elder Affairs
172	2591	The LJD Jewish Family & Community Services, Inc.: Holocaust Survivor Support Services	250,000	-	Department of Elder Affairs
173	2856	Building a Caregiver Community Wellness Center-Share the Care	500,000	-	Department of Elder Affairs
174	2982	Baker Senior Center Naples Dementia Respite Support Program	200,000	-	Department of Elder Affairs
175	2984	Baker Senior Center Naples Geriatric Mental Health Services	110,000	-	Department of Elder Affairs

Senate Appropriations Committee on Health and Human Services
Fiscal Year 2026-2027 Proposed Project Funding

Row #	LFIR #	Project Title	General Revenue	Trust Fund	Department
176	3036	JCS Delivers: Expansion of Tailored Grocery Delivery Program for Homebound Very Low-Income Seniors	250,000	-	Department of Elder Affairs
177	3056	Bridging the Digital Divide for Older Adults in Florida - Technology Literacy Training from OATS	350,000	-	Department of Elder Affairs
178	3073	Clay County Nutrition Access for Seniors Project	250,000	-	Department of Elder Affairs
179	3262	LifeStream Behavioral Center - Dementia and The Baker Act, A Better Path Forward	500,000	-	Department of Elder Affairs
180	1032	Lecom Health: Clinic-Based Services Outreach	500,000	-	Department of Health
181	1033	BayCare Hospital Manatee Neonatal Intensive Care Unit	500,000	-	Department of Health
182	1056	Promise Fund	350,000	-	Department of Health
183	1085	Who We Play For: Sudden Cardiac Arrest Prevention	350,000	-	Department of Health
184	1205	University of Miami HIV/AIDS Research at HIV/AIDS and Emerging Infectious Diseases Institute (HEIDI)	500,000	-	Department of Health
185	1219	Nova Southeastern University Veterans Health	7,250,000	-	Department of Health
186	1368	Florida Epilepsy Services Program (FESP)	1,000,000	-	Department of Health
187	1587	Florida Heiken Children's Vision Program LLC, a division of Miami Lighthouse	500,000	-	Department of Health
188	1686	Digital Vibez Health Initiative for Low Income Families & Elderly	350,000	-	Department of Health
189	1704	UF Health Mobile Stroke Treatment Unit Network	1,681,345	-	Department of Health
190	1710	1 Voice Pediatric Cancer Foundation	300,000	-	Department of Health
191	1759	MCR Advanced Specialty Institute Renovation	1,400,000	-	Department of Health
192	1894	Auditory Oral Services for Children with Hearing Loss	350,000	-	Department of Health
193	1905	Advent Health Waterman Community Clinic-Community Care Expansion	350,000	-	Department of Health
194	1997	Parrish Healthcare Digital Transformation	350,000	-	Department of Health
195	2001	Electronic Health Records System Replacement - Phase II Implementation	350,000	-	Department of Health
196	2436	Florida Telecare Program	350,000	-	Department of Health
197	2442	UF Health Central Florida Comprehensive Stroke Center	436,345	-	Department of Health
198	2460	Digital Healthcare Access Program	350,000	-	Department of Health
199	2539	Department of Health - Centralized Digitization and Automated Workflow Modernization	650,000	-	Department of Health
200	2577	Period of PURPLE Crying Shaken Baby Prevention Program	500,000	-	Department of Health

Senate Appropriations Committee on Health and Human Services
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Row #	LFIR #	Project Title	General Revenue	Trust Fund	Department
201	2617	Volusia Flagler Family YMCA ADA Access Projects	350,000	-	Department of Health
202	2636	Aventura Jewish Community Center: Transforming Chronic Care Program	375,000	-	Department of Health
203	2779	26Health Accessibility Improvements - ADA Compliant Elevator	350,000	-	Department of Health
204	2780	26Health- Radiology Services at 26Health	200,000	-	Department of Health
205	2812	Agape Family Health Soutel	2,500,000	-	Department of Health
206	2870	Maternal Health Access Expansion at 26Health's Venus Center	180,000	-	Department of Health
207	2956	Expanding Access to Dental and Behavioral Healthcare for Floridians	350,000	-	Department of Health
208	2989	Florida Lions Eye Clinic, Inc. - Free Eye Care for Florida Residents	95,000	-	Department of Health
209	3010	Healthcare Network - Caring for Southern Collier County	350,000	-	Department of Health
210	3037	Florida Fetal Alcohol Spectrum Disorders (FASD) Center of Excellence: Advancing Statewide Capacity	2,289,600	-	Department of Health
211	3092	UF Mobile Outreach Clinics	350,000	-	Department of Health
212	3111	Restoring Full Inpatient Capacity at Calhoun Liberty Hospital	500,000	-	Department of Health
213	3133	Jackson Hospital Oncology and Infusion Center Expansion	350,000	-	Department of Health
214	3200	Breast Screening and Treatment Program	440,000	-	Department of Health
215	3235	Tallahassee Orthopedic Clinic Foundation, Inc. Stem Cell Research	350,000	-	Department of Health
216	3365	NCH Marco Island Urgent Care and Community Health Center	2,000,000	-	Department of Health
217	3461	Ascension Sacred Heart Women's Perinatal Specialty Unit	900,000	-	Department of Health
218	3462	Gulf Breeze Storm Hardening	350,000	-	Department of Health
219	3478	JHS- Pediatric ED Modernization Project	350,000	-	Department of Health
220	3490	Bitner Plante ALS Initiative	2,750,000	-	Department of Health
221	3526	Andrews Research: Regenerative Medicine	400,000	-	Department of Health
222	3682	Hardee County Health Department Improvements	7,000,000	-	Department of Health
223	1061	Florida Veteran Coalition - Operation Safe Landing	500,000	-	Department of Veterans' Affairs
224	1230	Dogs Inc. Services to Veterans	750,000	-	Department of Veterans' Affairs
225	1288	Nova Southeastern University/Veterans Trust Race Camp	350,000	-	Department of Veterans' Affairs

Senate Appropriations Committee on Health and Human Services
Fiscal Year 2026-2027 Proposed Project Funding

Row #	LFIR #	Project Title	General Revenue	Trust Fund	Department
226	1291	Operation Warrior Resolution - Innovative Interventions For Veteran Suicide Prevention	350,000	-	Department of Veterans' Affairs
227	1327	Early Warning Cancer Detection for Florida Veterans Exposed to Burn Pits and Toxins	350,000	-	Department of Veterans' Affairs
228	1392	GAMSD - Infrastructure and Operations Support to Expand Capacity to Serve Disabled Veterans	1,250,000	-	Department of Veterans' Affairs
229	1606	McCormick Research Institute: Equine-assisted Therapy for Veterans with Mental Health Challenges	348,825	-	Department of Veterans' Affairs
230	1795	The Transition House Homeless Veterans Program - Osceola	400,000	-	Department of Veterans' Affairs
231	1882	Controlled Ketamine Therapy and Neurobiological Restoration Treatments for Veterans	1,034,995	-	Department of Veterans' Affairs
232	1936	Veterans Housing Initiative "VHI" Critical home repair/new construction for low-income vets	150,000	-	Department of Veterans' Affairs
233	1958	Manatee County Veterans Resource Hub and Memorial Park	1,500,000	-	Department of Veterans' Affairs
234	2126	Home365 – Veteran Housing Initiative	500,000	-	Department of Veterans' Affairs
235	2181	The Fire Watch 'Watch Stander' Program - Predicting and Preventing Veteran Suicides in Florida	462,600	-	Department of Veterans' Affairs
236	2251	Vets Feeding Vets	250,000	-	Department of Veterans' Affairs
237	2265	K9 Partners for Patriots Veterans Mental Health Initiative: Operation Resilience	281,884	-	Department of Veterans' Affairs
238	2269	Operation Song: Florida’s Salute to Service	200,000	-	Department of Veterans' Affairs
239	2270	QUANTUM LEAP FARM: EQUINE-ASSISTED THERAPY FOR VETERANS	294,700	-	Department of Veterans' Affairs
240	2273	Florida Veterans Legal Helpline	1,000,000	-	Department of Veterans' Affairs
241	2278	SOF Missions - Veteran Suicide Prevention	750,000	-	Department of Veterans' Affairs
242	2279	Cryoeeze22 GAP Funding for Veterans recovery	350,000	-	Department of Veterans' Affairs
243	2288	Operation Warrior Resolution - Veteran Suicide Prevention Through Workforce Development	350,000	-	Department of Veterans' Affairs
244	2501	TF Pineapple Advocacy for Veterans, First Responders and families for Mental Health and Moral Injury	350,000	-	Department of Veterans' Affairs
245	2529	K9s For Warriors | Training & Rescue Facility	1,500,000	-	Department of Veterans' Affairs
246	2614	Veterans Village - Project of Home Again St Johns Inc.	500,000	-	Department of Veterans' Affairs
247	2644	Camaraderie Foundation - Veteran/family counseling and suicide prevention	420,000	-	Department of Veterans' Affairs
248	2654	Five Star Veterans Center Expansion Phase 3	1,000,000	-	Department of Veterans' Affairs
249	2806	SOF Missions Vet Suicide Prevention Medical Facility	1,250,000	-	Department of Veterans' Affairs
250	2909	HURRICANE HARDENING OF VETERANS OF FOREIGN WARS POST 3308 (TALLAHASSEE) & 4538 (Crawfordville)	70,000	-	Department of Veterans' Affairs

Senate Appropriations Committee on Health and Human Services
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Row #	LFIR #	Project Title	General Revenue	Trust Fund	Department
251	3026	City of Miami Gardens Veterans Wellness and Resource Center	350,000	-	Department of Veterans' Affairs
252	3183	Zulu Project Roof Renovation for Supportive Veteran Housing in Collier County	100,000	-	Department of Veterans' Affairs
253	3273	Home Base Florida Veteran and Family Care	2,500,000	-	Department of Veterans' Affairs
254	3300	Fort Freedom - Veterans Suicide Prevention	667,200	-	Department of Veterans' Affairs
255	3386	Five Star Veterans Center Homeless Housing and Re-Integration Project	374,000	-	Department of Veterans' Affairs
256	3463	Pensacola Veterans & Families Mental Health and Wellness Program	750,000	-	Department of Veterans' Affairs
257	3523	Warrior Wellness Program - Veterans Suicide Prevention Program	400,000	-	Department of Veterans' Affairs
258	3722	The Blue Angels Foundation (BAF) funding for Critical Veteran Services	1,500,000	-	Department of Veterans' Affairs

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 Appropriations Committee on Health and Human Services

BILL:	SB 42
INTRODUCER:	Senator Sharief and others
SUBJECT:	Specific Medical Diagnoses in Child Protective Investigations
DATE:	February 17, 2026
REVISED:	

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Rao	Tuszynski	CF	**Favorable**
2.	Sneed	McKnight	AHS	**Pre-meeting**
3.			FP	

I. Summary:

SB 42 requires child abuse investigators to consider and rule out certain preexisting diseases and medical conditions that are often mistaken as evidence of child abuse or neglect before involving law enforcement agencies or filing a petition to find the child dependent under state law.

Under the bill, if a parent or legal custodian alleges the child has a preexisting condition known to be misdiagnosed as abuse, or requests an examination of the child, the Department of Children and Families (DCF) is not required to immediately forward allegations of criminal conduct to a law enforcement agency; rather, the DCF may wait to forward such allegations until the child abuse investigation is complete and the preexisting diagnoses have been ruled out as a potential cause of the alleged abuse. The bill requires child protective investigators to remind parents being investigated of their duty to report their child's preexisting medical conditions and provide supporting records in a timely manner.

The bill expands the consultation requirements for the Child Protection Teams (CPTs) that operate within the Department of Health (DOH) to consult with licensed physicians or advanced practice registered nurses (APRNs) having relevant experience when evaluating a child with certain preexisting medical conditions.

Additionally, the bill allows a parent or legal custodian from whom a child has been removed to request additional medical examinations in certain cases, provided the parent or legal custodian pay for such examinations.

The bill has a significant, negative fiscal impact on state expenditures. **See Section V., Fiscal Impact Statement.**

The bill takes effect July 1, 2026.

II. Present Situation:

Chapter 39, F.S., creates Florida's dependency system charged with protecting children who have been abused, abandoned, or neglected.[1] Florida's child welfare system identifies children and families in need of services through reports to the central abuse hotline and child protective investigations.[2] The DCF and community-based care (CBC) lead agencies[3] work with those families to address the problems endangering children, if possible. If the problems cannot be addressed, the child welfare system finds safe out-of-home placements for these children.[4]

The department's practice model for child and family well-being is a safety-focused, trauma-informed, and family-centered approach. It is implemented to ensure:

- *Permanency*: Florida's children should enjoy long-term, secure relationships within strong families and communities.
- *Child Well-Being*: Florida's children should be physically and emotionally healthy and socially competent.
- *Safety*: Florida's children should live free from maltreatment.
- *Family Well-Being*: Florida's families should nurture, protect, and meet the needs of their children, and should be well integrated into their communities.[5]

The department contracts with CBC lead agencies for case management, out-of-home services, and related services for children and families.[6] The outsourced provision of child welfare services is intended to increase local community ownership of the services provided and their design. Lead agencies contract with many subcontractors for case management and direct-care services to children and their families.[7] There are 18 lead agencies statewide that serve the state's 20 judicial circuits.[8] Ultimately, the DCF remains responsible for the operation of the central abuse hotline and investigations of abuse, abandonment, and neglect.[9] Additionally, the department is responsible for all program oversight and the overall performance of the child welfare system.[10]

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[1] Chapter 39, F.S.
[2] *See generally* s. 39.101, F.S. (establishing the central abuse hotline and timeframes for initiating investigations).
[3] *See* s. 409.986(1)(a), F.S. (finding that it is the intent of the Legislature that the Department of Children and Families "provide child protection and child welfare services to children through contracting with CBC lead agencies"). A "community-based care lead agency" or "lead agency" means a single entity with which the DCF has a contract for the provision of care for children in the child protection and child welfare system, in a community that is no smaller than a county and no larger than two contiguous judicial circuits. Section 409.986(3)(d), F.S. The secretary of DCF may authorize more than one eligible lead agency within a single county if doing so will result in more effective delivery of services to children. *Id.*
[4] Chapter 39, F.S.
[5] *See generally* Department of Children and Families (DCF), *Florida's Child Welfare Practice Model,* available at: https://www.myflfamilies.com/sites/default/files/2022-12/FLCSPracticeModel_0.pdf (last visited 11/6/25).
[6] Section 409.986(3)(e), F.S.; *see generally* Part V, Chapter 409, F.S. (regulating community-based child welfare).
[7] Department of Children and Families, *About Community-Based Care (CBC),* available at: https://www.myflfamilies.com/services/child-and-family-well-being/community-based-care/about (last visited 11/6/25).
[8] Department of Children and Families, *Lead Agency Information,* available at: https://www.myflfamilies.com/services/child-family/child-and-family-well-being/community-based-care/lead-agency-information (last visited 11/6/25).
[9] Section 39.101, F.S.
[10] *Id.*

Dependency System Process

In some instances, services may not be enough to maintain a safe environment for a child. When child welfare necessitates that the DCF remove a child from the home to ensure his or her safety, a series of dependency court proceedings must occur to place and temporarily maintain the child in an out-of-home placement, adjudicate the child dependent, and if necessary, terminate parental rights and free the child for adoption. This process is typically triggered by a report to the central abuse hotline and a child protective investigation that makes a safety determination as to whether the child should remain in his or her home, notwithstanding provided DCF services. Generally, the dependency process includes, but is not limited to:

- A report to the central abuse hotline.
- A child protective investigation to determine the safety of the child.
- In-home services or a shelter of the child and an out-of-home placement.
- A court finding that the child is dependent.[11]
- Case planning to address the problems that resulted in the child's dependency.
- Reunification with the child's parent or other appropriate permanency option, such as adoption.[12]

Mandatory Reporting

Florida law requires *any* person who knows, or has reasonable cause to suspect, that a child is being abused, abandoned, or neglected to report the knowledge or suspicion to the department's central abuse hotline.[13] A person from the general public, while a mandatory reporter, may make a report anonymously.[14] However, persons having certain occupations such as physician, nurse, teacher, law enforcement officer, or judge must provide their name to the central abuse hotline when making the report.[15]

[11] A "child who is found to be dependent" refers to a child who is found by the court: to have been abandoned, abused, or neglected by the child's parents or legal custodians; to have been surrendered to the DCF or licensed child-placing agency for adoption; to have parents or legal custodians that failed to substantially comply with the requirements of a case plan for reunification; to have been voluntarily placed with a licensed child-placing agency for subsequent adoption; to have no parent or legal custodians capable of providing supervision and care; to be at substantial risk of imminent abuse, abandonment, or neglect; or to have been sexually exploited and to have no parent, legal custodian, or responsible adult relative available to provide the necessary and appropriate supervision. Section 39.01(15), F.S.

[12] Office of the State Courts Administrator, The Office of Family Courts, *A Caregiver's Guide to Dependency Court,* available at: https://flcourts-media.flcourts.gov/content/download/218185/file/Web-Caregivers-Guide-Final-09.pdf (last visited 1/7/26); *see also* ch. 39, F.S.

[13] Section 39.201(1)(a), F.S.

[14] Section 39.201(1)(b)1., F.S.

[15] Section 39.201(1)(b)2., F.S.

Central Abuse Hotline and Investigations

The department is statutorily required to operate and maintain a central abuse hotline to receive reports of known or suspected instances of child abuse,[16] abandonment,[17] or neglect,[18] or instances when a child does not have a parent, legal custodian, or adult relative available to provide supervision and care.[19] The hotline must operate 24 hours a day, 7 days a week, and accept reports through a single statewide toll-free telephone number or through electronic reporting.[20]

If the hotline counselor determines a report meets the definition of abuse, abandonment, or neglect, the report is accepted for a protective investigation.[21] Based on the report, the department makes a determination regarding when to initiate a protective investigation:

- An investigation must be immediately initiated if:
  - It appears the child's immediate safety or well-being is endangered;
  - The family may flee or the child will be unavailable for purposes of conducting a child protective investigation; or
  - The facts otherwise warrant; or
- An investigation must be initiated within 24 hours in all other cases of child abuse, abandonment, or neglect.[22]

If there is reason to believe criminal conduct[23] has occurred, the DCF is required to immediately forward allegations of criminal conduct to the municipal or county law enforcement agency of the municipality or county in which the alleged conduct occurred.[24] Upon receiving the report of an allegation of criminal conduct, the law enforcement agency determines whether a criminal investigation is warranted. This criminal investigation is done concurrently with the child welfare investigation run by the DCF.

Once the DCF assigns a child protective investigator (CPI) to complete the child welfare investigation, the CPI assesses the safety and perceived needs of the child and family; whether

[16] Section 39.01(2), F.S., defines "abuse" as any willful or threatened act that results in any physical, mental, or sexual abuse, injury, or harm that causes or is likely to cause the child's physical, mental, or emotional health to be significantly impaired.
[17] Section 39.01(1), F.S., defines "abandoned" or "abandonment" as a situation in which the parent or legal custodian of a child of, in the absence of a parent or legal custodian, the caregiver, while being able, has made no significant contribution to the child's care and maintenance or has made no significant contribution to the child's care and maintenance or has failed to establish or maintain a substantial and positive relationship with the child, or both. "Establish or maintain a substantial and positive relationship" means, in part, frequent and regular contact with the child, and the exercise of parental rights and responsibilities.
[18] Section 39.01(53), F.S., states "neglect" occurs when a child is deprived of, or is allowed to be deprived of, necessary food, clothing, shelter, or medical treatment or a child is permitted to live in an environment when such deprivation or environment causes the child's physical, mental, or emotional health to be significantly impaired or to be in danger of being significantly impaired, except when such circumstances are caused primarily by financial inability unless services have been offered and rejected by such person.
[19] Section 39.201(1), F.S.
[20] *Id.*
[21] Section 39.201(4)(a), F.S.
[22] Section 39.101(2), F.S.
[23] "Criminal conduct" refers to situations in which a child is known or suspected to be the victim of child abuse or neglect, is known or suspected to have died as a result of such abuse or neglect, known or suspected to be the victim of aggravated child abuse, sexual battery, sexual abuse, institutional child abuse or neglect, or human trafficking. *See* Section 39.301(2)(b), F.S.
[24] Section 39.301(2)(a), F.S.

in-home services are needed to stabilize the family; and whether the safety of the child necessitates removal and the provision of out-of-home services.[25]

Medical Examination

A child protective investigator (CPI) may refer a child to a licensed physician or a hospital's emergency department without the consent of the child's parent or legal custodian if the child has visible trauma or if the child verbally complains or appears to be in distress due to injuries caused by suspected child abuse, abandonment, or neglect. The examination may be performed by any licensed physician or an advanced practice registered nurse.[26]

Consent for medical treatment must be obtained from a parent or legal custodian of the child, if available; otherwise, the department must obtain a court order for medical treatment.[27] If the child's parent or legal custodian is unavailable and a court order cannot reasonably be obtained due to working hours, the department may consent to necessary medical treatment for the child.[28]

Florida Department of Health and Children's Medical Services (CMS)

The Florida Department of Health (DOH) is responsible for administering the state's public health system designed to promote, protect, and improve the health of all people in the state.[29] The Division of Children's Medical Services (CMS) is housed within the DOH and provides a family-centered, comprehensive, and coordinated statewide managed system of care for children and youth with special health care needs.[30]

Child Protection Teams

Child Protection Teams (CPTs) are medically directed, multidisciplinary teams that have been utilized in Florida since 1984 as a mechanism to support children that have been abused, abandoned, or neglected.[31] CPTs provide expertise in evaluating alleged child abuse and neglect, assessing risk and protective factors, and providing recommendations for interventions.[32] The Statewide Medical Director for Child Protection oversees the CPT program, which aims to protect children and enhance caregivers' capacity to provide safer environments whenever possible.[33] Currently, there are 22 local CPTs, displayed on the map below.[34]

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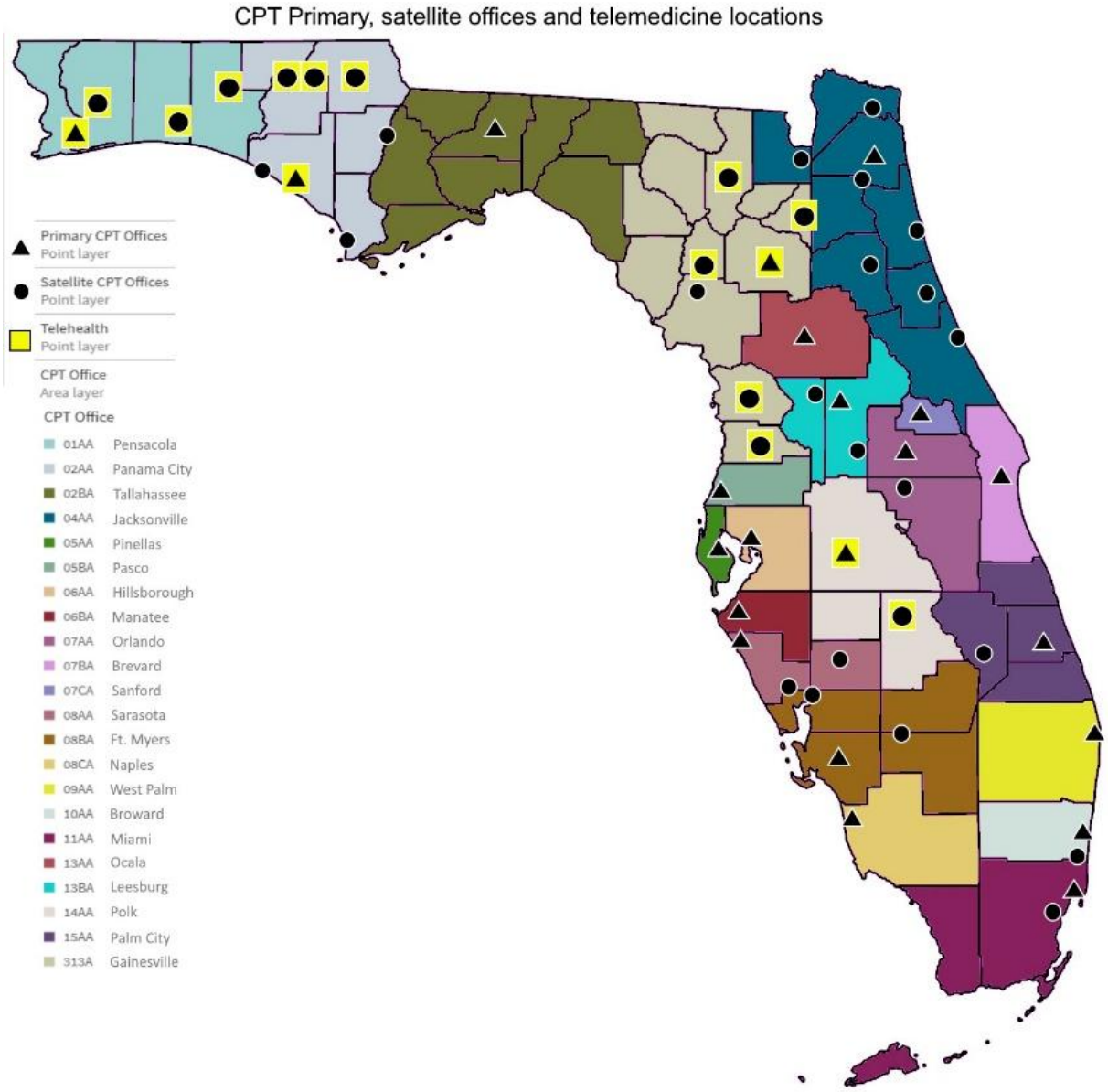
[25] *See generally* s. 39.301, F.S. and Part IV, Chapter 39, F.S. (regulating taking children into custody and shelter hearings).
[26] Section 39.304(1)(b), F.S.
[27] Section 39.304(2)(a), F.S.
[28] Section 39.304(2)(b), F.S.
[29] Section 381.001, F.S.
[30] Section 391.016, F.S.
[31] Chapter 84-226, L.O.F.
[32] Florida Department of Health, Child Abuse Protection, available at: https://www.floridahealth.gov/individual-family-health/child-infant-youth/child-protection/ (last visited 1/6/26).
[33] Florida Department of Health, *2026 Agency Analysis, SB 42 – Specific Medical Diagnoses in Child protective Investigations*, pg. 2 (on file with the Senate Committee on Children, Families, and Elder Affairs).
[34] E-mail with Jessica Costello, Department of Health Deputy Legislative Affairs Director (on file with the Senate Committee on Children, Families, and Elder Affairs).



Each local CPT is under the direction of a Medical Director that must be a Child Abuse Pediatrician (CAP) certified by the American Board of Pediatrics, or has passed the Florida Certification Board's Child Abuse and Neglect Examination (CAAN).[35] CPT personnel must complete preliminary training curriculum determined by the CMS Deputy Secretary and the Statewide Medical Director, as well as complete eight hours of continuing education on child abuse and neglect annually.[36]

[35] Florida Department of Health, *2026 Agency Analysis, SB 42 – Specific Medical Diagnoses in Child protective Investigations*, pg. 2.
[36] *Id.*

CPTs supplement a CPI's efforts by reviewing all abuse and neglect cases screened in by the Florida abuse hotline.[37] CPTs take photographs of visible trauma of the subject of the report and may refer the child to a medical professional for treatment.[38] In cases where medical neglect is reported, the DCF assigns CPIs with specialized training in medical neglect/medically complex children, and the CPI works with the CPT; if the CPT deems that medical neglect is substantiated, the DCF convenes a case staffing[39] to determine what services will address the child's needs.

Certain reports of child abuse, abandonment, and neglect to the hotline must be referred to a CPT, including:

- Injuries to the head, bruises to the neck or head, burns, or fractures in a child of any age.
- Bruises anywhere on a child 5 years of age or under.
- Any report alleging sexual abuse of a child.
- Any sexually transmitted disease in a prepubescent child.
- Reported malnutrition of a child and failure of a child to thrive.
- Reported medical neglect of a child.
- Any family in which one or more children have been pronounced dead on arrival at a hospital or other health care facility, or have been injured and later died, as a result of suspected abuse, abandonment, or neglect.
- Symptoms of serious emotional problems in a child when emotional or other abuse, abandonment, or neglect is suspected.
- A child who does not live in this state who is currently being evaluated in a medical facility in this state.[40]

CPTs are required to have the capacity to provide services that include, but are not limited to, the following:

- Medical diagnosis and evaluation.
- Telephone consultation services in emergencies or other situations.
- Medical evaluation related to abuse, abandonment, or neglect.
- Psychological and psychiatric diagnoses and evaluations.
- Expert court testimony.[41]

[37] Rule 64C-8.003, F.A.C.
[38] Section 39.304, F.S.
[39] Case staffing must include, at a minimum: the CPI; DCF legal staff; representatives from the CPT that evaluated the child; Children's Medical Services; AHCA (if the child is Medicaid eligible); and the CBC lead agency. *See* Section 39.3068(3), F.S.
[40] Section 39.303(4), F.S.
[41] Section 39.303(3), F.S.

The following chart demonstrates the number of medical consultations and examinations conducted between 2022 and 2024.[42]

Child Protection Team Consultations and Examinations					
	2024	**2023**	**2022**	**Total**	**Average**
Medical Consultations	3,453	3,563	4,060	11,076	3,692
Medical Exams	14,320	13,966	14,113	42,399	14,133

III. Effect of Proposed Changes:

Section 1 amends s. 39.301, F.S., regarding child protective investigations, to allow the Department of Children and Families (DCF) to delay forwarding allegations of criminal conduct to law enforcement pending the outcome of the child protective investigation if the parent or legal custodian of the child:

- Has alleged that the child has a preexisting diagnosis of Rickets,[43] Ehlers-Danlos syndrome,[44] Osteogenesis imperfecta,[45] Vitamin D deficiency,[46] or any other medical condition known to appear to be caused by, or known to be misdiagnosed as, abuse; or
- Requests the child have an examination under s. 39.304(1)(c), F.S., as provided in Section 3 of the bill and described in more detail below.

The bill requires allegations of criminal conduct that have not been immediately forwarded to law enforcement for the above reasons to be immediately forwarded upon completion of the investigation if criminal conduct is still alleged.

The bill also amends s. 39.301(5)(a), F.S., regarding the duties of child protective investigators (CPIs), to require a CPI who has commenced an investigation to inform the parent or legal custodian being investigated of his or her duty to:

- Report a preexisting diagnosis for the child of Rickets, Ehlers-Danlos syndrome, Osteogenesis Imperfecta, or any other medical condition known to appear to be caused by, or known to be misdiagnosed as, abuse; and
- Provide any medical records that support the diagnosis to the DCF in a timely manner.

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[42] Florida Department of Health, *2026 Agency Analysis, SB 42 – Specific Medical Diagnoses in Child protective Investigations*, pg. 2.

[43] A child born with rickets may have weak or softened bones due to a lack of sufficient calcium or phosphorous. John Hopkins Medicine, *Metabolic Bone Disease: Osteomalacia,* available at: https://www.hopkinsmedicine.org/health/conditions-and-diseases/metabolic-bone-disease (last visited 11/5/25).

[44] A child born with Ehlers-Danlos syndrome may have overly flexible joints and stretchy, fragile skin. Mayo Clinic, *Ehlers-Danlos syndrome,* available at: https://www.mayoclinic.org/diseases-conditions/ehlers-danlos-syndrome/symptoms-causes/syc-20362125 (last visited 11/5/25).

[45] A child born with Osteogenesis Imperfecta (also referred to as brittle bone disease) may have soft bones that fracture easily or bones that are not formed normally. Johns Hopkins Medicine, *Osteogenesis Imperfecta,* available at: https://www.hopkinsmedicine.org/health/conditions-and-diseases/osteogenesis-imperfecta (last visited 11/5/25).

[46] Having inadequate amounts of Vitamin D in your body may cause health problems like brittle bones and muscle weakness. Yale Medicine, *Vitamin D Deficiency,* available at: https://www.yalemedicine.org/conditions/vitamin-d-deficiency (last visited 11/5/25).

Section 2 amends s. 39.303, F.S., regarding Child Protection Teams (CPTs) and sexual abuse treatment programs, to expand existing consultation requirements.

Under current law, CPTs evaluating a report of medical neglect and assessing the health care needs of a medically complex child must consult with a physician who has experience in treating children with the same condition.

The bill requires CPTs to consult with a licensed physician[47] or a licensed advanced practice registered nurse (APRN)[48] having experience in, and routinely providing medical care to pediatric patients when evaluating a report of:

- Medical neglect and assessing the needs of a medically complex child; or
- A child having a reported preexisting diagnosis of Rickets, Ehlers-Danlos syndrome, Osteogenesis Imperfecta, Vitamin D deficiency, or any other medical condition known to appear to be caused by, or known to be misdiagnosed as, abuse.

Section 3 amends s. 39.304, F.S., to allow a parent or legal custodian from whom a child was removed to request additional medical examinations of the child in certain cases.

Under the bill, if an examination is performed on a child under existing law, the parent or legal custodian from whom the child was removed may:

- Request an examination by the CPT as soon as practicable, if the team did not perform the initial examination that led to the allegations of abuse, abandonment, or neglect;
- Request that the child be examined by a licensed physician or licensed APRN of the parent or legal custodian's choosing who routinely provides medical care to pediatric patients, if the initial examination was performed by the CPT and the parent or legal custodian would like a second opinion on diagnosis or treatment; or
- Request that the child be examined by a licensed physician or a licensed APRN who routinely provides a diagnosis of, and medical care to pediatric patients, to rule out a differential diagnosis of Rickets, Ehlers-Danlos syndrome, Osteogensis Imperfecta, Vitamin D deficiency, or any other medical condition known to appear to be caused by, or known to be misdiagnoses as, abuse.

The bill also requires the requesting parent or legal custodian to pay for such medical examinations, or for the examinations to be paid through the requesting parent or legal custodian's insurance or Medicaid. The bill does not allow a request for an examination for the purpose of obtaining a second opinion as to whether the child has been sexually abused.

The bill takes effect July 1, 2026.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

[47] *See* chs. 458 and 459, F.S. (regulating medical practice and osteopathic medicine).
[48] *See* ch. 464, F.S. (regulating nursing).

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:

None.

C. Government Sector Impact:

The Department of Health (DOH) anticipates the bill will have a significant negative fiscal impact on state expenditures. Based on data from 2022-2024, Child Protection Teams (CPTs) provided an average of 14,133 medical examinations and 3,692 medical consultations (17,825 total) annually. [49] The DOH anticipates the provisions of this bill would require CPTs to provide additional sub-specialist consultative services for cases to determine if preexisting medical conditions are being misconstrued as evidence of child abuse or neglect. Thus, using the average hourly rate of CPT medical professionals ($100 per hour) and applying such a rate for up to 17,825 additional hours, the DOH anticipates an annual fiscal impact of $1,782,500 to include the sub-specialist consultations required in the bill.[50]

Additionally, the DOH anticipates implementation of the bill would require revisions to the CPT Information System, but estimates such costs can be absorbed within existing resources.[51]

[49] Florida Department of Health, *2026 Agency Analysis, SB 42 – Specific Medical Diagnoses in Child protective Investigations*, pg. 5..
[50] *Id.*
[51] *Id.*

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 39.301, 39.303, and 39.304.

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.

By Senator Sharief

35-00002-26 202642__

A bill to be entitled

An act relating to specific medical diagnoses in child protective investigations; amending s. 39.301, F.S.; providing an exception to the requirement that the Department of Children and Families immediately forward certain allegations to a law enforcement agency; requiring a child protective investigator to inform the subject of an investigation of a certain duty; conforming a cross-reference; amending s. 39.303, F.S.; requiring Child Protection Teams to consult with a licensed physician or advanced practice registered nurse when evaluating certain reports; conforming provisions to changes made by the act; amending s. 39.304, F.S.; authorizing, under a certain circumstance, a parent or legal custodian from whom a child was removed to request specified examinations of the child; requiring that certain examinations be paid for by the parent or legal custodian making the request or as otherwise covered by insurance or Medicaid; prohibiting the request of an examination for a specified purpose; providing an effective date.

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

Section 1. Paragraph (a) of subsection (2), paragraph (a) of subsection (5), and paragraph (c) of subsection (14) of section 39.301, Florida Statutes, are amended to read:

39.301 Initiation of protective investigations.—

(2)(a) The department shall immediately forward allegations

35-00002-26 202642__

of criminal conduct to the municipal or county law enforcement agency of the municipality or county in which the alleged conduct has occurred. However, the department need not immediately forward allegations of criminal conduct to the appropriate law enforcement agency if the parent or legal custodian:

1. Has alleged that the child has a preexisting diagnosis specified in s. 39.303(4)(b); or

2. Is requesting that the child have an examination under s. 39.304(1)(c).

Allegations of criminal conduct which are not immediately forwarded to the law enforcement agency pursuant to subparagraph 1. or subparagraph 2. must be immediately forwarded to the law enforcement agency upon completion of the investigation under this part if criminal conduct is still alleged.

(5)(a) Upon commencing an investigation under this part, the child protective investigator shall inform any subject of the investigation of the following:

1. The names of the investigators and identifying credentials from the department.

2. The purpose of the investigation.

3. The right to obtain his or her own attorney and ways that the information provided by the subject may be used.

4. The possible outcomes and services of the department's response.

5. The right of the parent or legal custodian to be engaged to the fullest extent possible in determining the nature of the allegation and the nature of any identified problem and the

remedy.

6. The duty of the parent or legal custodian to report any change in the residence or location of the child to the investigator and that the duty to report continues until the investigation is closed.

7. The duty of the parent or legal custodian to report any preexisting diagnosis for the child which is specified in s. 39.303(4)(b) and provide any medical records that support that diagnosis in a timely manner.

(14)

(c) The department, in consultation with the judiciary, shall adopt by rule:

1. Criteria that are factors requiring that the department take the child into custody, petition the court as provided in this chapter, or, if the child is not taken into custody or a petition is not filed with the court, conduct an administrative review. Such factors must include, but are not limited to, noncompliance with a safety plan or the case plan developed by the department, and the family under this chapter, and prior abuse reports with findings that involve the child, the child's sibling, or the child's caregiver.

2. Requirements that if after an administrative review the department determines not to take the child into custody or petition the court, the department shall document the reason for its decision in writing and include it in the investigative file. For all cases that were accepted by the local law enforcement agency for criminal investigation pursuant to subsection (2), the department must include in the file written documentation that the administrative review included input from

law enforcement. In addition, for all cases that must be referred to Child Protection Teams pursuant to s. 39.303(5) and (6) ~~s. 39.303(4) and (5)~~, the file must include written documentation that the administrative review included the results of the team's evaluation.

Section 2. Present subsections (4) through (10) of section 39.303, Florida Statutes, are redesignated as subsections (5) through (11), respectively, a new subsection (4) is added to that section, and subsection (3) and present subsections (5) and (6) of that section are amended, to read:

39.303 Child Protection Teams and sexual abuse treatment programs; services; eligible cases.—

(3) The Department of Health shall use and convene the Child Protection Teams to supplement the assessment and protective supervision activities of the family safety and preservation program of the Department of Children and Families. This section does not remove or reduce the duty and responsibility of any person to report pursuant to this chapter all suspected or actual cases of child abuse, abandonment, or neglect or sexual abuse of a child. The role of the Child Protection Teams is to support activities of the program and to provide services deemed by the Child Protection Teams to be necessary and appropriate to abused, abandoned, and neglected children upon referral. The specialized diagnostic assessment, evaluation, coordination, consultation, and other supportive services that a Child Protection Team must be capable of providing include, but are not limited to, the following:

(a) Medical diagnosis and evaluation services, including provision or interpretation of X rays and laboratory tests, and

related services, as needed, and documentation of related findings.

(b) Telephone consultation services in emergencies and in other situations.

(c) Medical evaluation related to abuse, abandonment, or neglect, as defined by policy or rule of the Department of Health.

(d) Such psychological and psychiatric diagnosis and evaluation services for the child or the child's parent or parents, legal custodian or custodians, or other caregivers, or any other individual involved in a child abuse, abandonment, or neglect case, as the team may determine to be needed.

(e) Expert medical, psychological, and related professional testimony in court cases.

(f) Case staffings to develop treatment plans for children whose cases have been referred to the team. A Child Protection Team may provide consultation with respect to a child who is alleged or is shown to be abused, abandoned, or neglected, which consultation shall be provided at the request of a representative of the family safety and preservation program or at the request of any other professional involved with a child or the child's parent or parents, legal custodian or custodians, or other caregivers. In every such Child Protection Team case staffing, consultation, or staff activity involving a child, a family safety and preservation program representative shall attend and participate.

(g) Case service coordination and assistance, including the location of services available from other public and private agencies in the community.

(h) Such training services for program and other employees of the Department of Children and Families, employees of the Department of Health, and other medical professionals as is deemed appropriate to enable them to develop and maintain their professional skills and abilities in handling child abuse, abandonment, and neglect cases. The training service must include training in the recognition of and appropriate responses to head trauma and brain injury in a child under 6 years of age as required by ss. 402.402(2) and 409.988.

(i) Educational and community awareness campaigns on child abuse, abandonment, and neglect in an effort to enable citizens more successfully to prevent, identify, and treat child abuse, abandonment, and neglect in the community.

(j) Child Protection Team assessments that include, as appropriate, medical evaluations, medical consultations, family psychosocial interviews, specialized clinical interviews, or forensic interviews.

~~A Child Protection Team that is evaluating a report of medical neglect and assessing the health care needs of a medically complex child shall consult with a physician who has experience in treating children with the same condition.~~

(4) A Child Protection Team shall consult with a physician licensed under chapter 458 or chapter 459 or an advanced practice registered nurse licensed under chapter 464 who has experience in and routinely provides medical care to pediatric patients when evaluating:

(a) A report of medical neglect and assessing the needs of a medically complex child; or

(b) A child with a reported preexisting diagnosis of any of the following:

1. Rickets.

2. Ehlers-Danlos syndrome.

3. Osteogenesis imperfecta.

4. Vitamin D deficiency.

5. Any other medical condition known to appear to be caused by, or known to be misdiagnosed as, abuse.

(6)~~(5)~~ All abuse and neglect cases transmitted for investigation to a circuit by the hotline must be simultaneously transmitted to the Child Protection Team for review. For the purpose of determining whether a face-to-face medical evaluation by a Child Protection Team is necessary, all cases transmitted to the Child Protection Team which meet the criteria in subsection (5) ~~(4)~~ must be timely reviewed by:

(a) A physician licensed under chapter 458 or chapter 459 who holds board certification in pediatrics and is a member of a Child Protection Team;

(b) A physician licensed under chapter 458 or chapter 459 who holds board certification in a specialty other than pediatrics, who may complete the review only when working under the direction of the Child Protection Team medical director or a physician licensed under chapter 458 or chapter 459 who holds board certification in pediatrics and is a member of a Child Protection Team;

(c) An advanced practice registered nurse licensed under chapter 464 who has a specialty in pediatrics or family medicine and is a member of a Child Protection Team;

(d) A physician assistant licensed under chapter 458 or

chapter 459, who may complete the review only when working under the supervision of the Child Protection Team medical director or a physician licensed under chapter 458 or chapter 459 who holds board certification in pediatrics and is a member of a Child Protection Team; or

(e) A registered nurse licensed under chapter 464, who may complete the review only when working under the direct supervision of the Child Protection Team medical director or a physician licensed under chapter 458 or chapter 459 who holds board certification in pediatrics and is a member of a Child Protection Team.

(7)~~(6)~~ A face-to-face medical evaluation by a Child Protection Team is not necessary when:

(a) The child was examined for the alleged abuse or neglect by a physician who is not a member of the Child Protection Team, and a consultation between the Child Protection Team medical director or a Child Protection Team board-certified pediatrician, advanced practice registered nurse, physician assistant working under the supervision of a Child Protection Team medical director or a Child Protection Team board-certified pediatrician, or registered nurse working under the direct supervision of a Child Protection Team medical director or a Child Protection Team board-certified pediatrician, and the examining physician concludes that a further medical evaluation is unnecessary;

(b) The child protective investigator, with supervisory approval, has determined, after conducting a child safety assessment, that there are no indications of injuries as described in paragraphs (5)(a)-(h) ~~(4)(a)-(h)~~ as reported; or

(c) The Child Protection Team medical director or a Child Protection Team board-certified pediatrician, as authorized in subsection (6) ~~(5)~~, determines that a medical evaluation is not required.

Notwithstanding paragraphs (a), (b), and (c), a Child Protection Team medical director or a Child Protection Team pediatrician, as authorized in subsection (6) ~~(5)~~, may determine that a face-to-face medical evaluation is necessary.

Section 3. Paragraph (c) is added to subsection (1) of section 39.304, Florida Statutes, to read:

39.304 Photographs, medical examinations, X rays, and medical treatment of abused, abandoned, or neglected child.—

(1)

(c) If an examination is performed on a child under paragraph (b), the parent or legal custodian from whom the child was removed pursuant to s. 39.401 may:

1. If the initial examination was not performed by the Child Protection Team, request that the child be examined by the Child Protection Team as soon as practicable;

2. If the initial examination was performed by the Child Protection Team, for the purpose of obtaining a second opinion on diagnosis or treatment, request that the child be examined by a physician licensed under chapter 458 or chapter 459 or an advanced practice registered nurse licensed under chapter 464 of his or her choosing who routinely provides medical care to pediatric patients; or

3. For the purpose of ruling out a differential diagnosis, request that the child be examined by a physician licensed under

chapter 458 or chapter 459 or an advanced practice registered nurse licensed under chapter 464 who routinely provides diagnosis of and medical care to pediatric patients for the conditions specified in s. 39.303(4)(b).

An examination requested under subparagraph 2. or subparagraph 3. must be paid for by the parent or legal custodian making such request or as otherwise covered by insurance or Medicaid. An examination may not be requested under this paragraph for the purpose of obtaining a second opinion as to whether a child has been sexually abused.

Section 4. This act shall take effect July 1, 2026.

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 Appropriations Committee on Health and Human Services

BILL:	CS/SB 196
INTRODUCER:	Health Policy Committee and Senator Sharief and others
SUBJECT:	Uterine Fibroid Research Database
DATE:	February 17, 2026 REVISED:

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Smith	Brown	HP	**Fav/CS**
2.	Gerbrandt	McKnight	AHS	**Pre-meeting**
3.			FP	

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/SB 196 removes the prohibition against including personal identifying information in the uterine fibroid research database. Under current law, the Department of Health (DOH) is unable to effectively implement the legislative purpose of the uterine fibroid research database without identified information being submitted to the database.

The bill has a significant, negative fiscal impact on the DOH, which can likely be absorbed within existing resources. **See Section V., Fiscal Impact Statement.**

The bill provides that it will take effect on the same date that SB 864, or similar legislation, takes effect if enacted in the same legislative session or extension thereof.

II. Present Situation:

Uterine Fibroids[1]

Uterine fibroids are tumors inside the uterus that grow on the muscular walls of the uterus. They are almost always benign (not cancerous). Fibroids can grow as a single tumor, or there can be multiple tumors, as small as an apple seed or as big as a grapefruit. Between 20 and 80 percent of women will have uterine fibroids before they turn 50. The Department of Health (DOH) reports,

[1] Department of Health, *Diseases & Conditions: Uterine Fibroids*, *available at* http://floridahealth.gov/diseases-and-conditions/disease/uterine-fibroids/ (last visited Feb. 2, 2026).

"Black women are three times more likely to be diagnosed with fibroids than white women. They are also more likely to get them at a younger age and experience more severe symptoms."

Most fibroids happen in women of reproductive age, and they can complicate getting or staying pregnant. The exact cause of uterine fibroids is unknown, but the hormones estrogen and progesterone play a role. Many women never have symptoms, but some do. Symptoms include abnormal bleeding, pelvic discomfort, pelvic pain, bladder problems, and bowel problems.

Fibroids may be treated depending on the impact they have on the affected woman's life. Treatment may include hormonal contraceptives or surgeries removing fibroids themselves (myomectomy) or the whole uterus (hysterectomy). Additionally, a uterine artery embolization (UAE) can be an alternative to major surgery for some women, stopping blood flow to the fibroids, which causes them to die (and shrink) over time.

Uterine Fibroid Research Database

In 2022, the Legislature created s. 381.9312, F.S., requiring the DOH to develop and maintain an electronic uterine fibroid research database to encourage research on the diagnosis and treatment of uterine fibroids and to ensure women are provided relevant information and health care necessary to prevent and treat uterine fibroids.[2] The statute requires the database to include, at a minimum, the incidence and prevalence of women diagnosed with uterine fibroids in the state, demographic attributes of women diagnosed with uterine fibroids, and treatments and procedures used by health care providers.[3] Health care providers who diagnose or treat a woman with uterine fibroids must submit information to the DOH for inclusion in the database in a form and manner adopted by rule.[4] No such rule has been adopted and the database remains only partially implemented.

Current law prohibits the database from including any personal identifying information of women diagnosed with or treated for uterine fibroids.[5] As a result, the DOH cannot collect personal health information for purposes such as deduplication and matching.[6] Without the ability to collect personal health information to deduplicate records and match individuals across submissions, the DOH indicates that accurately analyzing and understanding uterine fibroids in Florida's population is not achievable.[7] The DOH cannot presently reliably determine the number of women with the condition or assess treatment outcomes.[8,9]

[2] Section 381.9312(2)(a), F.S.
[3] *Id*.
[4] Section 381.9312(2)(b), F.S.
[5] Section 381.9312(2)(c), F.S.
[6] Department of Health, *HB 196 Legislative Bill Analysis* (received Jan. 28, 2026) (on file with the Senate Committee on Health Policy).
[7] *Id*.
[8] *Id*.
[9] Chapter 2022-50, Laws of Florida, provided funding to the DOH to implement the database. Because the DOH was prohibited from using identified uterine fibroid data, the DOH could analyze the prevalence of uterine fibroids in Florida's population, and therefore, chose not to develop the database and funding reverted back to the General Revenue Fund.

Notwithstanding the statutory restriction on personal identifying information in the database, the DOH reports it employs a defense-in-depth security approach with multiple security layers to protect the deidentified data in the uterine fibroid research database.[10]

III. Effect of Proposed Changes:

Section 1 amends s. 381.9312, F.S., which currently establishes the uterine fibroid research database, to delete a prohibition on the inclusion of any personal identifying information of women diagnosed with or treated for uterine fibroids in the database.

Section 2 provides an effective date of the same date that SB 864 or similar legislation takes effect if such legislation is adopted in the same legislative session or an extension thereof and becomes a law. The bill provides an effective date of July 1, 2026.

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 identified.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

None.

[10] *Id*.

C. Government Sector Impact:

The bill has a significant, negative fiscal impact on the Department of Health (DOH). The DOH has sufficient cash in the Administrative Trust Fund to absorb the fiscal impact. According to the DOH, implementing the database will require $994,502, of that $5,913 is nonrecurring, in the following categories:

- Other Personal Services: $123,372/Recurring.
- Expense: $7,559/Recurring $5,913/Nonrecurring.
- Contracted Services: $857,559/Recurring as follows:
  - Database maintenance and enhancements: $491,960.
  - Application System Developer: $261,040 ($130/hr x 2008/hrs).
  - Business Analyst: $230,920 ($115/hr x 2008/hrs).
  - Cloud-based storage: $95,500.
  - Licensing: $19,900.
  - Provider and Patient outreach and marketing: $250,199.
- Human Resources: $99/Recurring.[11]

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends section 381.9312 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 February 11, 2026:
The CS provides an effective date contingent on SB 864 or similar legislation becoming a law. The CS deletes a provision in the underlying bill that would have required, by reference, the DOH to add uterine fibroids to the list of reportable diseases maintained under s. 381.0031(4), F.S.

B. Amendments:

None.

[11] Department of Health, *HB 196 Legislative Bill Analysis* (received Jan. 28, 2026) (on file with the Senate Committee on Health Policy).

By the Committee on Health Policy; and Senators Sharief, Osgood, Davis, Rouson, Bernard, and Berman

588-02782-26 2026196c1

A bill to be entitled

An act relating to the uterine fibroid research database; amending s. 381.9312, F.S.; deleting a prohibition on the inclusion of personal identifying information in the uterine fibroid research database; providing a contingent effective date.

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

Section 1. Paragraph (c) of subsection (2) of section 381.9312, Florida Statutes, is amended to read:

381.9312 Uterine fibroid research database; education and public awareness.—

(2) UTERINE FIBROID RESEARCH DATABASE.—

~~(c) The database may not include any personal identifying information of women diagnosed with or treated for uterine fibroids.~~

Section 2. This act shall take effect on the same date that SB 864 or similar legislation takes effect, if such legislation is adopted in the same legislative session or an extension thereof and becomes 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 Appropriations Committee on Health and Human Services

BILL:	SB 878
INTRODUCER:	Senator Yarborough
SUBJECT:	Clinical Laboratory Personnel
DATE:	February 17, 2026
REVISED:	

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Smith	Brown	HP	**Favorable**
2.	Gerbrandt	McKnight	AHS	**Pre-meeting**
3.			RC	

I. Summary:

SB 878 specifies that applicants for clinical laboratory technologist and technician licensure who meet certain federal requirements are deemed to have satisfied Florida's minimum licensure qualifications for performing high complexity or moderate complexity testing. This eliminates state specific regulations for various specialty licensure categories and may result in greater interstate mobility for technologists and technicians.

The bill has a significant, negative fiscal impact on state expenditures. **See Section V., Fiscal Impact Statement.**

The bill provides an effective date of July 1, 2026.

II. Present Situation:

Florida Regulation of Clinical Laboratory Personnel

A clinical laboratory is a facility in which human specimen is tested to provide information or materials for use in the diagnosis, prevention, or treatment of a disease or the identification or assessment of a medical or physical condition. Services performed in clinical labs include the examination of:

- Fluids or other materials taken from the human body;
- Tissue taken from the human body; and
- Cells from individual tissues or fluid taken from the human body.[1]

[1] Section 483.803(2), F.S.

The Department of Health (DOH), through the Division of Medical Quality Assurance, and the Board of Clinical Laboratory Personnel (Board), regulates clinical laboratory personnel, trainees, and training programs under part I of ch. 483, F.S., ch. 456, F.S., and ch. 64B3, F.A.C.

Florida licensure for clinical laboratory personnel is subdivided by both level of licensure and specialty of practice. Individuals may be licensed as a director, supervisor, technologist, technician, or public health laboratory scientist. In Fiscal Year 2024-2025, Florida had 21,549 licensed clinical laboratory personnel, including 12,683 licensed technologists and 2,031 licensed technicians.[2] At each level, a licensee may hold one or more specialty licenses as provided in Rule 64B3-5, F.A.C.

Pursuant to ss. 483.809 and 483.823, F.S., the Board has adopted the minimum education, training, experience, and examination requirements for each level of licensure and for each specialty sought. Each licensure pathway requires national certification appropriate to the level of licensure and specialty areas of practice. The Board recognizes more than 40 certification types issued by 16 national certifying bodies.[3]

Florida is one of 10 states that require state licensure for clinical laboratory personnel.[4] In the remaining states, personnel qualifications are generally determined by the laboratory director in accordance with federal Clinical Laboratory Improvement Amendments (CLIA) requirements or, when applicable, a state laboratory licensure program.

Rule 64B3-5.003(2), F.A.C., requires applicants for clinical laboratory technologist licensure to meet CLIA personnel qualification standards for high complexity testing. Rule 64B3-5.004(2), F.A.C., requires applicants for clinical laboratory technician licensure to meet CLIA personnel qualification standards for moderate complexity testing; however, the rule also permits technicians who meet CLIA standards for high complexity testing to perform high complexity testing. The DOH does not track which technician licensees are authorized to perform high complexity testing. The Agency for Health Care Administration (AHCA) surveys federally certified clinical laboratories and verifies that personnel licensure is appropriate for the testing performed.[5]

Federal CLIA Oversight and Personnel Qualifications

The U.S. Centers for Medicare & Medicaid Services (CMS) regulates human laboratory testing, other than research testing, through the CLIA certification program. Federal personnel standards applicable to individuals working in CLIA-certified laboratories are set forth in 42 C.F.R. part 493, subpart M.

Newly amended CLIA personnel standards that took effect in 2024[6] provide that an individual performing high complexity testing, regardless of specialty, is deemed qualified if the individual

[2] Department of Health, *Senate Bill 878 Bill Analysis* (Dec. 15, 2025) (on file with the Senate Committee on Health Policy).
[3] *Id.*
[4] *Id*.
[5] *Id*.
[6] Clinical Laboratory Improvement Amendments of 1988 (CLIA) Fees; Histocompatibility, Personnel, and Alternative Sanctions for Certificate of Waiver Laboratories, 88 Fed. Reg. 89,976 (Dec. 28, 2023) (final rule) (effective Jan. 27, 2024).

meets one of several specified pathways, including being a licensed allopathic, osteopathic, or podiatric physician (M.D., D.O., or D.P.M.); holding a doctoral, master's, or bachelor's degree in chemical, biological, clinical, or medical laboratory science, or medical technology, from an accredited institution; holding an associate degree in laboratory science or medical laboratory technology from an accredited institution; completing an official U.S. military medical laboratory procedures training course of at least 50 weeks and holding the enlisted occupational specialty of Medical Laboratory Specialist (Laboratory Technician); or completing at least 60 semester hours (or equivalent) from an accredited institution with specified coursework in chemistry, biology, and laboratory sciences, together with completion of a laboratory training program and at least three months of work experience.[7]

With respect to moderate complexity testing, the amended regulations provide that an individual is deemed qualified if the individual meets the qualifications for high complexity testing; or has a high school diploma (or equivalent) and has successfully completed an official U.S. military medical laboratory procedures training course of at least 50 weeks and held the enlisted occupational specialty of Medical Laboratory Specialist (Laboratory Technician); or has a high school diploma (or equivalent) and documentation of laboratory training appropriate for the testing performed.

Florida licensure requirements exceed the federal CLIA baseline by basing qualifications on the specialty of testing performed, requiring national certification, and requiring applicants to have completed an approved training program or to demonstrate a specified amount of pertinent experience in one or more specialties.

III. Effect of Proposed Changes:

Section 1 amends s. 483.815, F.S., to require an applicant who qualifies for licensure under Section 2 of the bill to provide proof of qualification, submit to the existing background screening requirement in s. 456.0135, F.S., and pay the fees already required under s. 483.807, F.S., to be eligible for licensure.

Section 2 amends s. 483.823, F.S., to revise the licensure requirements for clinical laboratory personnel. Under the bill:

- A technologist or technician applicant who satisfies 42 C.F.R. s. 493.1489 is deemed to have satisfied Florida's minimum qualifications to perform high complexity testing as a technologist or technician.
- A technician applicant who satisfies 42 C.F.R. s. 493.1423 is deemed to have satisfied Florida's minimum qualifications to perform moderate complexity testing as a technician.

Beginning July 1, 2026, new applicants would only need to demonstrate compliance with the applicable Clinical Laboratory Improvement Amendments (CLIA) personnel standards to qualify for Florida licensure as a technologist or technician. Currently licensed technologists and technicians would be considered qualified under federal regulations because Florida licensure requirements already exceed the federal CLIA baseline.

[7] Department of Health, *Senate Bill 878 Bill Analysis* (Dec. 15, 2025) (on file with the Senate Committee on Health Policy).

The Board of Clinical Laboratory Personnel will need to update multiple rules to implement the bill using existing rulemaking authority under s. 483.805(4), F.S.

The bill takes effect July 1, 2026.

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:

None.

C. Government Sector Impact:

According to the Department of Health (DOH) the bill has a negative fiscal impact of $55,680 in nonrecurring contracted services funding to update the Licensing and Enforcement Information Database System and Online Service Portal (Versa Online) to modify the processing of all clinical laboratory applications.[8]

VI. Technical Deficiencies:

None.

[8] Department of Health, *Senate Bill 878 Bill Analysis* (Dec. 15, 2025) (on file with the Senate Committee on Health Policy).

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 483.815 and 483.823.

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.

By Senator Yarborough

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A bill to be entitled

An act relating to clinical laboratory personnel; amending s. 483.815, F.S.; requiring that an applicant who qualifies for licensure under specified provisions provide proof of such qualification and pay the required fees to be eligible for licensure; amending s. 483.823, F.S.; requiring that applicants for licensure as a technologist or technician who meet specified criteria be deemed to have satisfied minimum qualifications for licensure to perform high or moderate complexity testing as a technologist or technician, as applicable; providing an effective date.

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

Section 1. Section 483.815, Florida Statutes, is amended to read:

483.815 Application for clinical laboratory personnel license.—

(1) An application for a clinical laboratory personnel license must ~~shall~~ be made under oath on forms provided by the department and must ~~shall~~ be accompanied by payment of fees as provided by this part. Applicants for licensure must also submit to background screening in accordance with s. 456.0135. A license may be issued authorizing the performance of procedures of one or more categories.

(2) An applicant who qualifies for licensure under s. 483.823(3) or (4) must provide proof of such qualification,

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submit to background screening in accordance with s. 456.0135, and pay the fees required under s. 483.807 to be eligible for licensure.

Section 2. Subsections (3) and (4) are added to section 483.823, Florida Statutes, to read:

483.823 Qualifications of clinical laboratory personnel.—

(3) Except as otherwise provided in s. 483.812, a technologist or technician applicant for licensure who satisfies the requirements in 42 C.F.R. s. 493.1489 to perform high complexity testing is deemed to have satisfied the minimum qualifications for licensure under this part to perform high complexity testing as a technologist or technician in this state.

(4) Except as otherwise provided in s. 483.812, a technician applicant for licensure who satisfies the requirements in 42 C.F.R. s. 493.1423 to perform moderate complexity testing is deemed to have satisfied the minimum qualifications for licensure under this part to perform moderate complexity testing as a technician in this state.

Section 3. This act shall take effect July 1, 2026.

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

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 Appropriations Committee on Health and Human Services

BILL:	CS/SB 902
INTRODUCER:	Health Policy Committee and Senator Garcia
SUBJECT:	Department of Health
DATE:	February 17, 2026 REVISED:

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Looke/Smith	Brown	HP	**Fav/CS**
2.	Gerbrandt	McKnight	AHS	**Pre-meeting**
3.			RC	

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/SB 902 revises several sections of law related to the Department of Health (DOH). The bill:

- Revises the definition of "low-THC cannabis."
- Clarifies that certain qualified physicians and medical marijuana treatment center (MMTC) medical directors must renew their medical marijuana certifications biennially.
- Restricts new MMTC facilities from being located within 500 feet of a park, childcare facility, or early learning facility.
- Authorizes the DOH to suspend the license of any health care practitioner who is arrested for committing, or attempting, soliciting, or conspiring to commit murder.
- Allows a registered nurse to delegate the administration of a Schedule IV controlled substance prescribed for the emergency treatment of an active seizure to a home health aide for medically fragile children.
- Updates the duties of the DOH in administering the Early Steps program, Florida's early intervention program for infants and toddlers with developmental delays and disabilities.
- Requires the University of Florida's Center for Autism and Neurodevelopment's autism micro-credential to be available to Early Steps early intervention service providers.

The bill has no fiscal impact on state expenditures or revenues. **See Section V., Fiscal Impact Statement.**

The bill takes effect July 1, 2026.

II. Present Situation:

The Florida Department of Health (DOH)

The DOH is the state's primary public health agency, responsible for safeguarding the health and well-being of residents and visitors. Established in 1996, the DOH operates under the leadership of the State Surgeon General and encompasses various divisions, including Administration, Emergency Preparedness and Community Support, Disease Control and Health Protection, Community Health Promotion, and Medical Quality Assurance (MQA).[1] The DOH comprises a state health office (central office) in Tallahassee, with statewide responsibilities; Florida's 67 county health departments (CHD); eight Children's Medical Services (CMS) area offices; 12 Medical Quality Assurance (MQA) regional offices; nine Disability Determinations regional offices; and three public health laboratories.[2]

Licensure and Regulation of Health Care Practitioners

The Division of Medical Quality Assurance (MQA), within the DOH, has general regulatory authority over health care practitioners.[3] The MQA works in conjunction with 22 regulatory boards and four councils to license and regulate over 1.5 million health care practitioners.[4] Professions are generally regulated by individual practice acts and by ch. 456, F.S., which provides regulatory and licensure authority for the MQA. The MQA is statutorily responsible for the following boards and professions established within the division:[5]

- The Board of Acupuncture, created under ch. 457, F.S.;
- The Board of Medicine, created under ch. 458, F.S.;
- The Board of Osteopathic Medicine, created under ch. 459, F.S.;
- The Board of Chiropractic Medicine, created under ch. 460, F.S.;
- The Board of Podiatric Medicine, created under ch. 461, F.S.;
- Naturopathy, as provided under ch. 462, F.S.;
- The Board of Optometry, created under ch. 463, F.S.;
- The Board of Nursing, created under part I of ch. 464, F.S.;
- Nursing assistants, as provided under part II of ch. 464, F.S.;
- The Board of Pharmacy, created under ch. 465, F.S.;
- The Board of Dentistry, created under ch. 466, F.S.;
- Midwifery, as provided under ch. 467, F.S.;
- The Board of Speech-Language Pathology and Audiology, created under part I of ch. 468, F.S.;

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[1] Section 20.43, F.S.
[2] Florida Department of Health, *About Us*, available at https://www.floridahealth.gov/about-us/ (last visited Feb. 9, 2026).
[3] Pursuant to s. 456.001(4), F.S., health care practitioners are defined to include acupuncturists, physicians, physician assistants, chiropractors, podiatrists, naturopaths, dentists, dental hygienists, optometrists, nurses, nursing assistants, pharmacists, midwives, speech language pathologists, nursing home administrators, occupational therapists, respiratory therapists, dieticians, athletic trainers, orthotists, prosthetists, electrologists, massage therapists, clinical laboratory personnel, medical physicists, genic counselors, dispensers of optical devices or hearing aids, physical therapists, psychologists, social workers, counselors, and psychotherapists, among others.
[4] Florida Department of Health, Division of Medical Quality Assurance, *Annual Report and Long-Range Plan, Fiscal Year 2024-2025*, https://mqawebteam.com/annualreports/2425/ (last visited Feb. 9, 2026).
[5] Section 456.001(4), F.S.

- The Board of Nursing Home Administrators, created under part II of ch. 468, F.S.;
- The Board of Occupational Therapy, created under part III of ch. 468, F.S.;
- Respiratory therapy, as provided under part V of ch. 468, F.S.;
- Dietetics and nutrition practice, as provided under part X of ch. 468, F.S.;
- The Board of Athletic Training, created under part XIII of ch. 468, F.S.;
- The Board of Orthotists and Prosthetists, created under part XIV of ch. 468, F.S.;
- Electrolysis, as provided under ch. 478, F.S.;
- The Board of Massage Therapy, created under ch. 480, F.S.;
- The Board of Clinical Laboratory Personnel, created under part I of ch. 483, F.S.;
- Medical physicists, as provided under part II of ch. 483, F.S.;
- Genetic Counselors as provided under part III of ch. 483, F.S.;
- The Board of Opticianry, created under part I of ch. 484, F.S.;
- The Board of Hearing Aid Specialists, created under part II of ch. 484, F.S.;
- The Board of Physical Therapy Practice, created under ch. 486, F.S.;
- The Board of Psychology, created under ch. 490, F.S.;
- School psychologists, as provided under ch. 490, F.S.;
- The Board of Clinical Social Work, Marriage and Family Therapy, and Mental Health Counseling, created under ch. 491, F.S.; and
- Emergency medical technicians and paramedics, as provided under part III of ch. 401, F.S.

The DOH and the practitioner boards have different roles in the regulatory system. Boards establish practice standards by rule, pursuant to statutory authority and directives. The DOH receives and investigates complaints about practitioners and prosecutes cases for disciplinary action against practitioners.

The DOH, on behalf of the professional boards, investigates complaints against practitioners.[6] Once an investigation is complete, the DOH presents the investigatory findings to the boards. The DOH recommends a course of action to the appropriate board's probable cause panel, which may include:[7]

- Issuing an Emergency Order;
- Having the file reviewed by an expert;
- Issuing a closing order; or
- Filing an administrative complaint.

The boards determine the course of action and any disciplinary action to take against a practitioner under the respective practice act.[8] For professions for which there is no board, the DOH determines the action and discipline to take against a practitioner and issues the final order.[9] The DOH is responsible for ensuring that licensees comply with the terms and penalties

[6] Department of Health, *Investigative Services,* available at https://www.floridahealth.gov/licensing-regulations/complaints-enforcement/complaint-forms/investigative-services/ (last visited Feb. 9, 2026).
[7] *Id.*
[8] Section 456.072(2), F.S.
[9] Professions which do not have a board include naturopathy, nursing assistants, midwifery, respiratory therapy, dietetics and nutrition, electrolysis, medical physicists, genetic counselors, and school psychologists.

imposed by the boards.[10] If a case is appealed, DOH attorneys defend the final action of the board before the appropriate appellate court.[11]

In extreme circumstances, pursuant to s. 120.60, F.S., the DOH may issue an emergency order suspending the license of a health care practitioner if necessary to protect the public health, safety, or welfare. If a health care practitioner pleads guilty to, is convicted or found guilty of, enters a plea of nolo contendere to, or is arrested for certain acts or offenses pursuant to s. 456.074, F.S., the DOH is required to immediately suspend the practitioner's license.

Medical Marijuana

Low-THC Cannabis

Section 381.986(1)(f), F.S., defines "Low-THC cannabis" to mean plant of the genus *Cannabis*, the dried flowers of which contain 0.8 percent or less of tetrahydrocannabinol (THC) and more than 10 percent of cannabidiol (CBD) weight for weight; the seeds thereof; the resin extracted from any part of such plant; or any compound, manufacture, salt, derivative, mixture, or preparation of such plant or its seeds or resin that is dispensed from a medical marijuana treatment center.

Each medical marijuana treatment center (MMTC) is required to produce and make available at least one low-THC cannabis product.[12] Prior to the implementation of the DOH's seed-to-sale tracking (seed-to-sale) system in 2024, MMTCs were self-reporting low-THC cannabis dispensations through the Medical Marijuana Use Registry. After implementation, the seed-to-sale system indicated a 67 percent decrease in the number of low-THC cannabis products dispensed during state fiscal year 2024-2025.

Since existing regulations only require products to be tested after processing, the determination of whether a product meets the definition of low-THC cannabis is tied to the potency of the final product rather than to the potency of the low-THC whole flower. The seed-to-sale system currently captures the THC-to-CBD ratio of each final product as reported on the Certificate of Analysis. The system will not recognize a dispensation as "low-THC cannabis" unless the final product being dispensed meets the current statutory definition. The current definition, which ties the concentrations of THC and CBD to the dried flower before processing, presents enforcement challenges for the DOH Office of Medical Marijuana Use (OMMU).[13]

MMTC Locations

Section 381.986(11), F.S., prohibits MMTC cultivation, processing, and dispensing facilities from being located within 500 feet of a public or private elementary school, middle school, or secondary school. However, s. 381.986(11)(c), F.S., permits a county or municipality to approve a dispensing facility that is located within 500 feet of a public or private elementary school, middle school, or secondary school through a formal proceeding that is open to the public where

[10] Section 20.43, F.S.
[11] *Id.*
[12] Section 381.986(8)(e)7., F.S.
[13] Department of Health, Senate Bill 902 Legislative Analysis, Jan. 5, 2026 (on file with the Senate Committee on Health Policy).

that county or municipality determines that the location promotes the public health, safety, and general welfare of the community. Additionally, a county or municipality may, by ordinance, ban MMTC dispensing facilities from being located within the boundaries of that county or municipality. A county or municipality that does not ban dispensing facilities may not place specific limits, by ordinance, on the number of dispensing facilities that may be located within that county or municipality. Existing law does not impose site restrictions on MMTC facilities operating near a park, childcare facility, or early learning facility. Approximately 193 MMTC facilities are currently operating within 500 feet of such locations.[14]

Federal Individuals with Disabilities Education Act

The Individuals with Disabilities Education Act (IDEA)[15] is the main federal statute governing special education and early intervention services for children with disabilities from birth through age 21. The IDEA makes available a free, appropriate public education (FAPE) to eligible children with disabilities and ensures special education and related services to those children. The IDEA governs how states and public agencies provide early intervention, special education, and related services to more than eight million (as of school year 2022-23) eligible infants, toddlers, children, and youth with disabilities.[16]

The Grants for Infants and Families Program (Part C of IDEA)

The Grants for Infants and Families program, also known as part C of the IDEA, awards grants to assist states in implementing statewide systems of coordinated, comprehensive, multidisciplinary, interagency programs and making early intervention services (EIS) available to children with disabilities, aged birth through two, and their families,[17] usually as provided pursuant to an individualized family support or service plan (IFSP).

EIS provides for the early identification and treatment of recipients under the age of three years (36 months), who are at-risk[18] of having, or who have, developmental delays or related conditions.[19] The IDEA requires that EIS be provided, to the maximum extent appropriate, in natural environments. These services can be provided in another setting only when EIS cannot be achieved satisfactorily for the infant or toddler in a natural environment. The natural environment includes the home and community settings where children would be participating if they did not have a disability.[20]

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[14] Department of Health, Senate Bill 902 Legislative Analysis, Jan. 5, 2026 (on file with the Senate Committee on Health Policy).
[15] The Education for All Handicapped Children Act became law in 1975 and was reauthorized as the Individuals with Disabilities Education Act.
[16] Individuals with Disabilities Education Act, *About IDEA, History of the IDEA, available at* https://sites.ed.gov/idea/about-idea/#IDEA-History (last visited Feb. 6, 2026).
[17] U.S. Department of Education, *Early Intervention Program for Infants and Toddlers with Disabilities, Purpose, available at* https://www2.ed.gov/programs/osepeip/index.html (last visited Feb. 9, 2026).
[18] 34 C.F.R. s. 303.5.
[19] Agency for Health Care Administration, *Florida Medicaid Early Intervention Services Coverage Policy, available at* https://ahca.myflorida.com/content/download/5946/file/59G-4.085_EIS_Coverage_Policy_9.22.2023.pdf (last visited Feb. 9, 2026).
[20] U.S. Department of Education, Early Intervention Program for Infants and Toddlers with Disabilities, Purpose, available at https://www2.ed.gov/programs/osepeip/index.html (last visited Feb. 9, 2026).

An IFSP is a document or written plan that contains information on the child's present level of development in all areas, outcomes for the child and family, and services the child and family will receive to help them achieve the outcomes.

State agencies identified as the lead agency for the part C program may apply for grant funds.[21] Funds allocated under part C can be used to:[22]

- Maintain and implement a state's EIS system;
- Fund direct EIS for infants and toddlers with disabilities and their families that are not otherwise provided by other public or private sources;
- Expand and improve services that are otherwise available;
- Provide a FAPE to children with disabilities from their third birthday to the beginning of the following school year;
- Continue to provide EIS to children with disabilities from their third birthday until such children enter or are eligible to enter kindergarten or elementary school; and
- Initiate, expand, or improve collaborative efforts related to identifying, evaluating, referring, and following up on at-risk infants and toddlers in states that do not provide direct services for these children.

Part C Extended Option

The IDEA gives states the discretion to provide an option for eligible children with disabilities to continue to receive part C services after the child ages-out or turns three years old. The child must be enrolled in part C and deemed eligible for services under part B of the IDEA. The state has the flexibility to extend part C services until the child enters or is eligible under state law to enter kindergarten or elementary school, as appropriate.[23]

Florida's Early Steps Program and Part C Implementation

Florida's Early Steps Program,[24] administered by the DOH,[25] under the Division of Children's Medical Services (CMS),[26] provides free,[27] individual and group therapies and services needed to enhance the growth and development and family functioning of infants and toddlers from birth until three years of age who have or are at risk of developmental delays or disabilities. For purposes of the Early Steps Program, the state of Florida defines "developmental disability" to mean a condition, identified and measured through appropriate instruments and procedures, which may impair physical, cognitive, communication, social or emotional, or adaptive development.[28]

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[21] Individuals with Disabilities Education Act, *Section 1437, available at* https://sites.ed.gov/idea/statute-chapter-33/subchapter-iii/1437 (last visited Feb. 9, 2026).
[22] U.S. Department of Education, Early Intervention Program for Infants and Toddlers with Disabilities, Purpose, available at https://www2.ed.gov/programs/osepeip/index.html (last visited Feb. 9, 2026).
[23] U.S. Department of Education, Early Intervention Program for Infants and Toddlers with Disabilities, Purpose, available at https://www2.ed.gov/programs/osepeip/index.html
[24] Section 391.308, F.S.
[25] Section 381.001, F.S.
[26] Department of Health, *Division of Children's Medical Services, available at* https://www.floridahealth.gov/individual-family-health/child-infant-youth/special-health-care-needs/cms/ (last visited Feb. 9, 2026).
[27] Department of Health, Early Steps, *Milestone Development Guide, available at* https://floridaearlysteps.com/wp-content/uploads/2022/04/ES_MilestoneDevelopmentGuide_English_sm.pdf (last visited Feb. 9, 2026).
[28] Section 391.302, F.S.

Children can be referred to the Early Steps Program in various ways. Referrals can be submitted by anyone involved in the care of the child, including parents, caregivers, and physicians. To be enrolled in the Early Steps Program, a child must first be found eligible.[29]

Children with an established condition that places them at-risk of developmental delay, as well as children with certain documented physical or mental at-risk conditions, may be eligible for services through the Early Steps Program.[30]

If a child has no diagnosed condition but there are concerns about potential developmental delay, a team of early intervention professionals will collaborate to screen, evaluate, and assess the child in the following areas:[31]

- Physical: health, hearing, vision.
- Cognitive: thinking, learning, problem-solving.
- Gross and Fine Motor Skills: moving, walking, grasping, coordination.
- Communication: babbling, languages, speech, conversation.
- Social and Emotional: playing and interacting with others; and
- Adaptive Development: self-help skills (feeding, toileting, dressing).

If a child is determined eligible, Early Steps Program staff will put together a team to address the child's needs and develop an IFSP. The IFSP team includes the family, a service coordinator, and at least two professionals from two different disciplines that have been or are currently involved in the assessment and provision of the child's services. Specialists are also available to address the child's individualized needs.[32]

The Early Steps Program provides the following services, working closely with families to understand their child's needs to help them succeed:[33]

- Developmental monitoring, screening, and evaluation.
- Professional support and service coordination.
- Individualized early intervention sessions.
- Occupational, physical, and speech therapies.
- Hearing and vision services; and
- Assistive technology.

In 2025, the Legislature enacted CS/CS/SB 112, an act relating to Children with Developmental Disabilities, which took effect upon becoming a law on May 27, 2025.[34] The bill requires the DOH to submit an application for federal approval to extend eligibility for services and implementing the Early Steps Extended Option under part C of the IDEA no later than

[29] Florida Early Steps, *Eligibility and Screening, available at* https://floridaearlysteps.com/eligibility-and-screening/ (last visited Feb. 9, 2026).
[30] *Id*.
[31] *Florida Early Steps, Eligibility and Screening, available at https://floridaearlysteps.com/eligibility-and-screening/ (last visited Feb. 9, 2026).*
[32] *Id*.
[33] Florida Early Steps, *About Early Steps, available at* https://floridaearlysteps.com/about/ (last visited Feb. 9, 2026).
[34] Chapter 2025-95, Laws of Fla.

July 1, 2026. The Early Steps Extended Option would allow eligible children to continue receiving services through the Early Steps Program until the beginning of the school year following their fourth birthday, contingent on obtaining legislative funding, but not contingent on receiving federal funding.

Home Health Aide for Medically Fragile Children Program

The Home Health Aide for Medically Fragile Children (HHAMFC) Program was created by the Legislature in 2023, in response to the national health care provider shortage and its impact on medically fragile children and their family caregivers, to provide an opportunity for family caregivers to receive training and gainful employment.[35] While other Medicaid programs exist that compensate a family member who provides home health services to a Medicaid enrollee, the HHAMFC Program is the only one that compensates a family member who is not a licensed nurse, specifically for the provision of home health services to a medically fragile child.

The program allows a family caregiver to be reimbursed by Medicaid as an HHAMFC. To qualify, the care must be provided to a relative who is 21 years old or younger with an underlying physical, mental, or cognitive impairment that prevents him or her from safely living independently. The relative must also be eligible to receive skilled care or respite care services under the Medicaid program.[36] The family caregiver must be at least 18 years old, demonstrate a minimum ability to read and write, and successfully pass background screening requirements. The family caregiver must also complete an approved training program or have graduated from an accredited prelicensure nursing education program and be waiting to take the state licensing exam.[37] The required training includes 40 hours of home health aide training, 20 hours of training specific to the eligible relative's needs, at least 16 hours of clinical training under the direct supervision of a registered nurse (RN) specific to the needs of the eligible relative, and training on HIV/AIDS[38] and CPR.[39, 40]

Delegation of Medication Administration

Section 464.0156, F.S., allows an RN to delegate certain duties to a certified nursing assistant, home health aide, or HHAMFC, including the administration of medications, except that s. 464.0156(2)(c), F.S., prohibits an RN from delegating the administration of any controlled substance listed in Schedules II through IV.[41] However, s. 464.022(1), F.S., provides that nothing in the nurse practice act may be construed to prohibit the care of the sick by friends or members of the family without compensation. Currently, even though a HHAMFC provides care exclusively to an eligible relative, since the HHAMFC is reimbursed for the care provided, he or she would likely not fall under the exception in s. 464.022(1), F.S. when acting within the scope of his or her duties as a HHAMFC.

[35] Chapter 2023-183, Laws of Fla.
[36] Section 400.462(12), F.S.
[37] Section 400.4765(2), F.S.
[38] Human Immunodeficiency Virus and Acquired Immunodeficiency Syndrome.
[39] Cardio Pulmonary Resuscitation
[40] Section 400.4765(3), F.S.
[41] With an exception for certain prefilled insulin syringes.

Autism Micro-Credential[42]

The University of Florida Center for Autism and Neurodevelopment provides a micro-credential to provide specialized training in supporting students with autism. The micro-credential is currently available to instructional personnel, prekindergarten instructors, and child care professionals.as defined in s. 1012.01(2), F.S. This training equips instructional and child care personnel with skills in identifying autism-related behaviors, supporting the classroom environment, using assistive technologies, and applying evidence-based practices.

Currently, Early Steps Program service providers are not eligible to receive this micro-credential. With the passage of CS/CS/SB 112 in 2025, Early Steps Program providers must include an educational component for children choosing to remain in Early Steps for the Extended Option to the IFSP, and this micro-credential provides personnel with training related to that new educational component requirement.

III. Effect of Proposed Changes:

Section 1 amends s. 381.986, F.S., to:

- Apply the tetrahydrocannabinol (THC) and cannabidiol (CBD) concentration requirements for low-THC cannabis to the final product, rather than to the flower from which the product was derived.
- Lower the required concentration of CBD to meet the definition of low-THC cannabis from 10 percent to two percent.
- Require qualified physicians and marijuana treatment center (MMTC) medical directors to renew their medical marijuana training course and exam certification biennially rather than "before each licensure renewal" to provide flexibility for when the physician takes the course rather than tying it to his or her licensure renewal.
- Restrict MMTC facilities from being located within 500 feet of a park, child care facility, or early learning facility. The bill exempts facilities that were approved prior to July 1, 2026, from the new restriction and specifies that any park, child care facility, early learning facility, or school that is established after the approval of the MMTC facility does not affect its continued operation.
- Remove obsolete references to former s. 381.986, F.S., (2016) and the compassionate use registry.

Sections 2 amends s. 391.308, F.S., to delete Florida-specific language directing the Department of Health (DOH) to provide mediation and, if necessary, an appeals process for applicants found ineligible for developmental evaluation or early intervention services or denied financial support. The bill instead requires the DOH to establish procedures for dispute resolution and mediation as outlined in part C of the federal Individuals with Disabilities Education Act (IDEA).

Sections 2 and 3 amend ss. 391.308 and 391.3081, F.S., respectively, to replace detailed, locally-executed transition directives with a requirement that the DOH "establish statewide uniform protocols and procedures" for transition to a school district program or another program

[42] Department of Health, Senate Bill 902 Legislative Analysis, Jan. 5, 2026 (on file with the Senate Committee on Health Policy).

as part of the individual family support plan (IFSP) pursuant to IDEA part C. In doing so, the bill deletes statutory requirement that at least 90 days before the child turns three years old, or four years old for a child in the Extended Option, the local program office must notify the local school district and the Department of Education (subject to opt-out) and, with parental approval, convene a transition conference with school district participation. The DOH reports that the deletions will allow greater programmatic flexibility within federal guidelines.[43]

Section 4 amends s. 456.074(5), F.S., to require the DOH to issue an emergency order suspending the license of a health care practitioner upon arrest[44] for committing (or attempting, soliciting, or conspiring to commit) murder (s. 782.04, F.S.) in this state or a similar offense in another jurisdiction.

Section 5 amends s. 464.0156, F.S., to allow a registered nurse (RN) to delegate the administration of a Schedule IV controlled substance prescribed for the emergency treatment of an active seizure to a home health aide for medically fragile children.

Section 6 amends s. 1004.551, F.S., to add Early Steps-credentialed early intervention service providers to the list of individuals eligible for the University of Florida Center for Autism and Neurodevelopment's autism micro-credential.

Section 7 provides an effective date of July 1, 2026.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None identified.

B. Public Records/Open Meetings Issues:

None identified.

C. Trust Funds Restrictions:

None identified.

D. State Tax or Fee Increases:

None identified.

[43] Department of Health, *Senate Bill 902 Legislative Analysis*, Jan. 5, 2026 (on file with the Senate Committee on Health Policy).

[44] A warrantless arrest is reasonable when the officer has probable cause to believe the suspect committed a crime in the officer's presence. *Atwater v. City of Lago Vista*, 532 U.S. 318, 354 (2001). Probable cause "requires only a probability or substantial chance of criminal activity, not an actual showing of such activity." *Illinois v. Gates*, 462 U.S. 213, 243–44 n.13 (1983). In other words, probable cause "is not a high bar." *Kaley v. United States*, 571 U.S. 320, 338 (2014).

E. Other Constitutional Issues:

The bill provides that a health care practitioner who is arrested[45] for murder will have his or her license suspended. Florida Constitution (Art. I, § 9) provides that "[n]o person shall be deprived of life, liberty or property without due process of law," which means the state must use fair procedures before taking away a protected interest such as a professional license. Likewise, the U.S. Constitution's Fourteenth Amendment bars any state from depriving a person of "life, liberty, or property, without due process of law." If there's an immediate danger, due process usually allows the state to act first (e.g., an emergency/summary suspension) without a full pre-suspension hearing, as long as the procedure is "fair under the circumstances" and the licensee gets a prompt post-deprivation opportunity to challenge it.

> "… an emergency order issued prior to a hearing must set forth facts sufficient to demonstrate immediate danger, necessity, and procedural fairness.. Fairness requires that the order provide a remedy that is tailored to address the harm and provide for an administrative hearing. Section 120.60(6)(c) requires, in cases of summary suspension, that the Department promptly institute a formal suspension or revocation proceeding...[46]

The Department of Health (DOH) must ensure that each licensee whose license is suspended through an emergency order promptly receives a formal proceeding at which the health care practitioner can dispute the factual matters in the arrest that were relied on by the DOH.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None identified.

B. Private Sector Impact:

Any impact that this bill may have on the private sector is indeterminate.

C. Government Sector Impact:

According to the Department of Health (DOH), the bill does not have a fiscal impact on state expenditures. The DOH notes that the bill may have a minimal workload impact

[45] A warrantless arrest is reasonable when the officer has probable cause to believe the suspect committed a crime in the officer's presence. Atwater v. City of Lago Vista, 532 U.S. 318, 354 (2001). Probable cause "requires only a probability or substantial chance of criminal activity, not an actual showing of such activity." Illinois v. Gates, 462 U.S. 213, 243–44 n.13 (1983). In other words, probable cause "is not a high bar." Kaley v. United States, 571 U.S. 320, 338 (2014).

[46] *Field v. State, Dep't of Health*, 902 So. 2d 893, 895 (Fla. Dist. Ct. App. 2005). *See Witmer v. Dep't of Bus. and Prof'l Regulation,* 631 So.2d 338 (Fla. 4th DCA 1994) *See Daube v. Dep't of Health,* 897 So.2d 493 (Fla. 1st DCA 2005); *Premier Travel Int'l, Inc. v. Dep't of Agric.,* 849 So.2d 1132, 1137 (Fla. 1st DCA 2003); *White Constr. Co., Inc. v. State, Dep't of Transp.,* 651 So.2d 1302, 1305 (Fla. 1st DCA 1995).

related to updating technology systems, but this impact be absorbed within existing resources.[47]

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 381.986, 391.308, 391.3081, 456.074, 464.0156, and 1004.551.

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 February 11, 2026:
The CS removes provisions related to the Dental Student Loan Repayment Program from the underlying bill and adds a provision allowing an RN to delegate the administration of a Schedule IV controlled substance prescribed for the emergency treatment of an active seizure to a HHAMFC.

B. Amendments:

None.

[47] Department of Health, Senate Bill 902 Legislative Analysis, Jan. 5, 2026 (on file with the Senate Committee on Health Policy).

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LEGISLATIVE ACTION

Senate . House

. . . . .

The Appropriations Committee on Health and Human Services (Garcia) recommended the following:

Senate Amendment (with title amendment)

Between lines 203 and 204
insert:

Section 2. Section 381.994, Florida Statutes, is created to read:

381.994 Neurofibromatosis Disease Grant Program.—

(1)(a) There is created within the Department of Health the Neurofibromatosis Disease Grant Program. The purpose of the program is to advance the progress of research and cures for

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neurofibromatosis by awarding grants through a competitive, peer-reviewed process.

(b) Subject to legislative appropriation, the program shall award grants for scientific and clinical research to further the search for new diagnostics, treatments, and cures for neurofibromatosis.

(2)(a) Applications for grants for neurofibromatosis disease research may be submitted by any university or established research institute in this state. All qualified investigators in this state, regardless of institutional affiliation, shall have equal access and opportunity to compete for the research funding. Preference may be given to grant proposals that foster collaboration among institutions, researchers, and community practitioners, as such proposals support the advancement of treatments and cures of neurofibromatosis through basic or applied research. Grants shall be awarded by the department, after consultation with the Rare Disease Advisory Council under s. 381.99, on the basis of scientific merit, as determined by the competitive, peer-reviewed process to ensure objectivity, consistency, and high quality. The following types of applications may be considered for funding:

1. Investigator-initiated research grants.

2. Institutional research grants.

3. Collaborative research grants, including those that advance the finding of treatment and cures through basic or applied research.

(b) To ensure appropriate and fair evaluation of grant applications based on scientific merit, the department shall

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appoint peer review panels of independent, scientifically qualified individuals to review the scientific merit of each proposal and establish its priority score. The priority scores shall be forwarded to the council, and the council must consider priority scores in determining which proposals are recommended for funding.

(3) For purposes of performing their duties under this section, the Rare Disease Advisory Council and the peer review panels shall establish and follow rigorous guidelines for ethical conduct and adhere to a strict policy with regard to conflicts of interest. A member of the council or panel may not participate in any discussion or decision of the council or panel with respect to a research proposal by any firm, entity, or agency with which the member is associated as a member of the governing body or as an employee or with which the member has entered into a contractual arrangement.

(4) Notwithstanding s. 216.301 and pursuant to s. 216.351, the balance of any appropriation from the General Revenue Fund for the Neurofibromatosis Disease Grant Program which is not disbursed but is obligated pursuant to contract or committed to be expended by June 30 of the fiscal year in which the funds are appropriated may be carried forward for up to 5 years after the effective date of the original appropriation.

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

And the title is amended as follows:

Between lines 23 and 24

insert:

creating s. 381.994, F.S.; creating the

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Neurofibromatosis Disease Grant Program within the department; providing the purpose of the program; providing that, subject to legislative appropriation, the program award grants for certain purposes; specifying entities that are eligible to apply for grants under the program; allowing certain grant proposals to receive preference in the awarding of grants; requiring the department to award grants after consulting with the Rare Disease Advisory Council; specifying the types of applications that may be considered for grant funding; requiring the department to appoint peer review panels to review the scientific merit of grant applications and establish their priority scores; requiring the council to consider the priority scores in determining which proposals are recommended for grant funding under the program; requiring the council and peer review panels to establish and follow certain guidelines when performing their duties under the program; prohibiting members of the council or peer review panels from participating in discussions or decisions if there are certain conflicts of interest; authorizing certain appropriated funds to be carried forward under certain circumstances;

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LEGISLATIVE ACTION

Senate . House

. . . . .

The Appropriations Committee on Health and Human Services (Burton) recommended the following:

Senate Amendment (with title amendment)

Between lines 313 and 314
insert:

Section 6. Paragraph (c) of subsection (3) of section 491.005, Florida Statutes, is amended to read:

491.005 Licensure by examination.—

(3) MARRIAGE AND FAMILY THERAPY.—Upon verification of documentation and payment of a fee not to exceed $200, as set by board rule, the department shall issue a license as a marriage

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and family therapist to an applicant whom the board certifies has met all of the following criteria:

(c)1. Attained one of the following:

a. A minimum of a master's degree in marriage and family therapy from a program accredited by the Commission on Accreditation for Marriage and Family Therapy Education.

b. A minimum of a master's degree with a major emphasis in marriage and family therapy or a closely related field from a university program accredited by the Council on Accreditation of Counseling and Related Educational Programs and graduate courses approved by the board.

c. A minimum of a master's degree with an emphasis in marriage and family therapy or a closely related field, with a degree conferred before September 1, 2032 ~~2027~~, from an institutionally accredited college or university and graduate courses approved by the board.

2. If the course title that appears on the applicant's transcript does not clearly identify the content of the coursework, the applicant provided additional documentation, including, but not limited to, a syllabus or catalog description published for the course. The required master's degree must have been received in an institution of higher education that, at the time the applicant graduated, was fully accredited by an institutional accrediting body recognized by the Council for Higher Education Accreditation or its successor organization or was a member in good standing with Universities Canada, or an institution of higher education located outside the United States and Canada which, at the time the applicant was enrolled and at the time the applicant graduated, maintained a standard

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of training substantially equivalent to the standards of training of those institutions in the United States which are accredited by an institutional accrediting body recognized by the Council for Higher Education Accreditation or its successor organization. Such foreign education and training must have been received in an institution or program of higher education officially recognized by the government of the country in which it is located as an institution or program to train students to practice as professional marriage and family therapists or psychotherapists. The applicant has the burden of establishing that the requirements of this provision have been met, and the board shall require documentation, such as an evaluation by a foreign equivalency determination service, as evidence that the applicant's graduate degree program and education were equivalent to an accredited program in this country. An applicant with a master's degree from a program that did not emphasize marriage and family therapy may complete the coursework requirement in a training institution fully accredited by the Commission on Accreditation for Marriage and Family Therapy Education recognized by the United States Department of Education.

For the purposes of dual licensure, the department shall license as a marriage and family therapist any person who meets the requirements of s. 491.0057. Fees for dual licensure may not exceed those stated in this subsection.

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

And the title is amended as follows:

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Between lines 39 and 40

insert:

491.005, F.S.; revising licensure requirements for marriage and family therapists; amending s.

By the Committee on Health Policy; and Senator Garcia

588-02780-26 2026902c1

A bill to be entitled

An act relating to the Department of Health; amending s. 381.986, F.S.; revising the definition of the term "low-THC cannabis"; revising requirements for department approval of qualified physicians and medical directors of medical marijuana treatment centers; deleting obsolete language; prohibiting medical marijuana treatment center cultivating, processing, or dispensing facilities from being located within a specified distance of parks, child care facilities, or facilities providing early learning services; authorizing counties and municipalities to approve a dispensing facility within such distance under certain circumstances; providing that the subsequent establishment of any park, child care facility, early learning facility, or school after the approval of a medical marijuana treatment center's cultivating, processing, or dispensing facility does not affect the continued operation or location of the approved cultivating, processing, or dispensing facility; exempting cultivating, processing, or dispensing facilities approved before a specified date from such distance requirements; amending s. 391.308, F.S.; revising duties of the department in administering the Early Steps Program; revising provisions related to transitioning children from the Early Steps Program to school district programs; amending s. 391.3081, F.S.; revising provisions relating to the Early Steps Extended Option

588-02780-26 2026902c1

to conform to changes made by the act; amending s. 456.074, F.S.; requiring the department to issue an emergency order suspending the license of a health care practitioner arrested for committing or attempting, soliciting, or conspiring to commit murder in this state or another jurisdiction; amending s. 464.0156, F.S.; authorizing a registered nurse to delegate the administration of certain controlled substances to a home health aide for medically fragile children under certain circumstances; amending s. 1004.551, F.S.; revising requirements for the micro-credential component of specialized training provided by the University of Florida Center for Autism and Neurodevelopment; providing an effective date.

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

Section 1. Paragraph (f) of subsection (1), paragraphs (a) and (c) of subsection (3), paragraph (h) of subsection (4), paragraph (a) of subsection (8), and paragraphs (a) and (c) of subsection (11) of section 381.986, Florida Statutes, are amended to read:

381.986 Medical use of marijuana.—

(1) DEFINITIONS.—As used in this section, the term:

(f) "Low-THC cannabis" means a plant of the genus *Cannabis*, whether growing or not ~~the dried flowers of which contain 0.8 percent or less of tetrahydrocannabinol and more than 10 percent of cannabidiol weight for weight~~; the seeds thereof; the resin extracted from any part of such plant; and every ~~or any~~

compound, manufacture, salt, derivative, mixture, or preparation of such plant or its seeds or resin, excluding edibles; which contains 0.8 percent or less of tetrahydrocannabinol and 2 percent cannabidiol, weight for weight, which ~~that~~ is dispensed from a medical marijuana treatment center.

(3) QUALIFIED PHYSICIANS AND MEDICAL DIRECTORS.—

(a) Before being approved as a qualified physician ~~and before each license renewal~~, a physician must successfully complete a 2-hour course and subsequent examination offered by the Florida Medical Association or the Florida Osteopathic Medical Association which encompass the requirements of this section and any rules adopted hereunder. Qualified physicians must renew the course certification biennially. The course and examination must be administered at least annually and may be offered in a distance learning format, including an electronic, online format that is available upon request. The price of the course may not exceed $500.

(c) Before being employed as a medical director ~~and before each license renewal~~, a medical director must successfully complete a 2-hour course and subsequent examination offered by the Florida Medical Association or the Florida Osteopathic Medical Association which encompass the requirements of this section and any rules adopted hereunder. Medical directors must renew the course certification biennially. The course and examination must be administered at least annually and may be offered in a distance learning format, including an electronic, online format that is available upon request. The price of the course may not exceed $500.

(4) PHYSICIAN CERTIFICATION.—

~~(h) An active order for low-THC cannabis or medical cannabis issued pursuant to former s. 381.986, Florida Statutes 2016, and registered with the compassionate use registry before June 23, 2017, is deemed a physician certification, and all patients possessing such orders are deemed qualified patients until the department begins issuing medical marijuana use registry identification cards.~~

(8) MEDICAL MARIJUANA TREATMENT CENTERS.—

(a) The department shall license medical marijuana treatment centers to ensure reasonable statewide accessibility and availability as necessary for qualified patients registered in the medical marijuana use registry and who are issued a physician certification under this section.

1. As soon as practicable, but no later than July 3, 2017, the department shall license as a medical marijuana treatment center any entity that holds an active, unrestricted license to cultivate, process, transport, and dispense low-THC cannabis, medical cannabis, and cannabis delivery devices, under former s. 381.986, Florida Statutes 2016, before July 1, 2017, and which meets the requirements of this section. In addition to the authority granted under this section, these entities are authorized to dispense low-THC cannabis, medical cannabis, and cannabis delivery devices ordered pursuant to former s. 381.986, Florida Statutes 2016, ~~which were entered into the compassionate use registry before July 1, 2017,~~ and are authorized to begin dispensing marijuana under this section on July 3, 2017. The department may grant variances from the representations made in such an entity's original application for approval under former s. 381.986, Florida Statutes 2014, pursuant to paragraph (e).

2. The department shall license as medical marijuana treatment centers 10 applicants that meet the requirements of this section, under the following parameters:

a. As soon as practicable, but no later than August 1, 2017, the department shall license any applicant whose application was reviewed, evaluated, and scored by the department and which was denied a dispensing organization license by the department under former s. 381.986, Florida Statutes 2014; which had one or more administrative or judicial challenges pending as of January 1, 2017, or had a final ranking within one point of the highest final ranking in its region under former s. 381.986, Florida Statutes 2014; which meets the requirements of this section; and which provides documentation to the department that it has the existing infrastructure and technical and technological ability to begin cultivating marijuana within 30 days after registration as a medical marijuana treatment center.

b. As soon as practicable, the department shall license one applicant that is a recognized class member of *Pigford v. Glickman*, 185 F.R.D. 82 (D.D.C. 1999), or *In Re Black Farmers Litig.*, 856 F. Supp. 2d 1 (D.D.C. 2011). An applicant licensed under this sub-subparagraph is exempt from the requirement of subparagraph (b)2. An applicant that applies for licensure under this sub-subparagraph, pays its initial application fee, is determined by the department through the application process to qualify as a recognized class member, and is not awarded a license under this sub-subparagraph may transfer its initial application fee to one subsequent opportunity to apply for licensure under subparagraph 4.

c. As soon as practicable, but no later than October 3, 2017, the department shall license applicants that meet the requirements of this section in sufficient numbers to result in 10 total licenses issued under this subparagraph, while accounting for the number of licenses issued under sub-subparagraphs a. and b.

3. For up to two of the licenses issued under subparagraph 2., the department shall give preference to applicants that demonstrate in their applications that they own one or more facilities that are, or were, used for the canning, concentrating, or otherwise processing of citrus fruit or citrus molasses and will use or convert the facility or facilities for the processing of marijuana.

4. Within 6 months after the registration of 100,000 active qualified patients in the medical marijuana use registry, the department shall license four additional medical marijuana treatment centers that meet the requirements of this section. Thereafter, the department shall license four medical marijuana treatment centers within 6 months after the registration of each additional 100,000 active qualified patients in the medical marijuana use registry that meet the requirements of this section.

(11) PREEMPTION.—Regulation of cultivation, processing, and delivery of marijuana by medical marijuana treatment centers is preempted to the state except as provided in this subsection.

(a) A medical marijuana treatment center cultivating or processing facility may not be located within 500 feet of the real property that comprises a park as defined in s. 775.215(1), a child care facility as defined in s. 402.302, a facility that

provides early learning services as specified in s. 1000.04(1), or a public or private elementary school, middle school, or secondary school. The subsequent establishment of any such park, child care facility, early learning facility, or school after the approval of the medical marijuana treatment center cultivating or processing facility does not affect the continued operation or location of the approved cultivating or processing facility. A medical marijuana treatment center cultivating or processing facility that was approved by the department before July 1, 2026, is exempt from the distance restrictions from a park, child care facility, or early learning facility.

(c) A medical marijuana treatment center dispensing facility may not be located within 500 feet of the real property that comprises a park as defined in s. 775.215(1), a child care facility as defined in s. 402.302, a facility that provides early learning services as specified in s. 1000.04(1), or a public or private elementary school, middle school, or secondary school unless the county or municipality approves the location through a formal proceeding open to the public at which the county or municipality determines that the location promotes the public health, safety, and general welfare of the community. The subsequent establishment of any such park, child care facility, early learning facility, or school after the approval of the medical marijuana treatment center dispensing facility does not affect the continued operation or location of the approved dispensing facility. A medical marijuana treatment center dispensing facility that was approved by the department before July 1, 2026, is exempt from the distance restrictions from a park, child care facility, or early learning facility.

Section 2. Paragraphs (a) and (j) of subsection (2) and paragraphs (a) and (b) of subsection (7) of section 391.308, Florida Statutes, are amended to read:

391.308 Early Steps Program.—The department shall implement and administer part C of the federal Individuals with Disabilities Education Act (IDEA), which shall be known as the "Early Steps Program."

(2) DUTIES OF THE DEPARTMENT.—The department shall:

(a) Annually prepare a grant application to the Federal Government requesting ~~the United States Department of Education for~~ funding for early intervention services for infants and toddlers with disabilities and their families pursuant to part C of the federal Individuals with Disabilities Education Act.

(j) Establish procedures for dispute resolution and mediation as outlined in part C of the federal Individuals with Disabilities Education Act ~~Provide a mediation process and if necessary, an appeals process for applicants found ineligible for developmental evaluation or early intervention services or denied financial support for such services~~.

(7) TRANSITION TO EDUCATION.—

(a) The department shall establish statewide uniform protocols and procedures for transition to a school district program for children with disabilities or to another program as part of an individual family support plan pursuant to part C of the federal Individuals with Disabilities Education Act ~~At least 90 days before a child reaches 3 years of age, the local program office shall initiate transition planning to ensure the child's successful transition from the Early Steps Program to a school district program for children with disabilities or to another~~

~~program as part of an individual family support plan.~~

~~(b) At least 90 days before a child reaches 3 years of age, the local program office shall:~~

~~1. Notify the local school district in which the child resides and the Department of Education that the child may be eligible for special education or related services as determined by the local school district pursuant to ss. 1003.21 and 1003.57, unless the child's parent or legal guardian has opted out of such notification; and~~

~~2. Upon approval by the child's parent or legal guardian, convene a transition conference that includes participation of a local school district representative and the parent or legal guardian to discuss options for and availability of services~~.

Section 3. Subsection (5) of section 391.3081, Florida Statutes, is amended to read:

391.3081 Early Steps Extended Option.—

(5) TRANSITION TO EDUCATION.—The department shall establish statewide uniform protocols and procedures for transition to a school district program for children with disabilities or to another program as part of an individual family support plan pursuant to part C of the federal Individuals with Disabilities Education Act.

~~(a) At least 90 days before the beginning of the school year following the fourth birthday of a child enrolled in the Early Steps Extended Option, the local program office shall initiate transition planning to ensure the child's successful transition from the Early Steps Extended Option to a school district program under part B of the federal Individuals with Disabilities Education Act or to another program as part of an~~

~~individual family support plan. Specifically, the local program office shall:~~

~~1. Notify the Department of Education and the local school district in which the child resides that the eligible child is exiting the Early Steps Extended Option, unless the child's parent or legal guardian has opted out of such notification; and~~

~~2. Upon approval by the child's parent or legal guardian, convene a transition conference that includes participation of a local school district representative and the parent or legal guardian to discuss options for and availability of services.~~

~~(b) The local program office, in conjunction with the local school district, shall modify a child's individual family support plan, or, if applicable, the local school district shall develop or review an individual education plan for the child pursuant to ss. 1003.57, 1003.571, and 1003.5715 which identifies special education or related services that the child will receive and the providers or agencies that will provide such services.~~

~~(c) If a child is found to be no longer eligible for part B of the federal Individuals with Disabilities Education Act during the review of an individual education plan, the local program office and the local school district must provide the child's parent or legal guardian with written information on other available services or community resources.~~

Section 4. Present paragraphs (d) through (hh) of subsection (5) of section 456.074, Florida Statutes, are redesignated as paragraphs (e) through (ii), respectively, and a new paragraph (d) is added to that subsection, to read:

456.074 Certain health care practitioners; immediate

suspension of license.—

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

(d) Section 782.04, relating to murder.

Section 5. Paragraph (c) of subsection (2) of section 464.0156, Florida Statutes, is amended to read:

464.0156 Delegation of duties.—

(2)

(c) A registered nurse may not delegate the administration of any controlled substance listed in Schedule II, Schedule III, or Schedule IV of s. 893.03 or 21 U.S.C. s. 812, except that a registered nurse may delegate:

1. ~~For~~ The administration of an insulin syringe that is prefilled with the proper dosage by a pharmacist or an insulin pen that is prefilled by the manufacturer; and

2. To a home health aide for medically fragile children as defined in s. 400.462 the administration of a Schedule IV controlled substance prescribed for the emergency treatment of an active seizure.

Section 6. Paragraph (f) of subsection (1) of section 1004.551, Florida Statutes, is amended to read:

1004.551 University of Florida Center for Autism and Neurodevelopment.—There is created at the University of Florida the Center for Autism and Neurodevelopment.

(1) The center shall:

(f) Develop an autism micro-credential to provide specialized training in supporting students with autism.

1. The micro-credential must be stackable with the autism endorsement and be available to:

a. Instructional personnel as defined in s. 1012.01(2);

b. Prekindergarten instructors as specified in ss. 1002.55, 1002.61, and 1002.63; and

c. Child care personnel as defined in ss. 402.302(3) and 1002.88(1)(e).

d. Early intervention service providers credentialed through the Early Steps Program.

2. The micro-credential must require participants to demonstrate competency in:

a. Identifying behaviors associated with autism.

b. Supporting the learning environment in both general and specialized classroom settings.

c. Promoting the use of assistive technologies.

d. Applying evidence-based instructional practices.

3. The micro-credential must:

a. Be provided at no cost to eligible participants.

b. Be competency-based, allowing participants to complete the credentialing process either in person or online.

c. Permit participants to receive the micro-credential at any time during training once competency is demonstrated.

4. Individuals eligible under subparagraph 1. who complete the micro-credential are eligible for a one-time stipend, as determined in the General Appropriations Act. The center shall administer stipends for the micro-credential.

Section 7. This act shall take effect July 1, 2026.

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 Appropriations Committee on Health and Human Services

BILL:	CS/SB 914
INTRODUCER:	Health Policy Committee and Senator Calatayud
SUBJECT:	Dry Needling
DATE:	February 17, 2026
REVISED:	

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Smith	Brown	HP	**Fav/CS**
2.	Gerbrandt	McKnight	AHS	**Pre-meeting**
3.			RC	

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/SB 914 authorizes occupational therapists to perform dry needling and directs the Board of Occupational Therapy Practice to adopt minimum training, supervision, consent, and documentation standards for the performance of dry needling.

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

The bill has an insignificant, negative fiscal impact on the DOH, which can likely be absorbed within existing resources. **See Section V., Fiscal Impact Statement.**

The bill takes effect July 1, 2026.

II. Present Situation:

Occupational Therapy

Occupational therapy is the therapeutic use of occupations (meaningful daily activities) through habilitation, rehabilitation, and the promotion of health and wellness to support participation and function in home, school, work, and community settings.[1] Occupational therapy services are

[1] Section 468.203(4), F.S.

provided to clients who have, or are at risk of developing, an illness, injury, disease, disorder, condition, impairment, disability, activity limitation, or participation restriction.[2]

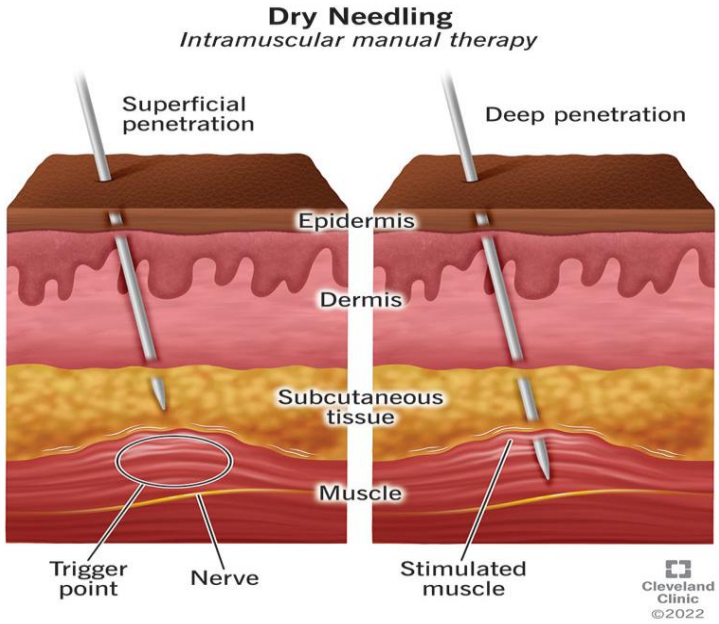
Occupational therapists are regulated under part III of ch. 468, F.S. They are licensed by the Department of Health (DOH) and regulated through the Board of Occupational Therapy Practice. The DOH recently reported that Florida regulates approximately 13,712 occupational therapists.[3]

To become initially licensed as an occupational therapist in Florida, an applicant must:[4]

- Graduate from an occupational therapy program accredited by the American Occupational Therapy Association's Accreditation Council for Occupational Therapy Education;
- Complete a minimum of six months of supervised fieldwork within that program; and
- Pass the examination administered by the National Board for Certification in Occupational Therapy.[5]

Dry Needling[6]

Dry needling is a method for treating muskoskeletal pain and movement issues, typically used as part of a larger pain management plan which may include exercise, stretching, massage, and other techniques. During a dry needling treatment, a provider inserts thin sharp needles through the skin to treat underlying myofascial trigger points. Dry needling can decrease tightness,



[2] *Id*.
[3] Florida Department of Health, Division of Medical Quality Assurance, *Annual Report and Long-Range Plan, Fiscal Year 2024-25*, at 27, available at https://mqawebteam.com/annualreports/2425/2/ (last visited Jan. 28, 2025).
[4] Section 468.209, F.S.
[5] Department of Health. *Senate Bill 914 Legislative Analysis* (Dec. 17, 2025) (on file with the Senate Committee on Health Policy).
[6] Cleveland Clinic, *Dry Needling*, (last reviewed Feb. 20, 2023) *available at* https://my.clevelandclinic.org/health/treatments/16542-dry-needling (last visited Jan. 29, 2026).

increase blood flow, and reduce local and referred pain. The needles are "dry" because they don't contain any medication and nothing is injected through the skin. Dry needling may include superficial and deep penetration.

According to the DOH, the following professions may perform dry needling in Florida according to their respective practice acts: physicians, osteopathic physicians, physical therapists,[7] licensed acupuncturists, chiropractic physicians,[8] and athletic trainers.[9]

Acupuncture and dry needling use the same type of needles, but they're based on different approaches and goals. Acupuncture is performed by acupuncturists and comes from Eastern medicine, treating not only musculoskeletal pain but also other body systems, while dry needling is rooted in Western medicine, uses assessment of pain and movement patterns, and targets muscle tissue to reduce pain, release trigger points, and improve movement often as part of a larger pain management plan.

III. Effect of Proposed Changes:

Section 1 amends s. 468.203, F.S., to define terms for the Occupational Therapy Practice Act within part III of ch. 468, F.S.:

- "Dry needing" is defined as a skilled intervention, based on Western medicine, that uses filiform needles and other apparatus or equipment to stimulate a myofascial trigger point for the evaluation and management of neuromusculoskeletal conditions, pain, movement impairments, and disabilities.
- "Myofascial trigger point" is defined as "an irritable section of soft tissue often associated with palpable nodules in taut bands of muscle fibers."

Section 2 creates s. 468.222, F.S., within the Occupational Therapy Practice Act, to authorize dry needling within the practice and to establish related standards and requirements.

The bill requires the Board of Occupational Therapy Practice (Board) to adopt minimum standards of practice for an occupational therapist to perform dry needling. At a minimum, the standards must require:

- At least two years of licensed practice as an occupational therapist;
- Completion of 50 hours of face-to-face continuing education on dry needling from an entity approved by the Board, including instruction in dry needling theory, needle selection and handling (including biohazardous waste handling), indications and contraindications, psychomotor skills, and postintervention care (including adverse response care, adverse incident recordkeeping, and any reporting obligations); and
- Demonstration of requisite psychomotor skills, as determined by the continuing education instructor.

The bill also requires the Board to establish supervision and training standards for clinical experience before independently performing dry needling. Specifically, an occupational therapist

[7] Section 486.117, F.S.
[8] Section 460.4085, F.S.
[9] Department of Health. *Senate Bill 914 Legislative Analysis* (Dec. 17, 2025) (on file with the Senate Committee on Health Policy).

must complete at least 25 patient sessions of dry needling performed under supervision, with documentation by the supervising practitioner that the supervised occupational therapist has met the Board's supervision and competency requirements, which must be adopted by rule, and does not require additional supervised sessions. The bill authorizes supervision by an occupational therapist, a physical therapist, or a chiropractic physician who holds an active license to practice in any state of the District of Columbia and has actively performed dry needling for at least one year. Alternatively, the bill allows satisfaction of the 25-session requirement through dry needling patient sessions performed while licensed in another state or while serving in the U.S. Armed Forces.

The bill requires that dry needling be performed only with patient consent and only when it is part of the patient's documented plan of care. The bill prohibits delegation of dry needling to any person other than an occupational therapist who is authorized to engage in dry needling under part III of ch. 468, F.S.

The bill authorizes the Board to impose additional supervision and training requirements before an occupational therapist may perform dry needling on the head, neck, or torso, if the Board deems such requirements necessary for patient safety.

The bill requires the Department of Health (DOH), within existing resources, to submit a report to the President of the Senate and the Speaker of the House of Representatives by December 31, 2028. The report must detail:

- The total number of occupational therapists licensed in Florida;
- The number who perform dry needling;
- Geographic increases or decreases in occupational therapists; and
- The number of adverse medical incidents, as defined by board rule, involving occupational therapists performing dry needling in this state.

Finally, the bill provides that the performance of dry needling in occupational therapy may not be construed to limit the scope of practice of other licensed health care practitioners not governed by ch. 468, F.S.

The bill takes effect July 1, 2026.

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 an indeterminate, negative fiscal impact on occupational therapists who choose to perform dry needling and who will be required to cover the cost of the continuing education required under the bill.

C. Government Sector Impact:

The bill has an insignificant, negative fiscal impact that can be absorbed within existing resources. The Department of Health (DOH) will be required to update technology systems to reflect the new regulatory standards and estimates 464 non-recurring staff augmentation contracted hours at $120 per hour for a total cost of $55,680 in the contracted services category.[10] These costs can likely be absorbed within existing resources.

The DOH also anticipates an increase in enforcement activity, such as reviewing adverse incident reports and completing investigations, and an increase in reporting requirements, both of which can be absorbed within existing resources.[11]

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends section 468.203 of the Florida Statutes.

[10] Department of Health. *Senate Bill 914 Legislative Analysis* (Dec. 17, 2025) (on file with the Senate Committee on Health Policy).
[11] *Id.*

This bill creates section 468.222 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 February 2, 2026:
The CS requires the Board of Occupational Therapy to approve continuing education courses on dry needling, which would be completed by occupational therapists seeking to practice dry needling. It also broadens the pool of practitioners who may supervise the occupational therapist's 25 patient sessions of dry needling to include certain physical therapists and chiropractic physicians, in addition to occupational therapists as provided in the underlying bill.

B. Amendments:

None.

By the Committee on Health Policy; and Senator Calatayud

588-02423-26 2026914c1

A bill to be entitled

An act relating to dry needling; amending s. 468.203, F.S.; defining the terms "dry needling" and "myofascial trigger point"; creating s. 468.222, F.S.; requiring the Board of Occupational Therapy to establish minimum standards of practice for the performance of dry needling by occupational therapists, including specified standards; requiring the board, if it deems it necessary for patient safety, to adopt additional supervision and training requirements for occupational therapists to perform dry needling on specified areas; requiring the Department of Health to submit a report of specified information to the Legislature by a specified date; providing construction; providing an effective date.

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

Section 1. Present subsections (3) through (8) of section 468.203, Florida Statutes, are redesignated as subsections (5) through (10), respectively, and new subsections (3) and (4) are added to that section, to read:

468.203 Definitions.—As used in this act, the term:

(3) "Dry needling" means a skilled intervention, based on Western medicine, that uses filiform needles and other apparatus or equipment to stimulate a myofascial trigger point for the evaluation and management of neuromusculoskeletal conditions, pain, movement impairments, and disabilities.

(4) "Myofascial trigger point" means an irritable section

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of soft tissue often associated with palpable nodules in taut bands of muscle fibers.

Section 2. Section 468.222, Florida Statutes, is created to read:

468.222 Dry needling.—

(1) The board shall establish minimum standards of practice for the performance of dry needling by occupational therapists, including, at a minimum, all of the following:

(a) Completion of 2 years of licensed practice as an occupational therapist.

(b) Completion of 50 hours of face-to-face continuing education from an entity approved by the board on the topic of dry needling. To satisfy this requirement, the instructor of the continuing education must make a determination that the occupational therapist demonstrates the requisite psychomotor skills to safely perform dry needling. The continuing education must include instruction in all of the following areas:

1. Theory of dry needling.

2. Selection and safe handling of needles and other apparatus or equipment used in dry needling, including instruction on the proper handling of biohazardous waste.

3. Indications and contraindications for dry needling.

4. Psychomotor skills needed to safely perform dry needling.

5. Postintervention care, including care for adverse responses, adverse incident recordkeeping, and any reporting obligations.

(c)1. Completion of at least 25 patient sessions of dry needling performed under the supervision of an occupational

therapist, a physical therapist, or a chiropractic physician who holds an active license to practice in any state or the District of Columbia and has actively performed dry needling for at least 1 year. The supervising practitioner must document that the occupational therapist under his or her supervision has met the supervision and competency requirements specified by board rule and does not need additional supervised sessions to safely perform dry needling; or

2. Completion of 25 patient sessions of dry needling performed as an occupational therapist, physical therapist, or chiropractic physician licensed in another state or in the United States Armed Forces.

(d) A requirement that dry needling be performed only if the patient consents to the treatment and it is part of the patient's documented plan of care.

(e) A requirement prohibiting the delegation of dry needling to any person other than an occupational therapist who is authorized to perform dry needling under this part.

(2) The board shall establish additional supervision and training requirements that an occupational therapist must meet before performing dry needling on the head, neck, or torso if the board deems such requirements necessary for patient safety.

(3) The Department of Health shall, within existing resources, submit a report to the President of the Senate and the Speaker of the House of Representatives on or before December 31, 2028, detailing the total number of occupational therapists licensed in this state, the number of occupational therapists who perform dry needling in this state, any increases or decreases in the number of occupational therapists in this

state by geographic area, and the number of any adverse incidents, as defined by board rule, involving the performance of dry needling by occupational therapists in this state.

(4) The performance of dry needling in the practice of occupational therapy may not be construed to limit the scope of practice of other licensed health care practitioners not governed by this chapter.

Section 3. This act shall take effect July 1, 2026.

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 Appropriations Committee on Health and Human Services

BILL:	CS/SB 1092
INTRODUCER:	Health Policy Committee and Senator Massullo
SUBJECT:	Podiatric Medicine
DATE:	February 17, 2026
REVISED:	

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Smith	Brown	HP	**Fav/CS**
2.	Gerbrandt	McKnight	AHS	**Pre-meeting**
3.			RC	

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/SB 1092 limits the existing controlled substance prescribing continuing education requirement for all podiatric physicians to only those podiatric physicians registered with the U.S. Drug Enforcement Administration and authorized to prescribe controlled substances, exempting podiatric physicians who do not prescribe controlled substances.

The bill authorizes podiatric physicians to perform stem cell therapies that have not been approved by the U.S. Food and Drug Administration (FDA), provided they meet specified criteria. Podiatric physicians must provide written notice to patients, and include a disclaimer in all advertisements, disclosing that the therapy is not approved by the FDA. The Board of Podiatric Medicine is authorized to adopt rules to implement the bill.

The bill has a negative fiscal impact on the Department of Health which can be absorbed within existing resources. **See Section V., Fiscal Impact Statement.**

The bill takes effect July 1, 2026.

II. Present Situation:

Podiatric Physicians

Podiatric physicians are licensed to practice podiatric medicine. Section 461.003, F.S., defines the "practice of podiatric medicine" to mean the diagnosis or medical, surgical, palliative, and mechanical treatment of ailments of the human foot and leg. Surgical treatment is anatomically limited to the area below the anterior tibial tubercle. The definition specifies that the practice includes amputation of the toes or other parts of the foot but does not include amputation of the foot or leg in its entirety.

Podiatrists are regulated by the Board of Podiatric Medicine (Board) within the Department of Health (DOH) under ch. 461, F.S., which establishes minimum requirements for the safe practice of podiatric medicine. At the end of Fiscal Year 2024-2025, there were 1,589 in-state and 312 out-of-state podiatric physicians licensed by the state of Florida.[1]

Licensed podiatrists are subject to discipline under ch. 456, F.S., and the podiatrist-specific grounds in ch. 461, F.S. The DOH and the Board may take action for rule violations, fraud, and other enumerated misconduct. The Board's implementing rules are codified in Chapter 64B18, F.A.C., addressing matters such as licensure and renewal, continuing medical education, advertising, and disciplinary grounds.

Prescribing Authority

Current law authorizes a podiatric physician to prescribe drugs that relate specifically to their authorized scope of practice within the definition of "practice of podiatric medicine."[2] To become authorized to prescribe controlled substances to treat chronic nonmalignant pain, a podiatrist must designate himself or herself as a controlled substance prescribing practitioner on his or her practitioner profile and comply with all requirements specified in s. 456.44, F.S., and in rules established by the Board of Podiatric Medicine.[3] Federal law requires a podiatrist to register with the U.S. Drug Enforcement Administration (DEA) before he or she may lawfully dispense[4] a controlled substance.[5]

As a condition to receiving DEA registration, a podiatrist must complete at least eight hours of training on the treatment and management of patients with opioid or other substance use disorders, the safe pharmacological management of dental pain and screening, brief intervention,

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[1] Department of Health, Division of Medical Quality Assurance, *Annual Report and Long-Range Plan: Fiscal Year 2024-2025*, at 29 *available at*: https://www.floridahealth.gov/wp-content/uploads/2026/01/2025.10.31.FY24-25MQAAR-FINAL1-1.pdf (last visited Feb. 6, 2026).
[2] Section 461.003(5), F.S.
[3] Section 456.44(2), F.S.; rule 64B18-23.002(2)(g), F.A.C.
[4] Federal law relating to drug abuse prevention and control states that the term "dispense" means "to deliver a controlled substance to an ultimate user or research subject by, or pursuant to the lawful order of, a practitioner, including the prescribing and administering of a controlled substance and the packaging, labeling or compounding necessary to prepare the substance for such delivery. The term "dispenser" means a practitioner who so delivers a controlled substance to an ultimate user or research subject. 21 U.S.C. § 802(10).
[5] 21 U.S.C. § 822(a)(2); 21 C.F.R. § 1301.11(a).

and referral for appropriate treatment of patients with or at risk of developing opioid or other substance use disorders.[6]

Federal law makes it unlawful for a registrant to dispense a controlled substance not authorized by his or her DEA registration to another registrant or other authorized person.[7] A registrant who engages in such unlawful practice is subject to a civil penalty of not more than $25,000 and to criminal prosecution.[8]

Continuing Education Requirements

Current law requires podiatric physicians to complete 40 hours of continuing education (CE) as a part of the biennial licensure renewal process, and at least two of those hours must be on the safe and effective prescribing of controlled substances. All podiatrists, including those who are not authorized to prescribe controlled substances, are required to take the CE on safe and effective prescribing of controlled substances. The Board must approve the criteria for CE programs or courses.[9]

Overview of Stem Cells and Stem Cell Therapy

Stem cells are undifferentiated cells with the unique ability to develop into specialized cell types and to divide indefinitely under certain conditions.[10] They are broadly classified as either embryonic or adult (somatic) stem cells. Embryonic stem cells, derived from early-stage embryos, are pluripotent and capable of differentiating into nearly all cell types in the human body. Adult stem cells are more limited in scope and typically generate only cell types consistent with their tissue of origin.

In 2007, researchers developed induced pluripotent stem cells (iPSCs), a type of adult stem cell reprogrammed to exhibit pluripotency.[11] These iPSCs have opened new frontiers in regenerative medicine by offering a potential alternative to the use of embryonic stem cells.

Stem cell therapy involves administering stem cells or derivatives to repair, replace, or regenerate human tissues. While hematopoietic stem cell transplants for blood disorders are established treatments, many other stem cell therapies remain experimental and are not approved by the FDA for routine clinical use.[12]

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[6] 21 U.S.C. § 823(m)(1).
[7] 21 U.S.C. § 842(a)(2).
[8] 21 U.S.C. § 842(c).
[9] Section 461.007(3), F.S., and Rule 64B18-17, F.A.C. By rule, the Board approves of all CE programs sponsored or approved by the American Podiatric Medical Association, the Council on Podiatric Medical Education, the American Medical Association, the American Osteopathic Association, and the American Hospital Association. Rule 64B18-17.002(1), F.A.C.
[10] Department of Health, *Senate Bill 1617 Legislative Analysis* (Mar. 19, 2025) (on file with the Senate Committee on Health Policy).
[11] *Id*.
[12] Harvard Stem Cell Institute, *Frequently Asked Questions: Stem Cell Therapies*, *available at*: https://www.hsci.harvard.edu/faq/stem-cell-therapies (last visited Feb. 4, 2026).

Federal Regulation of Human Cells, Tissues, and Cellular and Tissue-Based Products

The FDA regulates stem cell products that meet the definition of human cells, tissues, or cellular and tissue-based products (HCT/Ps) through its Center for Biologics Evaluation and Research (CBER).[13] CBER's authority derives from the Public Health Service Act (42 U.S.C. § 264) and the Federal Food, Drug, and Cosmetic Act (21 U.S.C. §§ 301 et seq.). Applicable federal regulations are found primarily in 21 C.F.R., part 1271.

Products that meet all of the criteria under 21 C.F.R. § 1271.10 – commonly referred to as "361 HCT/Ps" – are subject to less stringent oversight. To qualify, the product must be:

- Minimally manipulated;
- Intended solely for homologous use;
- Not combined with another article (except for certain preservatives or water); and
- Either non-systemic and not dependent on the metabolic activity of living cells for its primary function or used autologously or in a first- or second-degree blood relative.

Products that do not meet these criteria are classified as "351 HCT/Ps" and are regulated as biological drugs. These products require premarket approval through the FDA's Investigational New Drug (IND) and Biologics License Application (BLA) pathways, under 21 C.F.R., parts 312 and 600–680.

Enforcement and Oversight by FDA

The FDA requires establishments that manufacture or manipulate HCT/Ps to register with CBER and to comply with current Good Tissue Practices (cGTPs) under 21 C.F.R. part 1271, subpart D.[14] These practices are designed to prevent the introduction or transmission of communicable diseases. The FDA conducts inspections, issues warning letters, and may pursue civil or criminal enforcement actions against facilities or providers offering unapproved or noncompliant stem cell therapies.

The FDA has issued warnings about the widespread marketing of unapproved regenerative medicine products, noting that approval is granted only after rigorous evaluation in clinical trials to ensure safety and efficacy.[15] The FDA has received reports of serious adverse events associated with unapproved regenerative medicine therapies, including blindness, tumor formation, and infections.[16] Consumers are advised to exercise caution and are encouraged to report any adverse effects or file complaints related to these products directly to the FDA.

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[13] U.S. Food & Drug Administration, *Center for Biologics Evaluation and Research (CBER)*, *available at*: https://www.fda.gov/about-fda/fda-organization/center-biologics-evaluation-and-research-cber (last visited Feb. 4, 2026).
[14] *See also* U.S. Department of Health & Human Services, *Current Good Tissue Practice (CGTP) and Additional Requirements for Manufacturers of Human Cells, Tissues, and Cellular and Tissue-Based Products (HCT/Ps)*, *available a*t: https://www.hhs.gov/guidance/document/current-good-tissue-practice-cgtp-and-additional-requirements-manufacturers-human-cells (last visited Feb. 6, 2026).
[15] U.S. Food & Drug Administration, *Important Patient and Consumer Information About Regenerative Medicine Therapies*, *available at*: https://www.fda.gov/vaccines-blood-biologics/consumers-biologics/important-patient-and-consumer-information-about-regenerative-medicine-therapies (last visited Feb. 4, 2026).
[16] *Id.*

Regulation by the Florida Boards of Medicine and Osteopathic Medicine

The Florida Board of Medicine (BOM), under the DOH, is responsible for licensing, regulating, and disciplining medical doctors, a.k.a. allopathic physicians, pursuant to ch. 458, F.S. The Board of Osteopathic Medicine (BOOM), pursuant to ch. 459, F.S., exercises the same authority for osteopathic physicians.

On July 1, 2025, a new law took effect authorizing allopathic and osteopathic physicians to perform stem cell therapies that have not been approved by the FDA when used for orthopedic conditions, wound care, or pain management.[17] Sections 458.3245 and 459.0127, F.S., establish standards for the manufacturing and storage of stem cells and procedures for allopathic physician and osteopathic physicians, respectively, to perform stem cell therapy.

Allopathic and osteopathic physicians are exempt from the requirements in those sections if they perform stem cell therapy on behalf of an institution accredited by:
- The Foundation for the Accreditation of Cellular Therapy;
- The Blood and Marrow Transplant Clinical Trials Network;
- The Association for the Advancement of Blood and Biotherapies; or
- An entity with expertise in stem cell therapy as determined by the DOH.

The DOH reports that it does not have rulemaking authority or a panel of experts to determine additional entities with stem cell expertise.[18] The 2025 law delegates rulemaking authority to the BOM and BOOM.[19] The Boards have formed a workgroup to discuss if any additional entities with expertise should be identified. The workgroup will make a recommendation to the Boards for consideration of a proposed rule.

III. Effect of Proposed Changes:

Section 1 amends s. 461.007, F.S., to establish that only podiatric physicians who are registered with the United States Drug Enforcement Administration (DEA) and who are authorized to prescribe controlled substances pursuant to 21 U.S.C. s. 822, are required to complete a minimum of two hours of continuing education related to the safe and effective prescribing of controlled substances as a condition of biennial licensure renewal. The bill eliminates the requirement for podiatric physicians who do not prescribe controlled substances to complete such training within the 40 hours of continuing education otherwise required for license renewal.

Section 2 creates s. 461.011, F.S., to authorize podiatric physicians to perform stem cell therapies that are not approved by the United State Food and Drug Administration (FDA) and to impose requirements relating to the manufacture, use, notice, consent, and oversight of such therapies. This new section mirrors ss. 458.3245 and 459.0127, F.S., which provide the same authorization for allopathic and osteopathic physicians, with two exceptions. First, this bill does not include afterbirth placental perinatal stem cells within the definition of "stem cell therapy" and therefore the performance of stem cell therapy with those products is not authorized within

[17] Chapter 2025-185, Laws of Fla.
[18] Department of Health, *Senate Bill 1092 Legislative Bill Analysis* (Jan. 15, 2026) (on file with the Senate Committee on Health Policy).
[19] Sections 458.3245(10) and 459.0127(10), F.S.

this section for podiatric physicians. Second, ss. 458.3245 and 459.0127, F.S., exempt allopathic and osteopathic physicians from the requirements of those sections if the physician who performs stem cell therapy under an employment or other contract on behalf of an institution verified or accredited by:

- The Foundation for the Accreditation of Cellular Therapy.
- The Blood and Marrow Transplant Clinical Trials Network.
- The Association for the Advancement of Blood and Biotherapies.
- *An entity with expertise in stem cell therapy as determined by the DOH*.

This bill omits the fourth bullet (above) and does not authorize the DOH to recognize an additional entity through which a podiatric physician would be exempt from the provisions of this new section.

Subsection (1) of that section provides legislative findings and intent, recognizing the potential of stem cell therapies to advance medical treatment and improve patient outcomes. This subsection emphasizes the importance of using ethically sourced stem cells and expresses the intent to prohibit the use of stem cells derived from aborted fetuses. Instead, the bill encourages the use of adult stem cells, umbilical cord blood, and other ethically obtained human cells, tissues, or cellular or tissue-based products.

Subsection (2) of that section defines key terms used throughout the section:

- "Human cells, tissues, or cellular or tissue-based products" articles containing or consisting of human cells or tissues that are intended for implantation, transplantation, infusion, or transfer into a human recipient. The subsection also lists exclusions from that definition, including vascularized human organs, whole blood and blood derivatives, secreted or extracted products (except semen, which is a human cell, tissue, or cellular-based tissue product under the bill), certain minimally manipulated bone marrow products, ancillary products used in manufacturing, non-human-derived tissues, in vitro diagnostic products, and blood vessels recovered with organs for transplantation.
- "Minimally manipulated" is defined in two parts: for structural tissue, it means processing that does not alter the original relevant characteristics of the tissue relating to reconstruction, repair, or replacement; for cells or nonstructural tissues, it means processing that does not alter the relevant biological characteristics of the cells or tissues.
- "Physician" is defined as a podiatric physician licensed under ch. 461, F.S., acting within the scope of his or her employment.
- "Stem cell therapy" is defined as a treatment involving the use of human cells, tissues, or cellular or tissue-based products, which complies with the regulatory requirements provided in this section, and explicitly excludes any treatment or research using cells or tissues derived from a fetus or embryo following an abortion.

Subsection (3) of that section authorizes podiatric physicians to perform stem cell therapy not approved by the FDA, if the therapy is used for treatment or procedures within the scope of the physician's practice and is limited to the fields of orthopedics, wound care, or pain management.

Subsection (3) also establishes requirements relating to the source and handling of stem cells used in such therapy. Stem cells used by a physician must be obtained from a facility that is

registered and regulated by the FDA and that is certified or accredited by the National Marrow Donor Program, the World Marrow Donor Association, the Association for the Advancement of Blood and Biotherapies, or the American Association of Tissue Banks. In addition, the stem cells must be included in a post-thaw viability analysis report for the product lot, which must be provided to the physician before use with a patient, and the stem cells must contain viable or live cells as demonstrated by that analysis.

Subsection (4) of that section requires podiatric physicians to obtain products from facilities that comply with applicable current good manufacturing practices for the collection, removal, processing, implantation, and transfer of stem cells or stem cell-containing products. These practices must be consistent with the requirements of the federal Food, Drug, and Cosmetic Act and relevant regulations under 21 C.F.R., part 1271.

Subsection (5) of that section requires a podiatric physician to include a specific written notice in any form of advertisement. The notice must state that he or she performs one or more stem cell therapies that have not yet been approved by the FDA and encourages patients to consult with their primary care provider before undergoing any such therapy. The notice must be legible and in a type size no smaller than the largest type size used in the advertisement.

Subsection (6) of that section requires a podiatric physician who conducts stem cell therapy pursuant to this section to obtain a signed consent form from the patient before performing the therapy. The consent form must be signed by the patient or, if the patient is not legally competent, the patient's representative, and must state, in language the patient or representative may reasonably be expected to understand: the nature and character of the proposed treatment; that the proposed stem cell therapy has not yet been approved by the FDA; the anticipated results of the proposed treatment; the recognized serious possible risks, complications, and anticipated benefits involved in the treatment and in recognized possible alternative forms of treatment, including nontreatment; and that the patient is encouraged to consult with his or her primary care provider before undergoing any stem cell therapy.

Subsection (7) of that section exempts two categories of podiatric physicians from the requirements of this section. The first exemption applies to a podiatric physician who has obtained FDA approval for an investigational new drug or device for the use of human cells, tissues, or cellular or tissue-based products. The second exemption applies to a podiatric physician who performs stem cell therapy under an employment or other contract on behalf of an institution that is certified by one of the following organizations: the Foundation for the Accreditation of Cellular Therapy; the Blood and Marrow Transplant Clinical Trials Network; or the Association for the Advancement of Blood and Biotherapies.

Subsection (8) of that section provides that a violation of any provision in the section may subject the podiatric physician to disciplinary action by the Board of Podiatric Medicine.

Subsection (9) of that section provides that a podiatric physician who willfully performs or procures the performance of stem cell therapy using cells or tissues derived from an aborted fetus, or who willfully sells, manufactures, distributes, or transfers any computer product created using human cells, tissues, or cellular or tissue-based products, commits a third-degree felony. In

addition to criminal penalties, such conduct constitutes grounds for disciplinary action under ch. 461, F.S., and s. 456.072, F.S.

Subsection (10) of that section requires the Board of Podiatric Medicine to adopt rules to implement this section.

The bill authorizes podiatric physicians to administer stem cell therapies that have not been approved by the FDA. This action may expose podiatric physicians to federal regulatory enforcement. If a physician or supplier administers or distributes stem cell products in violation of FDA requirements, the FDA may take a range of enforcement actions, including issuing warning letters, initiating civil or criminal proceedings in coordination with the U.S. Department of Justice, seeking injunctions to prevent continued noncompliance, and disqualifying parties from participating in clinical investigations. In addition, the FDA has authority to issue orders for the retention, recall, destruction, or cessation of manufacturing of human cells, tissues, or cellular- and tissue-based products (HCT/Ps) when it has reasonable grounds to believe the products were manufactured in violation of applicable regulations.

Section 3 provides an effective date of July 1, 2026.

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:

None.

C. Government Sector Impact:

The bill has a negative workload impact on the Department of Health due to the bill's provisions that will require technology updates. According to the DOH these costs can be absorbed within existing resources.[20]

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends section 461.007 of the Florida Statutes.

This bill creates section 461.011 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 February 11, 2026:
The CS:

- Narrows the scope of the bill to authorize podiatrists to perform stem cell therapies only if such therapies are limited to the use of "human cells, tissues, or cellular or tissue-based products," as that term is defined in the bill. In so doing, the CS removes the underlying bill's authorization for the use of afterbirth placental perinatal stem cells.
- Applies the practitioner title "podiatric physician" throughout the bill consistent with the use of that title throughout ch. 461, F.S.
- Deletes a provision in the underlying bill which would have authorized the Department of Health to recognize certain accredited entities.

B. Amendments:

None.

[20] Department of Health, *Senate Bill 1092 Legislative Bill Analysis* (Jan. 15, 2026) (on file with the Senate Committee on Health Policy).

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LEGISLATIVE ACTION

Senate . House

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The Appropriations Committee on Health and Human Services (Massullo) recommended the following:

Senate Amendment (with title amendment)

Delete lines 43 - 188
and insert:
461.011 Cellular and tissue-based products.—
(1) The Legislature recognizes the significant potential of cellular and tissue-based products in advancing medical treatments and improving patient outcomes and further recognizes the need to ensure that such treatments are provided using cellular or tissue-based products obtained in an ethical manner

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that does not involve cells derived from aborted fetuses. It is the intent of the Legislature to foster medical innovation while upholding ethical standards that respect the sanctity of life. By encouraging the use of cellular or tissue-based products, the state will advance regenerative medicine in a manner consistent with the values of the state.

(2) As used in this section, the term:

(a) "Cellular or tissue-based products" means products containing or consisting of human cells or tissues which are intended for implantation, transplantation, infusion, or transfer into a human recipient. The term does not include:

1. Vascularized human organs for transplantation;

2. Whole blood or blood components or blood derivative products;

3. Secreted or extracted human products, such as milk, collagen, and cell factors, other than semen;

4. Minimally manipulated bone marrow for homologous use and not combined with another article other than water, crystalloids, or a sterilizing, preserving, or storage agent, if the addition of the agent does not raise new clinical safety concerns with respect to the bone marrow;

5. Ancillary products used in the manufacture of human cells, tissues, or cellular or tissue-based products;

6. Cells, tissues, and organs derived from animals;

7. In vitro diagnostic products;

8. Blood vessels recovered with an organ which are intended for use in organ transplantation and labeled "For use in organ transplantation only"; or

9. Harvesting and reimplantation of autologous tissue.

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(b) "Minimally manipulated" means:

1. For structural tissue, processing that does not alter the original relevant characteristics of the tissue relating to the tissue's utility for reconstruction, repair, or replacement.

2. For cells or nonstructural tissues, processing that does not alter the relevant biological characteristics of cells or tissues.

(c) "Procedure using cellular or tissue-based products" means a treatment involving the use of human cells, tissues, or cellular or tissue-based products which complies with the regulatory requirements provided in this section. The term does not include treatment or research using human cells or tissues derived from a fetus or an embryo after an abortion.

(3)(a) A podiatric physician may perform a procedure using cellular or tissue-based products that are not approved by the United States Food and Drug Administration if such products are used for treatment or procedures within the scope of practice for such podiatric physician and the treatment or procedures are related to connective tissue, ligament, and tendon repair; wound care; or pain management.

(b) To ensure that the retrieval, manufacture, storage, and use of any cellular or tissue-based products pursuant to this section meet the highest standards, any cellular or tissue-based products used by a podiatric physician for a procedure provided under this section must meet all of the following conditions:

1. Be retrieved, manufactured, and stored in a facility that is registered and regulated by the United States Food and Drug Administration.

2. Be retrieved, manufactured, and stored in a facility

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that is certified or accredited by one of the following entities:

a. The National Marrow Donor Program.

b. The World Marrow Donor Association.

c. The Association for the Advancement of Blood and Biotherapies.

d. The American Association of Tissue Banks.

3. Contain viable or live cells upon post-thaw analysis and be included in a post-thaw viability analysis report for the product lot, which must be sent to the podiatric physician before use with the podiatric physician's patient.

(4)(a) A podiatric physician who performs a procedure using cellular or tissue-based products pursuant to this section shall include the following in any form of advertisement:

THIS NOTICE MUST BE PROVIDED TO YOU UNDER FLORIDA LAW. This podiatric physician performs procedures using cellular or tissue-based products that have not yet been approved by the United States Food and Drug Administration. You are encouraged to consult with your primary care provider before undergoing any procedure using these products.

(b) The notice required under paragraph (a) must be clearly legible and in a type size no smaller than the largest type size used in the advertisement.

(5)(a) A podiatric physician who performs a procedure using cellular or tissue-based products pursuant to this section shall obtain a signed consent form from the patient before performing

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the procedure.

(b) The consent form must be signed by the patient or, if the patient is not legally competent, the patient's representative, and must state all of the following in language the patient or his or her representative may reasonably be expected to understand:

1. The nature and character of the proposed treatment.

2. That the proposed procedure uses cellular or tissue-based products that have not yet been approved by the United States Food and Drug Administration.

3. The anticipated results of the proposed treatment.

4. The recognized serious possible risks, complications, and anticipated benefits involved in the treatment and in the recognized possible alternative forms of treatment, including nontreatment.

5. That the patient is encouraged to consult with his or her primary care provider before undergoing the procedure.

(6) This section does not apply to the following:

(a) A podiatric physician who has obtained approval for an investigational new drug or device from the United States Food and Drug Administration for the use of human cells, tissues, or cellular or tissue-based products; or

(b) A podiatric physician who performs procedures using cellular or tissue-based products

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

And the title is amended as follows:

Delete lines 8 - 21

and insert:

perform procedures using cellular or tissue-based products not approved by the United States Food and Drug Administration under certain circumstances; specifying requirements for the cellular or tissue-based products that may be used by such podiatric physicians; requiring such podiatric physicians to include a specified notice in any form of advertisement; specifying requirements for such notice; requiring podiatric physicians to obtain a signed consent form from the patient or his or her representative before performing procedures using cellular or tissue-based products; specifying requirements for the consent form;

By the Committee on Health Policy; and Senator Massullo

588-02785-26 20261092c1

A bill to be entitled

An act relating to podiatric medicine; amending s. 461.007, F.S.; requiring certain podiatric physicians, instead of all podiatric physicians, to complete specified continuing education; creating s. 461.011, F.S.; providing legislative findings and intent; defining terms; authorizing podiatric physicians to perform stem cell therapy not approved by the United States Food and Drug Administration under certain circumstances; specifying requirements for the stem cells that may be used by such podiatric physicians; requiring podiatric physicians who perform such therapies to use stem cell therapy products obtained from facilities that adhere to applicable current good manufacturing practices; requiring podiatric physicians to include a specified notice in any form of advertisement; specifying requirements for such notice; requiring podiatric physicians to obtain a signed consent form from the patient or his or her representative before performing such stem cell therapy; specifying requirements for the consent form; providing applicability; providing for disciplinary action; providing criminal penalties; authorizing the Board of Podiatric Medicine to adopt rules; providing an effective date.

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

Section 1. Subsection (3) of section 461.007, Florida

588-02785-26 20261092c1

Statutes, is amended to read:

461.007 Renewal of license.—

(3) The board may by rule prescribe continuing education, not to exceed 40 hours biennially, as a condition for renewal of a license, with a minimum of 2 hours of continuing education related to the safe and effective prescribing of controlled substances for licensees who are registered with the United States Drug Enforcement Administration and authorized to prescribe controlled substance pursuant to 21 U.S.C. s. 822. The criteria for such programs or courses shall be approved by the board.

Section 2. Section 461.011, Florida Statutes, is created to read:

461.011 Stem cell therapy.—

(1) The Legislature recognizes the significant potential of stem cell therapies in advancing medical treatments and improving patient outcomes and further recognizes the need to ensure that such therapies are provided using stem cells obtained in an ethical manner that does not involve stem cells derived from aborted fetuses. It is the intent of the Legislature to foster medical innovation while upholding ethical standards that respect the sanctity of life. By encouraging the use of stem cell sources such as adult stem cells, umbilical cord blood, and other ethically obtained human cells, tissues, or cellular or tissue-based products, the state will advance regenerative medicine in a manner consistent with the values of this state.

(2) As used in this section, the term:

(a) "Human cells, tissues, or cellular or tissue-based

products" means articles containing or consisting of human cells or tissues that are intended for implantation, transplantation, infusion, or transfer into a human recipient. The term does not include:

1. Vascularized human organs for transplantation;

2. Whole blood or blood components or blood derivative products;

3. Secreted or extracted human products, such as milk, collagen, and cell factors, other than semen;

4. Minimally manipulated bone marrow for homologous use and not combined with another article other than water, crystalloids, or a sterilizing, preserving, or storage agent, if the addition of the agent does not raise new clinical safety concerns with respect to the bone marrow;

5. Ancillary products used in the manufacture of human cells, tissues, or cellular or tissue-based products;

6. Cells, tissues, and organs derived from animals;

7. In vitro diagnostic products; or

8. Blood vessels recovered with an organ which are intended for use in organ transplantation and labeled "For use in organ transplantation only."

(b) "Minimally manipulated" means:

1. For structural tissue, processing that does not alter the original relevant characteristics of the tissue relating to the tissue's utility for reconstruction, repair, or replacement.

2. For cells or nonstructural tissues, processing that does not alter the relevant biological characteristics of cells or tissues.

(c) "Stem cell therapy" means a treatment involving the use

of human cells, tissues, or cellular or tissue-based products which complies with the regulatory requirements provided in this section. The term does not include treatment or research using human cells or tissues that were derived from a fetus or an embryo after an abortion.

(3)(a) A podiatric physician may perform stem cell therapy that is not approved by the United States Food and Drug Administration if such therapy is used for treatment or procedures that are within the scope of practice for such podiatric physician and the therapies are related to orthopedics, wound care, or pain management.

(b) To ensure that the retrieval, manufacture, storage, and use of stem cells used for therapies conducted under this section meet the highest standards, any stem cells used by a podiatric physician for therapy provided under this section must meet all of the following conditions:

1. Be retrieved, manufactured, and stored in a facility that is registered and regulated by the United States Food and Drug Administration.

2. Be retrieved, manufactured, and stored in a facility that is certified or accredited by one of the following entities:

a. The National Marrow Donor Program.

b. The World Marrow Donor Association.

c. The Association for the Advancement of Blood and Biotherapies.

d. The American Association of Tissue Banks.

3. Contain viable or live cells upon post-thaw analysis and be included in a post-thaw viability analysis report for the

product lot which will be sent to the podiatric physician before use with the podiatric physician's patient.

(c) A podiatric physician performing stem cell therapy may obtain stem cells for therapies from a facility engaging in the retrieval, manufacture, or storage of stem cells intended for human use under this section only if the facility maintains valid certification or accreditation as required by this subsection. Any contract or other agreement by which a podiatric physician obtains stem cells for therapies from such a facility must include the following:

1. A requirement that the facility provide all of the following information to the podiatric physician:

a. The name and address of the facility.

b. The certifying or accrediting organization.

c. The type and scope of certification or accreditation.

d. The effective and expiration dates of the certification or accreditation.

e. Any limitations or conditions imposed by the certifying or accrediting organization.

2. A requirement that the facility notify the podiatric physician within 30 days after any change in certification or accreditation status, including renewal, suspension, revocation, or expiration.

(4) In the performance of any procedure using or purporting to use stem cells or products containing stem cells, the podiatric physician shall use stem cell therapy products obtained from facilities that adhere to the applicable current good manufacturing practices for the collection, removal, processing, implantation, and transfer of stem cells, or

products containing stem cells, pursuant to the Federal Food, Drug, and Cosmetic Act, 21 U.S.C. ss. 301 et seq.; 52 Stat. 1040 et seq.; and 21 C.F.R. part 1271, Human Cells, Tissues, and Cellular and Tissue-Based Products.

(5)(a) A podiatric physician who conducts stem cell therapy pursuant to this section shall include the following in any form of advertisement:

THIS NOTICE MUST BE PROVIDED TO YOU UNDER FLORIDA LAW. This podiatric physician performs one or more stem cell therapies that have not yet been approved by the United States Food and Drug Administration. You are encouraged to consult with your primary care provider before undergoing any stem cell therapy.

(b) The notice required under paragraph (a) must be clearly legible and in a type size no smaller than the largest type size used in the advertisement.

(6)(a) A podiatric physician who conducts stem cell therapy pursuant to this section shall obtain a signed consent form from the patient before performing the stem cell therapy.

(b) The consent form must be signed by the patient or, if the patient is not legally competent, the patient's representative and must state all of the following in language the patient or his or her representative may reasonably be expected to understand:

1. The nature and character of the proposed treatment.

2. That the proposed stem cell therapy has not yet been approved by the United States Food and Drug Administration.

3. The anticipated results of the proposed treatment.

4. The recognized serious possible risks, complications, and anticipated benefits involved in the treatment and in the recognized possible alternative forms of treatment, including nontreatment.

5. That the patient is encouraged to consult with his or her primary care provider before undergoing any stem cell therapy.

(7) This section does not apply to the following:

(a) A podiatric physician who has obtained approval for an investigational new drug or device from the United States Food and Drug Administration for the use of human cells, tissues, or cellular or tissue-based products; or

(b) A podiatric physician who performs stem cell therapy under an employment or other contract on behalf of an institution certified or accredited by any of the following:

1. The Foundation for the Accreditation of Cellular Therapy.

2. The Blood and Marrow Transplant Clinical Trials Network.

3. The Association for the Advancement of Blood and Biotherapies.

(8) A violation of this section may subject the podiatric physician to disciplinary action by the board.

(9) A podiatric physician who willfully performs, or actively participates in, the following commits a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084, and is subject to disciplinary action under this chapter and s. 456.072:

(a) Treatment or research using human cells or tissues

derived from a fetus or an embryo after an abortion; or

(b) The sale, manufacture, or distribution of computer products created using human cells, tissues, or cellular or tissue-based products.

(10) The board may adopt rules necessary to implement this section.

Section 3. 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 Appropriations Committee on Health and Human Services

BILL:	CS/SB 1168
INTRODUCER:	Health Policy Committee and Senator Grall
SUBJECT:	Background Screenings
DATE:	February 17, 2026
REVISED:	

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Looke	Brown	HP	**Fav/CS**
2.	Barr	McKnight	AHS	**Pre-meeting**
3.			FP	

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/SB 1168 amends multiple sections of law relating to background screenings. Specifically, the bill:

- Adds several offenses to the list of disqualifying offenses in s. 435.04, F.S.
- Consolidates within the Agency for Health Care Administration eligibility determination for all specified agencies.
- Requires qualified entities to designate a user administrator to act as the primary point of contact to manage compliance with state and federal laws regarding the security and privacy of criminal history information.
- Prohibits persons screened through the Care Provider Background Screening Clearinghouse by certain entities from denying or failing to acknowledge arrests, whether or not their records have been sealed or expunged.
- Specifies that independent sanctioning authorities in charge of approving athletic coaches are considered qualified entities for the purpose of background screening and removes obsolete dates related to requiring athletic coaches to be background screened.

The bill will have an indeterminate fiscal impact on state expenditures. **See Section V., Fiscal Impact Statement.**

The bill is effective July 1, 2026.

II. Present Situation:

Background Screening

Florida provides standard procedures for screening a prospective employee[1] where the Legislature has determined it is necessary to conduct a criminal history background check to protect vulnerable persons.[2] Chapter 435, F.S., establishes procedures for criminal history background screening of prospective employees and outlines the screening requirements. There are two levels of background screening: Level 1 and Level 2.

- Level 1 screening includes, at a minimum, employment history checks, statewide criminal correspondence checks through the Florida Department of Law Enforcement (FDLE), and a check of the Dru Sjodin National Sex Offender Public Website,[3] and may include criminal records checks through local law enforcement agencies. A Level 1 screening may be paid for and conducted through FDLE's website, which provides immediate results.[4]
- Level 2 screening includes, at a minimum, fingerprinting for statewide criminal history records checks through FDLE and national criminal history checks through the Federal Bureau of Investigation (FBI), and may include local criminal records checks through local law enforcement agencies.[5]

Florida law authorizes and outlines specific elements required for Level 1 and Level 2 background screening and establishes requirements for determining whether an individual passes a screening regarding an individual's criminal history. All individuals subject to background screening must be confirmed to have not been arrested for and waiting final disposition of, been found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to, or been adjudicated delinquent, and the record has not been sealed or expunged for, any of 52 offenses prohibited under Florida law, or similar law of another jurisdiction:[6]

- Section 393.135, F.S., relating to sexual misconduct with certain developmentally disabled clients and reporting of such sexual misconduct.
- Section 394.4593, F.S., relating to sexual misconduct with certain mental health patients and reporting of such sexual misconduct.
- Section 415.111, F.S., relating to adult abuse, neglect, or exploitation of aged persons or disabled adults.
- Section 777.04, F.S., relating to attempts, solicitation, and conspiracy to commit an offense listed in s. 435.04(2), F.S.
- Section 782.04, F.S., relating to murder.
- Section 782.07, F.S., relating to manslaughter, aggravated manslaughter of an elderly person or disabled adult, or aggravated manslaughter of a child.
- Section 782.071, F.S., relating to vehicular homicide.

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[1] Section 435.02(2), F.S., defines "employee" to mean any person required by law to be screened pursuant to this chapter, including, but not limited to, persons who are contractors, licensees, or volunteers.
[2] Chapter 435, F.S.
[3] The Dru Sjodin National Sex Offender Public Website is a U.S. government website that links public state, territorial, and tribal sex offender registries in one national search site. available at www.nsopw.gov (last visited Jan. 22, 2026).
[4] Florida Department of Law Enforcement, *State of Florida Criminal History Records Check*, http://www.fdle.state.fl.us/Criminal-History-Records/Florida-Checks.aspx (last visited Jan. 22, 2026).
[5] Section 435.04, F.S.
[6] Section 435.04(2), F.S.

- Section 782.09, F.S., relating to killing of an unborn child by injury to the mother.
- Chapter 784, F.S., relating to assault, battery, and culpable negligence, if the offense was a felony.
- Section 784.011, F.S., relating to assault, if the victim of the offense was a minor.
- Section 784.03, F.S., relating to battery, if the victim of the offense was a minor.
- Section 787.01, F.S., relating to kidnapping.
- Section 787.02, F.S., relating to false imprisonment.
- Section 787.025, F.S., relating to luring or enticing a child.
- Section 787.04(2), F.S., relating to taking, enticing, or removing a child beyond the state limits with criminal intent pending custody proceedings.
- Section 787.04(3), F.S., relating to carrying a child beyond the state lines with criminal intent to avoid producing a child at a custody hearing or delivering the child to the designated person.
- Section 790.115(1), F.S., relating to exhibiting firearms or weapons within 1,000 feet of a school.
- Section 790.115(2)(b), F.S., relating to possessing an electric weapon or device, destructive device, or other weapon on school property.
- Section 794.011, F.S., relating to sexual battery.
- Former s. 794.041, F.S., relating to prohibited acts of persons in familial or custodial authority.
- Section 794.05, F.S., relating to unlawful sexual activity with certain minors.
- Chapter 796, F.S., relating to prostitution.
- Section 798.02, F.S., relating to lewd and lascivious behavior.
- Chapter 800, F.S., relating to lewdness and indecent exposure.
- Section 806.01, F.S., relating to arson.
- Section 810.02, F.S., relating to burglary.
- Section 810.14, F.S., relating to voyeurism, if the offense is a felony.
- Section 810.145, F.S., relating to video voyeurism, if the offense is a felony.
- Chapter 812, F.S., relating to theft, robbery, and related crimes, if the offense is a felony.
- Section 817.563, F.S., relating to fraudulent sale of controlled substances, only if the offense was a felony.
- Section 825.102, F.S., relating to abuse, aggravated abuse, or neglect of an elderly person or disabled adult.
- Section 825.1025, F.S., relating to lewd or lascivious offenses committed upon or in the presence of an elderly person or disabled adult.
- Section 825.103, F.S., relating to exploitation of an elderly person or disabled adult, if the offense was a felony.
- Section 826.04, F.S., relating to incest.
- Section 827.03, F.S., relating to child abuse, aggravated child abuse, or neglect of a child.
- Section 827.04, F.S., relating to contributing to the delinquency or dependency of a child.
- Former s. 827.05, F.S., relating to negligent treatment of children.
- Section 827.071, F.S., relating to sexual performance by a child.
- Section 843.01, F.S., relating to resisting arrest with violence.
- Section 843.025, F.S., relating to depriving a law enforcement, correctional, or correctional probation officer of means of protection or communication.

- Section 843.12, F.S., relating to aiding in an escape.
- Section 843.13, F.S., relating to aiding in the escape of juvenile inmates in correctional institutions.
- Chapter 847, F.S., relating to obscene literature.
- Section 874.05, F.S., relating to encouraging or recruiting another to join a criminal gang.
- Chapter 893, F.S., relating to drug abuse prevention and control, only if the offense was a felony or if any other person involved in the offense was a minor.
- Section 916.1075, F.S., relating to sexual misconduct with certain forensic clients and reporting of such sexual misconduct.
- Section 944.35(3), F.S., relating to inflicting cruel or inhuman treatment on an inmate resulting in great bodily harm.
- Section 944.40, F.S., relating to escape.
- Section 944.46, F.S., relating to harboring, concealing, or aiding an escaped prisoner.
- Section 944.47, F.S., relating to introduction of contraband into a correctional facility.
- Section 985.701, F.S., relating to sexual misconduct in juvenile justice programs.
- Section 985.711, F.S., relating to contraband introduced into detention facilities.

Exemptions

Should a person be disqualified from employment due to failing a background screening, he or she may apply to the secretary of the appropriate agency for an exemption. Section 435.07, F.S., allows the secretary to exempt applicants from disqualification under certain circumstances, including:

- Felonies for which at least three years have elapsed since the applicant for the exemption has completed or been lawfully released from confinement, supervision, or nonmonetary condition imposed by the court for the disqualifying felony;
- Misdemeanors prohibited under any of the cited statutes or under similar statutes of other jurisdictions for which the applicant for the exemption has completed or been lawfully released from confinement, supervision, or nonmonetary condition imposed by the court;
- Offenses that were felonies when committed but that are now misdemeanors and for which the applicant for the exemption has completed or been lawfully released from confinement, supervision, or nonmonetary condition imposed by the court; or
- Findings of delinquency. For offenses that would be felonies if committed by an adult and the record has not been sealed or expunged, this exemption may not be granted until at least three years have elapsed since the applicant for the exemption has completed or been lawfully released from confinement, supervision, or nonmonetary condition imposed by the court for the disqualifying offense.

An individual who receives an exemption may be employed in a profession or workplace where background screening is statutorily required despite the disqualifying offense in that person's past. Certain criminal backgrounds, however, render a person ineligible for an exemption. A

person who is considered a sexual predator,[7] career offender,[8] or registered sexual offender[9] is not eligible for exemption.[10]

Care Provider Background Screening Clearinghouse

In 2012, the Legislature created the Care Provider Background Screening Clearinghouse to create a single program for screening individuals and to allow for the results of criminal history checks of persons acting as covered care providers to be shared among the specified agencies.[11] Current designated agencies participating in the Clearinghouse include:[12]

- The Agency for Health Care Administration (AHCA);
- The Department of Health (DOH);
- The Department of Children and Families (DCF);
- The Department of Elder Affairs (DOEA);
- The Agency for Persons with Disabilities (APD);
- The Department of Education (DOE);
- Regional workforce boards providing services as defined in s. 445.002(3), F.S.; and
- Local licensing agencies approved pursuant to s. 402.307, F.S., when these agencies are conducting state and national criminal history background screening on persons who work with children or persons who are elderly or disabled.

Employers whose employees and volunteers are screened through an agency participating in the Clearinghouse must maintain the status of individuals being screened and update the Clearinghouse regarding any employment changes within 10 business days of the change.[13]

The Clearinghouse allows for monitoring of new criminal history information through the federal Rap Back Service[14] which continually matches fingerprints against new arrests or convictions that occur after the individual was originally screened. Once a person's screening record is in the Clearinghouse, that person may avoid the need for any future state screenings and related fees for screenings, depending on the screening agencies or organizations.[15]

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[7] Section 775.21, F.S.
[8] Section 775.261, F.S.
[9] Section 943.0435, F.S.
[10] Section 435.07(4)(b), F.S.
[11] Chapter 2012-73, L.O.F.
[12] Section 435.02(5), F.S. Additional entities were added to the list of designated entities beginning in 2023; these entities include district units, special district units, the Florida School for the Deaf and Blind, the Florida Virtual School, virtual instruction programs, charter schools, hope operators, private schools participating in certain scholarship programs, and alternative schools. *See also*, ch. 2022-154, L.O.F.
[13] Section 435.12(2)(c), F.S.; Beginning January 1, 2024, employers must report changes in an employee's status within five business days for employees screened after January 1, 2024.
[14] The Rap Back Service is managed by the FBI's Criminal Justice Information Services Division. For more information, see the Federal Bureau of Investigation, Privacy Impact Assessment for the Next Generation Identification (NGI) Rap Back Service. available at https://www.fbi.gov/file-repository/pia-ngi-rap-back-service.pdf/view (last visited January 22, 2026).
[15] Agency for Health Care Administration, *Clearinghouse Renewals*, available at https://ahca.myflorida.com/MCHQ/Central_Services/Background_Screening/Renewals.shtml (last visited January 22, 2026). Fingerprints are retained for five years. Employers have an option to renew screenings at the end of the five-year period through a "Clearinghouse Renewal" process which allows employee's fingerprints to be retained without being re-fingerprinted.

Sealed and Expunged Criminal Records

Sections 943.0585 and 943.059, F.S., allow a person to petition a court to expunge or seal his or her criminal record, respectively. Among other effects of expunging or sealing a criminal record, those statutes allow the person to lawfully deny or fail to acknowledge the arrests covered by the expunged or sealed record except in certain specified circumstances. One such circumstance is when the person is seeking to be employed or licensed to contract with a list of state agencies that largely matches with the agencies included as specified agencies under s. 435.02(7), F.S.[16] Current law, however, does not prohibit a person from denying or failing to acknowledge arrests when seeking to be employed by a qualified entity.

Background Screening of Youth Athletic Team Coaches

An independent sanctioning authority is a private, non-governmental entity that organizes, operates, or coordinates a youth athletic team in Florida which includes one or more minors and is not affiliated with a private school.[17] Beginning July 1, 2026, an independent sanctioning authority must conduct a Level 2 background screening of each current and prospective athletic coach. The authority may not authorize any person to serve as an athletic coach[18] until a Level 2 screening has been conducted, and the screening does not result in his or her disqualification, unless the person satisfies the criteria for and is granted an exemption under s. 435.07. Beginning January 1, 2026, all sanctioning authorities must screen potential athletic coaches through the Clearinghouse.[19]

[16] Sections 943.0585(6)(b)5. and 943.059(6)(b)5., F.S.
[17] Sections 1002.01 and 943.0438(1)(b), F.S.
[18] "Athletic coach" means a person who is authorized by an independent sanctioning authority to work as a coach, assistant coach, or referee for whether for compensation or as a volunteer, for a youth athletic team in this state; and has direct contact with one or more minors on the youth athletic team. Section 943.0438(1)(a), F.S.
[19] Section 943.0438(2)(b), F.S.

III. Effect of Proposed Changes:

Section 1 amends s. 435.04, F.S., to add the following offenses to the list of disqualifying offenses under a Level 2 background screening:

- DUI manslaughter.
- Domestic violence[20]
- Offenses against intellectual property.
- Offenses against users of computers, computer systems, computer networks, and electronic devices.
- Animal cruelty.
- Making or having instruments and material for counterfeiting driver licenses or identification cards.
- Threats and extortion.
- Bribery.
- Contraband articles in county detention facilities.

Section 2 amends s. 435.12, F.S., to require the Agency for Health Care Administration (AHCA) to review and determine eligibility for all criminal history checks submitted by specified agencies, beginning July 1, 2028.[21] The bill also requires the Care Provider Background Screening Clearinghouse (Clearinghouse) to share eligibility determinations with specified agencies and provides that specified agencies and qualified entities are responsible for processing exemptions for disqualification.

Section 3 requires the amendments in Section 2 of the bill to be implemented by July 1, 2028, or as soon as practicable thereafter as determined by the AHCA.

Section 4 amends s. 943.0438, F.S., to specify that independent sanctioning authorities responsible for approving athletic coaches, are considered qualified entities for the purpose of background screening and to remove obsolete dates related to requiring athletic coaches to be background screened. The bill also specifies that persons who have not undergone a background check may serve as an athletic coach if he or she is under the direct supervision of an athletic coach who has been background screened.

Section 5 amends s. 943.0542, F.S., to require qualified entities[22] to designate a user administrator to act as a primary point of contact and to manage compliance with state and federal laws regarding the security and privacy of criminal history information. The bill allows qualified entities to designate additional authorized users with delegated authority to manage or access the system for the purpose of requesting and reviewing background screening information.

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[20] Domestic violence is already a disqualifying offense under current law; however, it was partitioned out into subsection (3) of s. 435.04, F.S. The bill brings domestic violence into subsection (2) with the other qualifying offenses. This change has the effect of applying domestic violence as a disqualifying offense for positions regulated by the Department of Education. *See* Agency for Health Care Administration, *Senate Bill 1168* (Jan. 28, 2026.) (on file with Senate Appropriations Committee on Health and Human Services).

[21] "Specified agencies" is defined in s. 435.02, F.S.

[22] As defined in s. 943.0542(1)(b), F.S.

Sections 6 and 7 amend ss. 943.0585 and 943.059, F.S., related to the expunction and sealing of criminal histories, respectively, to prohibit a person from denying or failing to acknowledge an arrest if the person is screened through the Clearinghouse by a specified agency or qualified entity regardless of whether the person's criminal record has been expunged or sealed.

Sections 8 and 9 amend ss. 44.407 and 501.9741, F.S., respectively, to conform cross references.

Sections 10 through 17 reenact ss. 397.487, 397.4871, 409.913, 435.03, 1012.22, 1012.315, 1012.797. and 1012.799, F.S., respectively, to incorporate changes made to s. 435.04, F.S., in the bill.

Section 18 provides the bill takes effect July 1, 2026.

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:

CS/SB 1168 may have an indeterminate negative fiscal impact on persons who may be disqualified for employment under the additional offenses added by the bill.

C. Government Sector Impact:

The bill will have an indeterminate net positive fiscal impact to state expenditures resulting from administrative savings generated by consolidating eligibility determination within one state agency.
The Agency for Health Care Administration (AHCA) estimates a need of 60 FTE ($4.3 million) to address the increased workload. However, as there are currently an estimated 125 positions responsible for background screening in other state agencies, offsetting reductions could meet or exceed the AHCA increase as the workload and staffing are reduced in those agencies.[23]

Due to the set 2028 consolidation implementation deadline, any fiscal impact will be delayed. The AHCA states that period prior to the deadline will be used to work with other agencies to analyze the operational and fiscal impacts and to determine any workload adjustments or fiscal realignments needed.[24]

There is no fiscal impact for adding disqualifying offences to the Level 2 background screening criteria.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 435.04, 435.12, 943.0438, 943.0542, 943.0585, 943.059, 44.407, 501.9741, 397.487, 397.4871, 409.913, 435.03, 1012.22, 1012.315, 1012.797, and 1012.799.

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 January 26, 2026:
The committee substitute prohibits persons screened through the Care Provider Background Screening Clearinghouse by certain entities from denying or failing to acknowledge arrests regardless of whether their records have been expunged or sealed.

[23] Agency for Health Care Administration, *Senate Bill 1168* (Jan. 28, 2026.) (on file with Senate Appropriations Committee on Health and Human Services).
[24] Agency for Health Care Administration, *Senate Bill 1168* (Jan. 29, 2026.)(on file with Senate Appropriations Committee on Health and Human Services).

B. Amendments:

None.

By the Committee on Health Policy; and Senator Grall

588-02202-26 20261168c1

A bill to be entitled

An act relating to background screenings; amending s. 435.04, F.S.; specifying additional disqualifying offenses under the background screening requirements for certain persons; amending s. 435.12, F.S.; requiring the Agency for Health Care Administration, beginning on a specified date or as soon as practicable thereafter, to review and determine eligibility for all criminal history checks submitted to the Care Provider Background Screening Clearinghouse by specified agencies; requiring the clearinghouse to share eligibility determinations with specified agencies; requiring specified agencies and qualified entities to process exemptions from disqualification pursuant to a specified provision; requiring the implementation of a specified provision of the act by a specified date, or as soon as practicable thereafter as determined by the agency; amending s. 943.0438, F.S.; making a technical change; providing that, beginning on a specified date, an independent sanctioning authority is considered a qualified entity for the purpose of participating in the clearinghouse; authorizing a person who has not undergone certain background screening to act as an athletic coach if he or she is under the direct supervision of an athletic coach who meets certain background screening requirements; reenacting and amending s. 943.0542, F.S.; requiring qualified entities conducting background criminal history checks

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to designate a user administrator for a specified purpose; authorizing such qualified entities to designate additional authorized users with certain delegated authority; authorizing the clearinghouse, beginning on a specified date, to provide national criminal history record information to qualified entities, rather than only under certain circumstances; amending ss. 943.0585 and 943.059, F.S.; prohibiting certain persons from denying or failing to acknowledge certain criminal history records that have been expunged or sealed, respectively; amending ss. 44.407 and 501.9741, F.S.; conforming cross-references; reenacting ss. 397.487(6) and (8)(d), 397.4871(5) and (6)(b), 409.913(13), 435.03(2), 1012.22(1)(j), 1012.315(1), 1012.797, and 1012.799(2), F.S., relating to voluntary certification of recovery residences; recovery residence administrator certification; oversight of the integrity of the Medicaid program; level 1 screening standards; public school personnel and powers and duties of the district school board; screening standards; notification of certain charges against employees; and reporting and self-reporting certain offenses, respectively, to incorporate the amendment made to s. 435.04, F.S., in references thereto; providing an effective date.

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

Section 1. Subsections (2) and (3) of section 435.04, Florida Statutes, are amended to read:

435.04 Level 2 screening standards.—

(2) The security background investigations under this section must ensure that persons subject to this section have not been arrested for and are awaiting final disposition of; have not been found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to; or have not been adjudicated delinquent and the record has not been sealed or expunged for, any offense prohibited under any of the following provisions of state law or similar law of another jurisdiction:

(a) Section 39.205, relating to the failure to report child abuse, abandonment, or neglect.

(b) Section 316.193(3)(c)3., relating to DUI manslaughter.

(c) Section 393.135, relating to sexual misconduct with certain developmentally disabled clients and reporting of such sexual misconduct.

(d) ~~(c)~~ Section 394.4593, relating to sexual misconduct with certain mental health patients and reporting of such sexual misconduct.

(e) ~~(d)~~ Section 414.39, relating to fraud, if the offense was a felony.

(f) ~~(e)~~ Section 415.111, relating to adult abuse, neglect, or exploitation of aged persons or disabled adults.

(g) Section 741.28, relating to domestic violence.

(h) ~~(f)~~ Section 777.04, relating to attempts, solicitation, and conspiracy to commit an offense listed in this subsection.

(i) ~~(g)~~ Section 782.04, relating to murder.

(j) ~~(h)~~ Section 782.07, relating to manslaughter, aggravated

manslaughter of an elderly person or disabled adult, or aggravated manslaughter of a child.

(k) ~~(i)~~ Section 782.071, relating to vehicular homicide.

(l) ~~(j)~~ Section 782.09, relating to killing of an unborn child by injury to the mother.

(m) ~~(k)~~ Chapter 784, relating to assault, battery, and culpable negligence, if the offense was a felony.

(n) ~~(l)~~ Section 784.011, relating to assault, if the victim of the offense was a minor.

(o) ~~(m)~~ Section 784.021, relating to aggravated assault.

(p) ~~(n)~~ Section 784.03, relating to battery, if the victim of the offense was a minor.

(q) ~~(o)~~ Section 784.045, relating to aggravated battery.

(r) ~~(p)~~ Section 784.075, relating to battery on staff of a detention or commitment facility or on a juvenile probation officer.

(s) ~~(q)~~ Section 787.01, relating to kidnapping.

(t) ~~(r)~~ Section 787.02, relating to false imprisonment.

(u) ~~(s)~~ Section 787.025, relating to luring or enticing a child.

(v) ~~(t)~~ Section 787.04(2), relating to taking, enticing, or removing a child beyond the state limits with criminal intent pending custody proceedings.

(w) ~~(u)~~ Section 787.04(3), relating to carrying a child beyond the state lines with criminal intent to avoid producing a child at a custody hearing or delivering the child to the designated person.

(x) ~~(v)~~ Section 787.06, relating to human trafficking.

(y) ~~(w)~~ Section 787.07, relating to human smuggling.

(z) ~~(x)~~ Section 790.115(1), relating to exhibiting firearms or weapons within 1,000 feet of a school.

(aa) ~~(y)~~ Section 790.115(2)(b), relating to possessing an electric weapon or device, destructive device, or other weapon on school property.

(bb) ~~(z)~~ Section 794.011, relating to sexual battery.

(cc) ~~(aa)~~ Former s. 794.041, relating to prohibited acts of persons in familial or custodial authority.

(dd) ~~(bb)~~ Section 794.05, relating to unlawful sexual activity with certain minors.

(ee) ~~(cc)~~ Section 794.08, relating to female genital mutilation.

(ff) ~~(dd)~~ Chapter 796, relating to prostitution.

(gg) ~~(ee)~~ Section 798.02, relating to lewd and lascivious behavior.

(hh) ~~(ff)~~ Chapter 800, relating to lewdness and indecent exposure and offenses against students by authority figures.

(ii) ~~(gg)~~ Section 806.01, relating to arson.

(jj) ~~(hh)~~ Section 810.02, relating to burglary.

(kk) ~~(ii)~~ Section 810.14, relating to voyeurism, if the offense is a felony.

(ll) ~~(jj)~~ Section 810.145, relating to digital voyeurism, if the offense is a felony.

(mm) ~~(kk)~~ Chapter 812, relating to theft, robbery, and related crimes, if the offense is a felony.

(nn) Section 815.04, relating to offenses against intellectual property.

(oo) Section 815.06, relating to offenses against users of computers, computer systems, computer networks, and electronic

devices.

(pp) ~~(ll)~~ Section 817.563, relating to fraudulent sale of controlled substances, only if the offense was a felony.

(qq) ~~(mm)~~ Section 825.102, relating to abuse, aggravated abuse, or neglect of an elderly person or disabled adult.

(rr) ~~(nn)~~ Section 825.1025, relating to lewd or lascivious offenses committed upon or in the presence of an elderly person or disabled adult.

(ss) ~~(oo)~~ Section 825.103, relating to exploitation of an elderly person or disabled adult, if the offense was a felony.

(tt) ~~(pp)~~ Section 826.04, relating to incest.

(uu) ~~(qq)~~ Section 827.03, relating to child abuse, aggravated child abuse, or neglect of a child.

(vv) ~~(rr)~~ Section 827.04, relating to contributing to the delinquency or dependency of a child.

(ww) ~~(ss)~~ Former s. 827.05, relating to negligent treatment of children.

(xx) ~~(tt)~~ Section 827.071, relating to sexual performance by a child.

(yy) Chapter 828, relating to animal cruelty.

(zz) Section 831.29, relating to making or having instruments and material for counterfeiting driver licenses or identification cards.

(aaa) ~~(uu)~~ Section 831.311, relating to the unlawful sale, manufacture, alteration, delivery, uttering, or possession of counterfeit-resistant prescription blanks for controlled substances.

(bbb) Section 836.05, relating to threats and extortion.

(ccc) ~~(vv)~~ Section 836.10, relating to written or electronic

threats to kill, do bodily injury, or conduct a mass shooting or an act of terrorism.

(ddd) Section 838.015, relating to bribery.

(eee) ~~(ww)~~ Section 843.01, relating to resisting arrest with violence.

(fff) ~~(xx)~~ Section 843.025, relating to depriving a law enforcement, correctional, or correctional probation officer means of protection or communication.

(ggg) ~~(yy)~~ Section 843.12, relating to aiding in an escape.

(hhh) ~~(zz)~~ Section 843.13, relating to aiding in the escape of juvenile inmates in correctional institutions.

(iii) ~~(aaa)~~ Chapter 847, relating to obscene literature.

(jjj) ~~(bbb)~~ Section 859.01, relating to poisoning food or water.

(kkk) ~~(ccc)~~ Section 873.01, relating to the prohibition on the purchase or sale of human organs and tissue.

(lll) ~~(ddd)~~ Section 874.05, relating to encouraging or recruiting another to join a criminal gang.

(mmm) ~~(eee)~~ Chapter 893, relating to drug abuse prevention and control, only if the offense was a felony or if any other person involved in the offense was a minor.

(nnn) ~~(fff)~~ Section 916.1075, relating to sexual misconduct with certain forensic clients and reporting of such sexual misconduct.

(ooo) ~~(ggg)~~ Section 944.35(3), relating to inflicting cruel or inhuman treatment on an inmate resulting in great bodily harm.

(ppp) ~~(hhh)~~ Section 944.40, relating to escape.

(qqq) ~~(iii)~~ Section 944.46, relating to harboring,

concealing, or aiding an escaped prisoner.

(rrr) ~~(jjj)~~ Section 944.47, relating to introduction of contraband into a correctional facility.

(sss) Section 951.22, relating to contraband articles in county detention facilities.

(ttt) ~~(kkk)~~ Section 985.701, relating to sexual misconduct in juvenile justice programs.

(uuu) ~~(lll)~~ Section 985.711, relating to contraband introduced into detention facilities.

~~(3) The security background investigations under this section must ensure that no person subject to this section has been arrested for and is awaiting final disposition of, been found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to, any offense that constitutes domestic violence as defined in s. 741.28, whether such act was committed in this state or in another jurisdiction.~~

Section 2. Subsection (1) of section 435.12, Florida Statutes, is amended to read:

435.12 Care Provider Background Screening Clearinghouse.—

(1) The Agency for Health Care Administration in consultation with the Department of Law Enforcement shall create a secure web-based system, which shall be known as the "Care Provider Background Screening Clearinghouse" or "clearinghouse." The clearinghouse must allow the results of criminal history checks provided to the specified agencies and, beginning January 1, 2026, or a later date as determined by the Agency for Health Care Administration, to qualified entities participating in the clearinghouse for screening of persons qualified as care providers under s. 943.0542 to be shared among the specified

agencies and qualified entities when a person has applied to volunteer, be employed, be licensed, enter into a contract, or has an affiliation that allows or requires a state and national fingerprint-based criminal history check. Beginning January 1, 2025, or a later date as determined by the Agency for Health Care Administration, the Agency for Health Care Administration shall review and determine eligibility for all criminal history checks submitted to the clearinghouse for the Department of Education. The clearinghouse shall share eligibility determinations with the Department of Education and the qualified entities. Beginning July 1, 2028, or as soon as practicable thereafter as determined by the Agency for Health Care Administration, the Agency for Health Care Administration shall review and determine eligibility for all criminal history checks submitted to the clearinghouse by specified agencies as defined in s. 435.02. The clearinghouse shall share eligibility determinations with the specified agencies. Each specified agency and qualified entity is responsible for processing exemptions from disqualification pursuant to s. 435.07. The Agency for Health Care Administration and the Department of Law Enforcement may adopt rules to create forms or implement procedures needed to carry out this section.

Section 3. The amendments made by this act to s. 435.12(1), Florida Statutes, must be implemented by July 1, 2028, or as soon as practicable thereafter as determined by the Agency for Health Care Administration.

Section 4. Paragraph (a) of subsection (1) and paragraphs (a), (b), and (d) of subsection (2) of section 943.0438, Florida Statutes, are amended, and subsection (5) is added to that

section, to read:

943.0438 Athletic coaches for independent sanctioning authorities.—

(1) As used in this section, the term:

(a) "Athletic coach" means a person who:

1. Is authorized by an independent sanctioning authority to work as a coach, an assistant coach, a manager, or a referee, whether for compensation or as a volunteer, for a youth athletic team based in this state; and

2. Has direct contact with one or more minors on the youth athletic team.

(2) An independent sanctioning authority shall:

(a) Effective July 1, 2026:~~,~~

1. Conduct a level 2 background screening under s. 435.04 of each current and prospective athletic coach. The authority may not delegate this responsibility to an individual team and may not authorize any person to act as an athletic coach unless a level 2 background screening is conducted and does not result in disqualification under subparagraph 3 ~~paragraph (b)~~.

2.~~(b)1.~~ Be considered a ~~Before January 1, 2026, or a later date as determined by the Agency for Health Care Administration for the participation of~~ qualified entity for purposes of participating ~~entities~~ in the Care Provider Background Screening Clearinghouse under s. 435.12~~, disqualify any person from acting as an athletic coach as provided in s. 435.04~~. ~~The authority may allow a person disqualified under this subparagraph to act as an athletic coach if it determines that the person meets the requirements for an exemption from disqualification under s. 435.07.~~

3.~~2. On or after January 1, 2026, or a later date as determined by the Agency for Health Care Administration,~~ Not allow a ~~any~~ person to act as an athletic coach if he or she does not pass the background screening qualifications in s. 435.04. The authority may allow a person disqualified under this subparagraph to act as an athletic coach if the person has successfully completed the exemption from the disqualification process under s. 435.07.

(c)~~(d)~~ Maintain for at least 5 years documentation of:

1. The results for each person screened under subparagraph (a)1. ~~paragraph (a)~~; and

2. The written notice of disqualification provided to each person under paragraph (b) ~~(c)~~.

(5) Notwithstanding paragraph (2)(a), a person who has not undergone background screening pursuant to this section may act as an athletic coach if he or she is under the direct supervision of an athletic coach who meets the background screening requirements of this section.

Section 5. Paragraph (a) of subsection (2) and subsection (4) of section 943.0542, Florida Statutes, are amended, and subsection (5) of that section is reenacted, to read:

943.0542 Access to criminal history information provided by the department to qualified entities.—

(2)(a) A qualified entity conducting background criminal history checks under this section must:

1. Register with the department before submitting a request for screening under this section. Each such request must be voluntary and conform to the requirements established in the National Child Protection Act of 1993, as amended. As a part of

the registration, the qualified entity must agree to comply with state and federal law and must so indicate by signing an agreement approved by the department. The qualified entity shall designate a user administrator to act as the primary point of contact and to manage compliance with state and federal laws regarding the security and privacy of criminal history information. The qualified entity may designate additional authorized users with delegated authority to manage or access the system for the purpose of requesting and reviewing background screening information pursuant to this section. The department shall periodically audit qualified entities to ensure compliance with federal law and this section.

2. Before January 1, 2026, or a later date as determined by the Agency for Health Care Administration, submit to the department, and effective January 1, 2026, or a later date as determined by the Agency for Health Care Administration, submit to the agency a request for screening an employee or volunteer or person applying to be an employee or volunteer by submitting fingerprints, or the request may be submitted electronically. The qualified entity must maintain a signed waiver allowing the release of the state and national criminal history record information to the qualified entity.

(4) The national criminal history data is available to qualified entities to use only for the purpose of screening employees and volunteers or persons applying to be an employee or volunteer with a qualified entity. Through December 31, 2026, or a later date as determined by the Agency for Health Care Administration, the department shall provide this national criminal history record information directly to the qualified

entity as authorized by the written waiver required for submission of a request. Effective January 1, 2026, or a later date as determined by the Agency for Health Care Administration, the Care Provider Background Screening Clearinghouse may provide such record information to the qualified entity ~~only if the person requests an exemption from the qualified entity under s. 435.07~~.

(5) The entity making the determination regarding screening shall apply the criteria under s. 435.04(2) to the state and national criminal history record information received from the department for those persons subject to screening. The determination whether the criminal history record shows that the employee or volunteer has not been arrested for and is awaiting final disposition of, regardless of adjudication, or entered a plea of nolo contendere or guilty to, or has been adjudicated delinquent and the record has not been sealed or expunged for, any offense listed under s. 435.02(2) shall be made by the qualified entity through December 31, 2025, or a later date as determined by the Agency for Health Care Administration. Beginning January 1, 2026, or a later date as determined by the Agency for Health Care Administration, the Agency for Health Care Administration shall determine the eligibility of the employee or volunteer of a qualified entity. This section does not require the department to make such a determination on behalf of any qualified entity.

Section 6. Paragraph (b) of subsection (6) of section 943.0585, Florida Statutes, is amended to read:

943.0585 Court-ordered expunction of criminal history records.—

(6) EFFECT OF EXPUNCTION ORDER.—

(b) The person who is the subject of a criminal history record that is expunged under this section or under other provisions of law, including former ss. 893.14, 901.33, and 943.058, may lawfully deny or fail to acknowledge the arrests covered by the expunged record, except when the subject of the record:

1. Is a candidate for employment with a criminal justice agency;

2. Is a defendant in a criminal prosecution;

3. Concurrently or subsequently petitions for relief under this section, s. 943.0583, or s. 943.059;

4. Is a candidate for admission to The Florida Bar;

5. Is seeking to be employed or licensed by or to contract with the Department of Children and Families, the Division of Vocational Rehabilitation within the Department of Education, the Agency for Health Care Administration, the Agency for Persons with Disabilities, the Department of Health, the Department of Elderly Affairs, or the Department of Juvenile Justice or to be employed or used by such contractor or licensee in a sensitive position having direct contact with children, the disabled, or the elderly;

6.a. Is seeking to be employed or licensed by, or contract with, the Department of Education, any district unit under s. 1001.30, any special district unit under s. 1011.24, the Florida School for the Deaf and the Blind under s. 1002.36, the Florida Virtual School under s. 1002.37, any virtual instruction program under s. 1002.45, any charter school under s. 1002.33, any hope operator under s. 1002.333, any alternative school under s.

1008.341, any private or parochial school, or any local governmental entity that licenses child care facilities;

b. Is seeking to be employed or used by a contractor or licensee under sub-subparagraph a.; or

c. Is a person screened under s. 1012.467;

7. Is seeking to be licensed by the Division of Insurance Agent and Agency Services within the Department of Financial Services; ~~or~~

8. Is seeking to be appointed as a guardian pursuant to s. 744.3125; or

9. Is a person screened through the Care Provider Background Screening Clearinghouse by a specified agency or qualified entity pursuant to s. 435.12.

Section 7. Paragraph (b) of subsection (6) of section 943.059, Florida Statutes, is amended to read:

943.059 Court-ordered sealing of criminal history records.—

(6) EFFECT OF ORDER.—

(b) The subject of the criminal history record sealed under this section or under other provisions of law, including former ss. 893.14, 901.33, and 943.058, may lawfully deny or fail to acknowledge the arrests covered by the sealed record, except when the subject of the record:

1. Is a candidate for employment with a criminal justice agency;

2. Is a defendant in a criminal prosecution;

3. Concurrently or subsequently petitions for relief under this section, s. 943.0583, or s. 943.0585;

4. Is a candidate for admission to The Florida Bar;

5. Is seeking to be employed or licensed by or to contract

with the Department of Children and Families, the Division of Vocational Rehabilitation within the Department of Education, the Agency for Health Care Administration, the Agency for Persons with Disabilities, the Department of Health, the Department of Elderly Affairs, or the Department of Juvenile Justice or to be employed or used by such contractor or licensee in a sensitive position having direct contact with children, the disabled, or the elderly;

6.a. Is seeking to be employed or licensed by, or contract with, the Department of Education, a district unit under s. 1001.30, a special district unit under s. 1011.24, the Florida School for the Deaf and the Blind under s. 1002.36, the Florida Virtual School under s. 1002.37, a virtual instruction program under s. 1002.45, a charter school under s. 1002.33, a hope operator under s. 1002.333, an alternative school under s. 1008.341, a private or parochial school, or a local governmental entity that licenses child care facilities;

b. Is seeking to be employed or used by a contractor or licensee under sub-subparagraph a.; or

c. Is a person screened under s. 1012.467;

7. Is attempting to purchase a firearm from a licensed importer, licensed manufacturer, or licensed dealer and is subject to a criminal history check under state or federal law;

8. Is seeking to be licensed by the Division of Insurance Agent and Agency Services within the Department of Financial Services;

9. Is seeking to be appointed as a guardian pursuant to s. 744.3125; ~~or~~

10. Is seeking to be licensed by the Bureau of License

Issuance of the Division of Licensing within the Department of Agriculture and Consumer Services to carry a concealed weapon or concealed firearm. This subparagraph applies only in the determination of an applicant's eligibility under s. 790.06; or

11. Is a person screened through the Care Provider Background Screening Clearinghouse by a specified agency or qualified entity pursuant to s. 435.12.

Section 8. Paragraph (a) of subsection (5) of section 44.407, Florida Statutes, is amended to read:

44.407 Elder-focused dispute resolution process.—

(5) QUALIFICATIONS FOR ELDERCARING COORDINATORS.—

(a) The court shall appoint qualified eldercaring coordinators who:

1. Meet one of the following professional requirements:

a. Are licensed as a mental health professional under chapter 491 and hold at least a master's degree in the professional field of practice;

b. Are licensed as a psychologist under chapter 490;

c. Are licensed as a physician under chapter 458 or chapter 459;

d. Are licensed as a nurse under chapter 464 and hold at least a master's degree;

e. Are certified by the Florida Supreme Court as a family mediator and hold at least a master's degree;

f. Are a member in good standing of The Florida Bar; or

g. Are a professional guardian as defined in s. 744.102(17) and hold at least a master's degree.

2. Have completed all of the following:

a. Three years of postlicensure or postcertification

practice;

b. A family mediation training program certified by the Florida Supreme Court; and

c. An eldercaring coordinator training program certified by the Florida Supreme Court. The training must total at least 44 hours and must include advanced tactics for dispute resolution of issues related to aging, illness, incapacity, or other vulnerabilities associated with elders, as well as elder, guardianship, and incapacity law and procedures and less restrictive alternatives to guardianship; phases of eldercaring coordination and the role and functions of an eldercaring coordinator; the elder's role within eldercaring coordination; family dynamics related to eldercaring coordination; eldercaring coordination skills and techniques; multicultural competence and its use in eldercaring coordination; at least 6 hours of the implications of elder abuse, neglect, and exploitation and other safety issues pertinent to the training; at least 4 hours of ethical considerations pertaining to the training; use of technology within eldercaring coordination; and court-specific eldercaring coordination procedures. Pending certification of a training program by the Florida Supreme Court, the eldercaring coordinator must document completion of training that satisfies the hours and the elements prescribed in this sub-subparagraph.

3. Have successfully passed a level 2 background screening as provided in s. 435.04(2) ~~and (3)~~ or are exempt from disqualification under s. 435.07. The prospective eldercaring coordinator must submit a full set of fingerprints to the court or to a vendor, entity, or agency authorized by s. 943.053(13). The court, vendor, entity, or agency shall forward the

fingerprints to the Department of Law Enforcement for state processing, and the Department of Law Enforcement shall forward the fingerprints to the Federal Bureau of Investigation for national processing. The prospective eldercaring coordinator shall pay the fees for state and federal fingerprint processing. The state cost for fingerprint processing shall be as provided in s. 943.053(3)(e) for records provided to persons or entities other than those specified as exceptions therein.

4. Have not been a respondent in a final order granting an injunction for protection against domestic, dating, sexual, or repeat violence or stalking or exploitation of an elder or a disabled person.

5. Have met any additional qualifications the court may require to address issues specific to the parties.

Section 9. Subsection (5) of section 501.9741, Florida Statutes, is amended to read:

501.9741 Assisting in veterans' benefits matters.—

(5) BACKGROUND SCREENING.—A provider must ensure that all individuals who directly assist a veteran in a veterans' benefits matter complete a level 2 background screening that screens for any offenses identified in s. 408.809(4) or s. 435.04(2)(e), (f), or (ss) or (3) ~~s. 435.04(2)(d), (c), or (oo) or (4)~~ before entering into any agreement with a veteran for veterans' benefits matters. An individual must submit a full set of fingerprints to the Department of Law Enforcement or to a vendor, entity, or agency authorized by s. 943.053(13), which shall forward the fingerprints to the Department of Law Enforcement for state processing. The Department of Veterans' Affairs shall transmit the background screening results to the

provider, which results must indicate whether an individual's background screening contains any of the offenses listed in this subsection. Fees for state and federal fingerprint processing must be borne by the provider or individual. The state cost for fingerprint processing is as provided in s. 943.053(3)(e). This subsection does not imply endorsement, certification, or regulation of providers by the Department of Veterans' Affairs.

Section 10. For the purpose of incorporating the amendment made by this act to section 435.04, Florida Statutes, in references thereto, subsection (6) and paragraph (d) of subsection (8) of section 397.487, Florida Statutes, are reenacted to read:

397.487 Voluntary certification of recovery residences.—

(6) All owners, directors, and chief financial officers of an applicant recovery residence are subject to level 2 background screening as provided under s. 408.809 and chapter 435. A recovery residence is ineligible for certification, and a credentialing entity shall deny a recovery residence's application, if any owner, director, or chief financial officer has been found guilty of, or has entered a plea of guilty or nolo contendere to, regardless of adjudication, any offense listed in s. 408.809(4) or s. 435.04(2) unless the department has issued an exemption under s. 435.07. Exemptions from disqualification applicable to service provider personnel pursuant to s. 397.4073 or s. 435.07 shall apply to this subsection. In accordance with s. 435.04, the department shall notify the credentialing agency of an owner's, director's, or chief financial officer's eligibility based on the results of his or her background screening.

(8) Onsite followup monitoring of a certified recovery residence may be conducted by the credentialing entity to determine continuing compliance with certification requirements. The credentialing entity shall inspect each certified recovery residence at least annually to ensure compliance.

(d) If any owner, director, or chief financial officer of a certified recovery residence is arrested and awaiting disposition for or found guilty of, or enters a plea of guilty or nolo contendere to, regardless of whether adjudication is withheld, any offense listed in s. 435.04(2) while acting in that capacity, the certified recovery residence must immediately remove the person from that position and notify the credentialing entity within 3 business days after such removal. The credentialing entity must revoke the certificate of compliance of a certified recovery residence that fails to meet these requirements.

Section 11. For the purpose of incorporating the amendment made by this act to section 435.04, Florida Statutes, in references thereto, subsection (5) and paragraph (b) of subsection (6) of section 397.4871, Florida Statutes, are reenacted to read:

397.4871 Recovery residence administrator certification.—

(5) All applicants are subject to level 2 background screening as provided under chapter 435. An applicant is ineligible, and a credentialing entity shall deny the application, if the applicant has been found guilty of, or has entered a plea of guilty or nolo contendere to, regardless of adjudication, any offense listed in s. 408.809 or s. 435.04(2) unless the department has issued an exemption under s. 435.07.

Exemptions from disqualification applicable to service provider personnel pursuant to s. 397.4073 or s. 435.07 shall apply to this subsection. In accordance with s. 435.04, the department shall notify the credentialing agency of the applicant's eligibility based on the results of his or her background screening.

(6) The credentialing entity shall issue a certificate of compliance upon approval of a person's application. The certification shall automatically terminate 1 year after issuance if not renewed.

(b) If a certified recovery residence administrator of a recovery residence is arrested and awaiting disposition for or found guilty of, or enters a plea of guilty or nolo contendere to, regardless of whether adjudication is withheld, any offense listed in s. 435.04(2) while acting in that capacity, the certified recovery residence must immediately remove the person from that position and notify the credentialing entity within 3 business days after such removal. The certified recovery residence shall retain a certified recovery residence administrator within 90 days after such removal. The credentialing entity must revoke the certificate of compliance of any recovery residence that fails to meet these requirements.

Section 12. For the purpose of incorporating the amendment made by this act to section 435.04, Florida Statutes, in a reference thereto, subsection (13) of section 409.913, Florida Statutes, is reenacted to read:

409.913 Oversight of the integrity of the Medicaid program.—The agency shall operate a program to oversee the activities of Florida Medicaid recipients, and providers and

their representatives, to ensure that fraudulent and abusive behavior and neglect of recipients occur to the minimum extent possible, and to recover overpayments and impose sanctions as appropriate. Each January 15, the agency and the Medicaid Fraud Control Unit of the Department of Legal Affairs shall submit a report to the Legislature documenting the effectiveness of the state's efforts to control Medicaid fraud and abuse and to recover Medicaid overpayments during the previous fiscal year. The report must describe the number of cases opened and investigated each year; the sources of the cases opened; the disposition of the cases closed each year; the amount of overpayments alleged in preliminary and final audit letters; the number and amount of fines or penalties imposed; any reductions in overpayment amounts negotiated in settlement agreements or by other means; the amount of final agency determinations of overpayments; the amount deducted from federal claiming as a result of overpayments; the amount of overpayments recovered each year; the amount of cost of investigation recovered each year; the average length of time to collect from the time the case was opened until the overpayment is paid in full; the amount determined as uncollectible and the portion of the uncollectible amount subsequently reclaimed from the Federal Government; the number of providers, by type, that are terminated from participation in the Medicaid program as a result of fraud and abuse; and all costs associated with discovering and prosecuting cases of Medicaid overpayments and making recoveries in such cases. The report must also document actions taken to prevent overpayments and the number of providers prevented from enrolling in or reenrolling in the

Medicaid program as a result of documented Medicaid fraud and abuse and must include policy recommendations necessary to prevent or recover overpayments and changes necessary to prevent and detect Medicaid fraud. All policy recommendations in the report must include a detailed fiscal analysis, including, but not limited to, implementation costs, estimated savings to the Medicaid program, and the return on investment. The agency must submit the policy recommendations and fiscal analyses in the report to the appropriate estimating conference, pursuant to s. 216.137, by February 15 of each year. The agency and the Medicaid Fraud Control Unit of the Department of Legal Affairs each must include detailed unit-specific performance standards, benchmarks, and metrics in the report, including projected cost savings to the state Medicaid program during the following fiscal year.

(13) The agency shall terminate participation of a Medicaid provider in the Medicaid program and may seek civil remedies or impose other administrative sanctions against a Medicaid provider, if the provider or any principal, officer, director, agent, managing employee, or affiliated person of the provider, or any partner or shareholder having an ownership interest in the provider equal to 5 percent or greater, has been convicted of a criminal offense under federal law or the law of any state relating to the practice of the provider's profession, or a criminal offense listed under s. 408.809(4), s. 409.907(10), or s. 435.04(2). If the agency determines that the provider did not participate or acquiesce in the offense, termination will not be imposed. If the agency effects a termination under this subsection, the agency shall take final agency action.

Section 13. For the purpose of incorporating the amendment made by this act to section 435.04, Florida Statutes, in a reference thereto, subsection (2) of section 435.03, Florida Statutes, is reenacted to read:

435.03 Level 1 screening standards.—

(2) Any person required by law to be screened pursuant to this section must not have an arrest awaiting final disposition, must not have been found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to, and must not have been adjudicated delinquent and the record has not been sealed or expunged for, any offense prohibited under s. 435.04(2) or similar law of another jurisdiction.

Section 14. For the purpose of incorporating the amendment made by this act to section 435.04, Florida Statutes, in a reference thereto, paragraph (j) of subsection (1) of section 1012.22, Florida Statutes, is reenacted to read:

1012.22 Public school personnel; powers and duties of the district school board.—The district school board shall:

(1) Designate positions to be filled, prescribe qualifications for those positions, and provide for the appointment, compensation, promotion, suspension, and dismissal of employees as follows, subject to the requirements of this chapter:

(j) *Temporary removal from the classroom.*—The district school board shall adopt a policy temporarily removing instructional personnel from the classroom within 24 hours after a notification by law enforcement or a self-reporting employee of his or her arrest for a felony offense or for a misdemeanor offense listed in s. 435.04(2).

Section 15. For the purpose of incorporating the amendment made by this act to section 435.04, Florida Statutes, in a reference thereto, subsection (1) of section 1012.315, Florida Statutes, is reenacted to read:

1012.315 Screening standards.—

(1) A person is ineligible for educator certification or employment in any position that requires direct contact with students in a district school system, a charter school, or a private school that participates in a state scholarship program under chapter 1002, which includes being an owner or operator of a private school that participates in a scholarship program under chapter 1002, if the person:

(a) Is on the disqualification list maintained by the department under s. 1001.10(4)(b);

(b) Is registered as a sex offender as described in 42 U.S.C. s. 9858f(c)(1)(C);

(c) Is ineligible based on a security background investigation under s. 435.04(2). The Agency for Health Care Administration shall determine the eligibility of employees in any position that requires direct contact with students in a district school system, a charter school, or a private school that participates in a state scholarship program under chapter 1002;

(d) Would be ineligible for an exemption under s. 435.07(4)(c); or

(e) Has been convicted or found guilty of, has had adjudication withheld for, or has pled guilty or nolo contendere to:

1. Any criminal act committed in another state or under

federal law which, if committed in this state, constitutes a disqualifying offense under s. 435.04(2).

2. Any delinquent act committed in this state or any delinquent or criminal act committed in another state or under federal law which, if committed in this state, qualifies an individual for inclusion on the Registered Juvenile Sex Offender List under s. 943.0435(1)(h)1.d.

Section 16. For the purpose of incorporating the amendment made by this act to section 435.04, Florida Statutes, in a reference thereto, section 1012.797, Florida Statutes, is reenacted to read:

1012.797 Notification of certain charges against employees.—Notwithstanding s. 985.04(7) or any other law to the contrary, a law enforcement agency shall, within 48 hours, notify the appropriate district school superintendent, charter school governing board, private school owner or administrator, president of the Florida School for the Deaf and the Blind, or university lab schools director or principal, as applicable, when its employee is arrested for a felony or a misdemeanor involving an offense listed in s. 435.04(2), the abuse of a minor child, or the sale or possession of a controlled substance. The notification must include the specific charge for which the employee of the school district was arrested. Notwithstanding ss. 1012.31(3)(a)1. and 1012.796(4), within 24 hours after such notification, the school principal or designee shall notify parents of enrolled students who had direct contact with the employee and include, at a minimum, the name and specific charges against the employee.

Section 17. For the purpose of incorporating the amendment

made by this act to section 435.04, Florida Statutes, in a reference thereto, subsection (2) of section 1012.799, Florida Statutes, is reenacted to read:

1012.799 Reporting and self-reporting certain offenses.—

(2) Instructional personnel and administrative personnel shall self-report within 48 hours to a school district authority, as determined by the district superintendent, any arrest for a felony offense or for a misdemeanor offense listed in s. 435.04(2). Such self-report is not considered an admission of guilt and is not admissible for any purpose in any proceeding, civil or criminal, administrative or judicial, investigatory or adjudicatory. In addition, instructional personnel and administrative personnel shall self-report any conviction, finding of guilt, withholding of adjudication, commitment to a pretrial diversion program, or entering of a plea of guilty or nolo contendere for any criminal offense other than a minor traffic violation within 48 hours after the final judgment. When handling sealed and expunged records disclosed under this rule, school districts must comply with the confidentiality provisions of ss. 943.0585(4)(c) and 943.059(4)(c).

Section 18. This act shall take effect July 1, 2026.

2026 AGENCY LEGISLATIVE BILL ANALYSIS

AGENCY: Agency for Health Care Administration

BILL INFORMATION	
BILL NUMBER:	SB 1168
BILL TITLE:	Background Screenings
BILL SPONSOR:	Sen. Grall
EFFECTIVE DATE:	7/1/2026

COMMITTEES OF REFERENCE
1) Health Policy
2) Appropriations Committee on Health and Human Services
3) Fiscal Policy
4)
5)

CURRENT COMMITTEE
Health Policy

SIMILAR BILLS	
BILL NUMBER:	
SPONSOR:	

PREVIOUS LEGISLATION	
BILL NUMBER:	
SPONSOR:	
YEAR:	

IDENTICAL BILLS	
BILL NUMBER:	HB 1069
SPONSOR:	Sen. Trabulsy

LAST ACTION:	

Is this bill part of an agency package?
Y ___ N _X_

BILL ANALYSIS INFORMATION	
DATE OF ANALYSIS:	01/28/2026
LEAD AGENCY ANALYST:	Jake Shanahan
ADDITIONAL ANALYST(S):	
LEGAL ANALYST:	
FISCAL ANALYST:	

POLICY ANALYSIS

1. EXECUTIVE SUMMARY

The bill seeks to strengthen the list of disqualifying offenses under sections 435.04(2) and 435.04(3), Florida Statutes (F.S.), by including additional crimes similar to those already listed, such as DUI-Manslaughter and domestic violence, to close existing loopholes. This change is intended to ensure a more comprehensive and enforceable framework, thereby protecting Florida's vulnerable population by preventing individuals with serious offenses from working in sensitive environments like schools and healthcare facilities.

The bill also amends section 435.12, F.S., allowing the Agency for Health Care Administration (AHCA) to review and process all criminal histories submitted to the Care Provider Background Screening Clearinghouse (Clearinghouse) and send eligibility determinations to specified agencies for further processing. This centralization aims to enhance the efficiency and effectiveness of the care provider background screening process, ultimately protecting Florida's vulnerable population.

This bill also seeks to modernize the care provider background screening process by centralizing screenings through the Clearinghouse under AHCA. The centralization aims to streamline the process, improve efficiency and communication, and reduce provider liability by maintaining real-time notifications of employee arrests. The integration of the Clearinghouse with the licensure systems of participating agencies will enable seamless display of eligibility decisions.

This bill removes the requirement for the Clearinghouse to only share the National Criminal History Data with the qualified entities when an individual applies for an exemption from disqualification. This now allows the Clearinghouse to share the National Criminal History Data with the qualified entity directly

The additional sections reenact various statutory provisions to ensure conformity and cross-reference updates. Additionally, the sections address the voluntary certification of recovery residences, certification of recovery residence administrators, Medicaid program integrity oversight, level 1 screening standards, public school personnel regulations, district school board powers and duties, screening standards, notification of charges against employees, and the reporting and self-reporting of certain offenses.

2. SUBSTANTIVE BILL ANALYSIS

1. PRESENT SITUATION:

The current list of disqualifying offenses in section 435.04(2), F.S., has been effective in preventing individuals with specific criminal backgrounds from working with Florida's vulnerable population. However, there have been cases where individuals with similar, unlisted offenses were eligible for employment. This loophole has allowed individuals with offenses such as DUI-Manslaughter, domestic violence, and other serious crimes to work in sensitive environments, including schools and healthcare facilities.

In addition to addressing the loopholes mentioned above, adding the proposed disqualifying offenses will further strengthen and improve safeguards for Florida's most vulnerable populations.

Currently, there are registered nurses, medical assistants, home health aides, mental health personnel, and other positions of trust on current rosters in the Clearinghouse that have been adjudicated guilty after unauthorized use of computers and computer systems and crimes against intellectual property. These individuals have access to patient medical information, as well as patient financial information.

These recent examples of some of the proposed offenses causing harm to Florida's citizens and vulnerable populations emphasize the need for more robust protections to be enacted by the Legislature. Currently, if screened to work in nursing homes, hospitals, schools, and other facilities regulated by Clearinghouse agencies, each of the perpetrators of these offenses would be eligible.

2025 - Bradenton, FL Emergency System hacked and user information was stolen.

2019 - Lake City, FL paid over $400,000 to recover information stolen in ransomware attack.

2024 – An individual was arrested in a wide-ranging extortion scheme targeting senior citizens in Florida.

These cases highlight the need to classify extortion and crimes against intellectual property and threats to extort. Particularly due to Florida's elderly population's susceptibility to these sorts of crimes. Stricter screening standards and comprehensive disqualification criteria are vital to safeguarding these populations.

As of January 8, 2025, 972 employees in the Clearinghouse are eligible to work with one or more of the newly proposed disqualifying offenses, 545 are currently working in regulated facilities. Additionally, 3,040 individuals with domestic violence in their criminal history are eligible under Department of Education standards, with 1,928 currently employed at schools. School Districts have voiced concern numerous times to the Agency regarding Domestic Violence, and its non-disqualifying status.

Section 435.12 (1), Florida Statutes, requires AHCA, in consultation with the Florida Department of Law Enforcement (FDLE), to create a secure web-based system called the Care Provider Background Screening Clearinghouse (Clearinghouse). The Clearinghouse provides a single data source for background screening results of persons required to be screened by law for employment in positions that provide services to children, the elderly, and disabled individuals. The system allows nine separate specified agencies to share criminal history results of individuals when applying for various licenses or employment in facilities regulated by the State.

The Clearinghouse has proven to be a major cost-saving initiative for the State, while also providing safeguards to protect the health and welfare of vulnerable populations. Since implementation began on January 1, 2013, the Clearinghouse has processed over 10 million screenings and has collectively saved providers and licensees over $200 million by sharing screenings through the Clearinghouse and reducing unnecessary and duplicative background checks.

Since its implementation, the Clearinghouse has received notification of over 448,000 individuals who were arrested after they were screened. Over 25% of those arrested went from Eligible to work with vulnerable individuals to Not Eligible.

In November of 2024, the Clearinghouse was modernized entirely to easily accommodate the centralization of all screenings under one agency, with minimal additional development required.

Since 2020, the number of screenings processed through the Clearinghouse has increased by over 34%. This upward trend is expected to continue as additional agencies, programs, and applicants are screened through the Clearinghouse.

Currently, there are approximately 200 positions across all specified agencies that assist in processing background screenings through the Clearinghouse. AHCA would only need 60 new positions to handle the entire workload presently managed by all other specified agencies. This significant potential reduction in state-wide background screening staffing of 100 positions could result in considerable savings for the state.

From 2020-2025, AHCA has processed 54% of all Clearinghouse screenings. During this period, AHCA has processed these screenings, with less than one-third of the total staff employed by all the specified agencies combined.

Agency	% of Total Screenings (Total Screenings 2020-2025)	% of Total Staff (# of Staff at Agency)	Turnaround Times (Days)
AHCA	54% (2,969,495)	29% (51)	3.43
DCF	22% (1,219,140)	47% (83)	13.97
DOH	14% (769,279)	16% (29)	23.68
DJJ	1% (66,407)	5.5% (9)	12.45
DOEA	3% (145,988)	1% (2)	2.09
APD	5% (302,634)	1% (2)	9.81
DOE-VR	0.2% (13,091)	0.5% (1)	15.73

As the parent of the Clearinghouse, AHCA receives phone calls and email communications for providers from other agencies and users of the Clearinghouse, in addition to its own regulated providers. AHCA's Background Screening Unit receives on average 600-800 calls per day. About 30% of these calls need to be routed to background screening units at other specified agencies. In conjunction with the directives of HB 531 (2025), AHCA successfully delivered a comprehensive Care Provider Background Screening and Awareness website for use by all agencies, providers and applicants, continuing to centralize these communications will enhance

the Clearinghouse's overall efficiency by facilitating improved communication and outreach to providers across all specified agencies by establishing a single centralized contact for background screening information.

Over the past 9 months, AHCA has tracked the number of calls to its background screening unit and their intended destination.

Calls for AHCA	Calls Rerouted to Other Agencies
70,907	35,177

2. EFFECT OF THE BILL:

Section 1 Impact:

The proposed language is to amend section 435.04(2), F.S. to include the following offenses:

- s. 316.193 (3)(C) 3, relating to DUI-Manslaughter.
- s. 741.28, relating to domestic violence.
- s. 815.04, relating to offenses against intellectual property; public records exemption.
- s. 815.06, relating to offenses against users of computers, computer systems, computer networks, and electronic devices.
- Chapter 828, relating to animal cruelty.
- s. 831.29, relating to making or having instruments and material for counterfeiting driver licenses or identification cards.
- s. 836.05, relating to threats; extortion.
- s. 838.015, relating to bribery.
- s. 951.22, relating to county detention facilities; contraband articles.

While s. 741.28 is currently in s. 435.04, it is listed separately in s. 435.04(3). The Department of Education adopted only s. 435.04(2).

This amendment is crucial to closing existing loopholes and ensuring a more comprehensive and enforceable framework to protect Florida's vulnerable population by preventing individuals with serious offenses from working in sensitive environments like schools and healthcare facilities.

By adding these offenses, it would ensure that individuals with these types of crimes are not eligible to work with Florida's vulnerable population as the law intended. Additionally, moving s. 741.28 into s. 435.04(2) would further strengthen Chapter 435 and consolidate all disqualifying offenses.

Each Clearinghouse agency has specific programs that screen under different standards.

The tables below illustrate the proposed additional disqualifying offenses, and how many rosters persons with these proposed offenses are currently listed on by agency.

DUI-Manslaughter

Agency	Program	Rosters with Eligible Persons
AHCA	HQA	13
AHCA	Medicaid	4
APD	APD General	1
DOE – Voc. Rehab.	VR	1
DCF	General	2
DCF	Child Care	2
DCF	Mental Health/Sub. Abuse	1
DOE Public Schools	School Employment	2
DOE Public Schools	Certified Educator	1

Offenses Against Intellectual Property; Public Records Exemption (Ransomware/Spyware)

Agency	Program	Rosters with Eligible Persons
AHCA	HQA	27
DCF	Group Home	1
DCF	General	2
DCF	Child Care	1
DCF	Mental Health/Sub. Abuse	4
DOE Private Schools	School Employment	1

Offenses Against Users of Computers, Computer Systems, Computer Networks, and Electronic Devices

Agency	Program	Rosters with Eligible Persons
AHCA	HQA	77
AHCA	Medicaid	10
ACHA	Managed Care	2
DOE – Voc. Rehab.	VR	1
DCF	General	3
DCF	Child Care	6
DCF	Mental Health/Sub. Abuse	6
DOE Public Schools	School Employment	4
DOE Public Schools	Certified Educator	1
DOE Public Schools	Restricted Contractors	2
DOEA	Aging Network Services	2
APD	General	9

Animal Cruelty

Agency	Program	Rosters with Eligible Persons
AHCA	HQA	276
AHCA	Medicaid	26
ACHA	Managed Care	1
APD	CDC	8
APD	DDC	1
APD	General	34
DCF	General	6
DCF	Child Care	34
DCF	Mental Health/Sub. Abuse	3
DCF	Summer Camps	4
DOEA	DOEA	9
DJJ	Caretakers	6
DOE – VR	VR	2
DOE Public Schools	School Employment	15
DOE Public Schools	Certified Educator	5
DOE Public Schools	Restricted Contractors	12
DOE Private Schools	School Employment	4

Relating to Counterfeiting Driver Licenses or Identification Cards

Agency	Program	Rosters with Eligible Persons
AHCA	HQA	7
DCF	Child Care	1
DOE Public Schools	School Employment	2
DOE Public Schools	Teacher Certification	2
DOE Public Schools	Restricted Contractors	2
DOE Private Schools	School Employment	1

Threats Relating to Extortion

Agency	Program	Rosters with Eligible Persons
AHCA	HQA	21
AHCA	Medicaid	2
DOE – Voc. Rehab.	VR	1
APD	General	3
DCF	Child Care	1
DCF	Mental Health/Sub. Abuse	1
DOE Public Schools	School Employment	1
DOE Public Schools	Restricted Contractors	1
DOE Private Schools	School Employment	1

Bribery

Agency	Program	Rosters with Eligible Persons
AHCA	HQA	68
AHCA	Medicaid	11
ACHA	Managed Care	2
APD	General	6
APD	CDC	1
APD	DDC	1
DCF	Child Care	8
DCF	Mental Health/Sub. Abuse	4
DCF	Group Home	5
DCF	Summer Camps	1
DOE Public Schools	School Employment	3
DOE Public Schools	Restricted Contractors	3
DOEA	Aging Network Services	4
DJJ	Caretakers	1

Introduction of Contraband into County Detention Facilities

Agency	Program	Rosters with Eligible Persons
AHCA	HQA	102
AHCA	Medicaid	8
APD	General	4
DCF	Child Care	11
DCF	General	1

DCF	Mental Health/Sub. Abuse	3
DCF	Group Home	1
DCF	Summer Camps	2
DOE Public Schools	School Employment	7
DOE Public Schools	Restricted Contractors	3
DOE Public Schools	Certified Educator	2
DOEA	Aging Network Services	1
DJJ	Caretakers	1

This table shows the number of persons eligible in the Clearinghouse with the proposed additional disqualifying offenses, and how many of them are actively on an employee roster.

Offense	**Number of Persons with Offense and Eligible in the Clearinghouse**	**Number of Persons with Offense and Actively on Employee Roster**
DUI – Manslaughter	42	20
Intellectual Property (Ransomware and Spyware)	10	8
Use of Computers, Computer Systems, Computer Networks, and Electronic Devices	132	75
Animal Cruelty	464	266
Counterfeiting Driver Licenses	31	14
Threats Relating to Extortion	40	20
Bribery	123	65
Introducing Contraband into County Det. Facilities	130	77

DOE Public and Private Schools – Domestic Violence (Not Disqualifying for DOE Only)

Number of DOE Persons with Domestic Violence	3,607
Number of DOE Persons with Domestic Violence and Eligible in the Clearinghouse	3,040
Number of DOE Persons with Domestic Violence, Eligible, and Actively on an Employee Roster	1,928

While the exact number of individuals outside of the Clearinghouse who will be affected remains unknown, each agency/department screening under s. 435.04, F.S. may also follow an exemption from disqualification process under s. 435.07, F.S., which allows for individuals to be made eligible, even with a disqualifying offense. Therefore, despite the uncertainty in the numbers affected, there is a structured path in place to ensure that no individual is unfairly disqualified without due consideration.

By expanding the list of disqualifying offenses, an increased number of individuals may be disqualified to work. However, per ss.408.809(4) affected individuals will be eligible to work through the exemption from disqualification process if agreed upon by their employer.

Given the wide-ranging nature of care provision, the list of disqualifying offenses in s. 435.04, F.S., will be more comprehensive and varied to ensure thorough coverage and protection.

Section 2 Impact:

This bill moves to centralize the review of Clearinghouse screenings. AHCA, as the parent of the Clearinghouse, shall conduct all criminal history reviews on behalf of all the specified agencies. By doing so, the state stands to achieve significant efficiency gains.

By July 1, 2028, or a date more practicable as determined by AHCA, the Agency will review and determine eligibility for all criminal history checks submitted to the Clearinghouse for specified agencies defined in s. 435.02(7). The Clearinghouse will share eligibility determinations with the specified agencies. This date has been chosen to allow sufficient time for planning, coordination, and execution of the centralization efforts. The process will involve requirements gathering to determine statutory authority and programmatic organization for the consolidation of certain functions and services currently performed by individual agencies into a centralized Background Screening Unit, managed by AHCA. This will include the standardization of procedures, the integration of technology systems, and the establishment of a unified framework for service delivery.

Each specified agency will continue to maintain its own processes for exemptions and other specific functions. Pursuant to s. 435.07, FS, individuals who have been disqualified from employment due to background screening results may request an exemption from the appropriate agency or entity. The section outlines the criteria and procedures for granting exemptions to be followed by each specified agency or qualified entity.

The impact to applicants, providers, and licensees for the current background screening process through the Clearinghouse stands to be minimal. This is a result of the Clearinghouse being developed with the option of centralization in mind. There will be no impact outside of different contact information when seeking guidance relating to screening information. The current process of eligibility and arrest hit notifications being sent to the employers will remain unchanged, as well as correspondence with applicants where more information is needed to make an eligibility determination.

Currently, there are approximately 200 positions across all specified agencies that assist in processing background screenings through the Clearinghouse. This equates to roughly 417,000 man-hours devoted to background screening annually across all specified agencies. If the requested positions are allocated, the state could achieve an annual savings of over 185,000 man-hours at minimum. This is time savings of 44%.

This centralized system under AHCA will further streamline the background screening process by maintaining the low turnaround times continually demonstrated by AHCA, which will benefit applicants in starting or returning to their employment or volunteer roles.

The success of the centralization process is heavily contingent upon receiving adequate positions or the transfer of positions from the impacted agencies. These positions and resources are necessary for implementing and managing the centralized process on an ongoing basis. Without this support, the proposed centralization will face significant operational challenges and delays in screening processing times. This is essential to meet the proposed statutory requirements and provide the high-quality, accessible background screening information that Florida's care providers rely on and have come to expect from the Clearinghouse.

The 60 additional positions proposed would handle the increased responsibility of processing over 1 million screenings run through the Clearinghouse each year.

- Twenty-five (25) Regulatory Specialists 1 would be used to strengthen and ensure that the customer support unit delivers exceptional customer service to Care providers, their employees, and all other stakeholders across the state. Ensuring that reliable information from Clearinghouse representatives is obtained
- Twenty-four (24) Health Services and Facilities Consultants would be trained to evaluate the screening results received by the Agency from the Department of Law Enforcement and the FBI. AHCA has determined that 24 new Consultants could deliver exceptional turnaround times for these screenings, providing additional value to applicants, licensees, and the providers for whom they seek to work.
- Five (5) Operations and Management Consultant Managers are needed to manage the additional staff.
- Four (4) Regulatory Specialist III positions are used for either processing of Raw Results received from the FBI, and process correspondence sent and received by AHCA's Background Screening Unit, or providing technical support for the Clearinghouse to internal and external stakeholders alike.
- The Background Screening Unit of AHCA currently employs one Government Operations Consultant III (GOC) III, who provides invaluable technical support to our internal staff and other agencies. Adding a second GOC III and a Senior Management Analyst Supervisor (SMAS) would strengthen the technical

and data support team, enabling them to deliver comprehensive reports and provide technical support to the over 100,000 users of the Clearinghouse and the millions of applicants that would now be directed to AHCA for technical support.

The proposed centralization process will promote higher safety and security standards for the population served, while streamlining processes, enhancing data integrity, improving compliance with statutory requirements, and enabling a more efficient use of state resources. This centralization aims to enhance the efficiency and effectiveness of the care provider background screening process, ultimately protecting Florida's vulnerable population.

Section 3 Impact:

- Lines 251-254: This is the implementation date of by July 1, 2028 or as soon as practicable thereafter as determined by the Agency for Health Care Administration.

Section 4 Impact:

- Lines 255-304: This adds to the definition of Athletic Coach to be considered a qualified entity for purposes of participating in the Care Provider Background Screening Clearinghouse.
- This section also adds that a person who has not undergone a background screening pursuant to this section to act as an athletic coach if he or she is under the direct supervision of an athletic coach who meets the background screening requirements of this section.

Section 5 Impact:

- Lines 318-325: There is no impact on the Agency's Background Screening Unit. This section will now direct qualified entities to designate an administrator to act as the primary point of contact to manage compliance with state and federal laws regarding criminal history information. Other users may be designated by the administrator to manage or access the Clearinghouse functions relating to the qualified entity.
- Lines 346-351: This removes the requirement for the Clearinghouse to only share the National Criminal History Data with the qualified entities when an individual applies for an exemption from disqualification. This now allows the Clearinghouse to share the National Criminal History Data with the qualified entity directly.

Section 6 Impact:

- This section expands the providers and agencies that are able to receive and review sealed criminal history information under 943.0585. This change will ensure that qualified entities and all providers statutorily required to screen through the Clearinghouse are able to make informed hiring decisions.

Section 7 Impact:

- This section expands the providers and agencies that are able to receive and review expunged criminal history information under 943.059. This change will ensure that qualified entities and all providers statutorily required to screen through the Clearinghouse are able to make informed hiring decisions.

Section 8-15 Impact:

- No additional impact to the Agency.

Section 16 Impact:

- Effective date of the bill shall take effect July 1, 2026.

3. DOES THE BILL DIRECT OR ALLOW THE AGENCY/BOARD/COMMISSION/DEPARTMENT TO DEVELOP, ADOPT, OR ELIMINATE RULES, REGULATIONS, POLICIES, OR PROCEDURES? Y ___ N _X_

If yes, explain:	
Is the change consistent with the agency's core mission?	Y ___ N ___
Rule(s) impacted (provide references to F.A.C., etc.):	

4. WHAT IS THE POSITION OF AFFECTED CITIZENS OR STAKEHOLDER GROUPS?

Proponents and summary of position:	A majority of Clearinghouse Agency Advisory Board members have voiced their support of the proposed efforts of the additional disqualifying offenses and the centralization of background screening.
Opponents and summary of position:	

5. ARE THERE ANY REPORTS OR STUDIES REQUIRED BY THIS BILL? Y ___ N _X_

If yes, provide a description:	
Date Due:	
Bill Section Number(s):	

6. ARE THERE ANY GUBERNATORIAL APPOINTMENTS OR CHANGES TO EXISTING BOARDS, TASK FORCES, COUNCILS, COMMISSION, ETC.? REQUIRED BY THIS BILL? Y ___ N _X_

Board:	
Board Purpose:	
Who Appointments:	
Appointee Term:	
Changes:	
Bill Section Number(s):	

FISCAL ANALYSIS

1. DOES THE BILL HAVE A FISCAL IMPACT TO LOCAL GOVERNMENT? Y ___ N _X_

Revenues:	
Expenditures:	
Does the legislation increase local taxes or fees? If yes, explain.	
If yes, does the legislation provide for a local referendum or local governing body public vote prior to implementation of the tax or fee increase?	

2. DOES THE BILL HAVE A FISCAL IMPACT TO STATE GOVERNMENT? Y _X_ N ___

Revenues:	No
Expenditures:	60 additional positions proposed would handle the increased responsibility of processing over 1 million screenings run through the Clearinghouse each year.

	• Twenty-five (25) Regulatory Specialists 1 • Twenty-four (24) Health Services and Facilities Consultants • Five (5) Operations and Management Consultant Managers • Four (4) Regulatory Specialist III • One (1) Government Operations Consultant III • One (1) Senior Management Analyst Supervisor The total fiscal impact for 60 Full Time Equivalent positions is $ 4,697,586 of salary rate.
Does the legislation contain a State Government appropriation?	No
If yes, was this appropriated last year?	No

3. DOES THE BILL HAVE A FISCAL IMPACT TO THE PRIVATE SECTOR? Y ___ N _X_

Revenues:	
Expenditures:	
Other:	

4. DOES THE BILL INCREASE OR DECREASE TAXES, FEES, OR FINES? Y ___ N _X_

If yes, explain impact.	
Bill Section Number:	

FISCAL IMPACT:

				Year 1 (FY 2026-27)	Year 2 (FY 2027-28)	Year 3 (FY 2028-29)
Non-Recurring Impact						
Expenditures:						
Expense (Agency Standard Expense Package)						
Professional Staff	31.00	@	$ 6,106	$ 189,286		
Support Staff	29.00	@	5,732	166,228		
Total Non-Recurring Expense	**60.00**			**$ 355,514**		
Operating Capital Outlay (Agency Standard Operating Capital Outlay Package)						
-	-	@	$ -	$ -		
-	-	@	-	-		
Total Operating Capital Outlay				**$** -		
Total Non-Recurring Expenditures				**$ 355,514**		
Recurring Impact:						
Revenues:						
-				$ -	$ -	$ -
-				-	-	-
-				-	-	-
-				-	-	-
-				-	-	-
Total Recurring Revenues				**$** -	**$** -	**$** -
Expenditures:						
Salaries	**Class Code**	**FTEs**	**Pay Grade**	**Rate**		
Regulatory Specialist I	0440	25.00	15	915,957	$ 1,374,444	$ 1,374,444	$ 1,374,444
Health Services & Facility Consulta	5894	24.00	24	1,205,857	1,809,455	1,809,455	1,809,455
Regulatory Specialist III	0444	4.00	19	153,119	229,764	229,764	229,764
Operations & Management Consul	2238	5.00	425	266,590	400,033	400,033	400,033
Government Operations Consultan	2238	1.00	25	53,318	80,007	80,007	80,007
Senior Management Analyst Super	2228	1.00	426	56,831	85,277	85,277	85,277
-				-	-	-	-
-				-	-	-	-
-				-	-	-	-
Total Salary and Benefits		**60.00**		**2,651,673**	**$ 3,978,980**	**$ 3,978,980**	**$ 3,978,980**
OPS		**FTEs**					
-		0.00			$ -	$ -	$ -
-		0.00			-	-	-
-		0.00			-	-	-
-		0.00			-	-	-
Total OPS		**0.00**			**$** -	**$** -	**$** -
Expenses							
Professional Staff		31.00	@	$ 6,233	$ 193,223	$ 193,223	$ 193,223
Support Staff		29.00	@	5,121	148,509	148,509	148,509
-					-	-	-
-					-	-	-
-					-	-	-
Total Expenses					**$ 341,732**	**$ 341,732**	$ 341,732
Human Resources Services							
FTE Positions		60.00	@	$ 356	$ 21,360	$ 21,360	$ 21,360
OPS Positions		0.00	@	106	-	-	-
Total Human Resources Services					**$ 21,360**	**$ 21,360**	**$ 21,360**
Special Categories/Contracted Services							
-					$ -	$ -	$ -
-					-	-	-
-					-	-	-
-					-	-	-
-					-	-	-
-					-	-	-
-					-	-	-
-					-	-	-
Total Special Categories/Contracted Services					**$** -	**$** -	**$** -
Total Recurring Expenditures					**$ 4,342,072**	**$ 4,342,072**	**$ 4,342,072**
Total Revenues and Expenditures:							
Sub-Total Recurring Revenues					$ -	$ -	$ -
Total Revenues					**$** -	**$** -	**$** -
Sub-Total Non-Recurring Expenditures					$ 355,514	$ -	$ -
Sub-Total Recurring Expenditures					4,342,072	4,342,072	4,342,072
Total Expenditures					**$ 4,697,586**	**$ 4,342,072**	**$ 4,342,072**
Net Impact (Total Revenues minus Total Expenditures)					**$(4,697,586)**	**$(4,342,072)**	**$(4,342,072)**
Net Impact (By Fund)							
-					$ -	$ -	$ -
-					-	-	-
-					-	-	-
-					-	-	-
Net Impact (By Fund)					**$** -	**$** -	**$** -

TECHNOLOGY IMPACT

1. DOES THE BILL IMPACT THE AGENCY'S TECHNOLOGY SYSTEMS (I.E. IT SUPPORT, LICENSING SOFTWARE, DATA STORAGE, ETC.)? Y _X__ N ___

If yes, describe the anticipated impact to the agency including any fiscal impact.	The proposed amendment to 435.12 will have an impact on the agency's technology systems. The continued operation and maintenance of the Clearinghouse system will require continued IT and contracted staff support, licensing software, and data storage. The anticipated impact includes the need for additional IT infrastructure, software licenses, and data storage solutions along with staff augmentation members for architecture, database design, business analysis, and development.

FEDERAL IMPACT

1. DOES THE BILL HAVE A FEDERAL IMPACT (I.E. FEDERAL COMPLIANCE, FEDERAL FUNDING, FEDERAL AGENCY INVOLVEMENT, ETC.)? Y ___ N _X__

If yes, describe the anticipated impact including any fiscal impact.	

ADDITIONAL COMMENTS

- Section 1: Amending 435.04 will not require additional funding or resources from the state government. Moreover, it will significantly enhance the protection of Florida's vulnerable population by ensuring that individuals with certain criminal offenses are prohibited from working with Florida's most vulnerable populations. This strategic measure is a proactive step towards safeguarding our communities and improving the already robust protections enacted by the Legislature.

LEGAL – GENERAL COUNSEL'S OFFICE REVIEW

Issues/concerns/comments:	

2026 AGENCY LEGISLATIVE BILL ANALYSIS

AGENCY: Agency for Health Care Administration

BILL INFORMATION	
BILL NUMBER:	CS/SB 1168
BILL TITLE:	Background Screenings
BILL SPONSOR:	Senator Grall
EFFECTIVE DATE:	7/1/2026

COMMITTEES OF REFERENCE
1) Health Policy
2) Appropriations Committee on Health and Human Services
3) Fiscal Policy
4)
5)

CURRENT COMMITTEE
Health Policy

SIMILAR BILLS	
BILL NUMBER:	HB 1069
SPONSOR:	Representative Trabulsy

PREVIOUS LEGISLATION	
BILL NUMBER:	
SPONSOR:	
YEAR:	

IDENTICAL BILLS	
BILL NUMBER:	
SPONSOR:	

LAST ACTION:	

Is this bill part of an agency package?
Y ___ N _X_

BILL ANALYSIS INFORMATION	
DATE OF ANALYSIS:	01/29/2026
LEAD AGENCY ANALYST:	Jake Shanahan
ADDITIONAL ANALYST(S):	
LEGAL ANALYST:	
FISCAL ANALYST:	

POLICY ANALYSIS

1. EXECUTIVE SUMMARY

The bill seeks to strengthen the list of disqualifying offenses under sections 435.04(2) and 435.04(3), Florida Statutes (F.S.), by including additional crimes similar to those already listed, such as DUI-Manslaughter and domestic violence, to close existing loopholes. This change is intended to ensure a more comprehensive and enforceable framework, thereby protecting Florida's vulnerable population by preventing individuals with serious offenses from working in sensitive environments like schools and healthcare facilities.

The bill also amends section 435.12, F.S., allowing the Agency for Health Care Administration (AHCA) to review and process all criminal histories submitted to the Care Provider Background Screening Clearinghouse (Clearinghouse) and send eligibility determinations to specified agencies for further processing. This centralization aims to enhance the efficiency and effectiveness of the care provider background screening process, ultimately protecting Florida's vulnerable population.

This bill also seeks to modernize the care provider background screening process by centralizing screenings through the Clearinghouse under AHCA. The centralization aims to streamline the process, improve efficiency and communication, and reduce provider liability by maintaining real-time notifications of employee arrests. The integration of the Clearinghouse with the licensure systems of participating agencies will enable seamless display of eligibility decisions. This bill removes the requirement for the Clearinghouse to only share the National Criminal History Data with the qualified entities when an individual applies for an exemption from disqualification. This now allows the Clearinghouse to share the National Criminal History Data with the qualified entity directly

The additional sections reenact various statutory provisions to ensure conformity and cross-reference updates. Additionally, the sections address the voluntary certification of recovery residences, certification of recovery residence administrators, Medicaid program integrity oversight, level 1 screening standards, public school personnel regulations, district school board powers and duties, screening standards, notification of charges against employees, and the reporting and self-reporting of certain offenses.

2. SUBSTANTIVE BILL ANALYSIS

1. PRESENT SITUATION:

The current list of disqualifying offenses in section 435.04(2), F.S., has been effective in preventing individuals with specific criminal backgrounds from working with Florida's vulnerable population. However, there have been cases where individuals with similar, unlisted offenses were eligible for employment. This loophole has allowed individuals with offenses such as DUI-Manslaughter, domestic violence, and other serious crimes to work in sensitive environments, including schools and healthcare facilities.

In addition to addressing the loopholes mentioned above, adding the proposed disqualifying offenses will further strengthen and improve safeguards for Florida's most vulnerable populations.

Currently, there are registered nurses, medical assistants, home health aides, mental health personnel, and other positions of trust on current rosters in the Clearinghouse that have been adjudicated guilty after unauthorized use of computers and computer systems and crimes against intellectual property. These individuals have access to patient medical information, as well as patient financial information.

These recent examples of some of the proposed offenses causing harm to Florida's citizens and vulnerable populations emphasize the need for more robust protections to be enacted by the Legislature. Currently, if screened to work in nursing homes, hospitals, schools, and other facilities regulated by Clearinghouse agencies, each of the perpetrators of these offenses would be eligible.

2025 - Bradenton, FL Emergency System hacked and user information was stolen.

2019 - Lake City, FL paid over $400,000 to recover information stolen in ransomware attack.

2024 – An individual was arrested in a wide-ranging extortion scheme targeting senior citizens in Florida.

These cases highlight the need to classify extortion and crimes against intellectual property and threats to extort. Particularly due to Florida's elderly population's susceptibility to these sorts of crimes. Stricter screening standards and comprehensive disqualification criteria are vital to safeguarding these populations.

As of January 8, 2025, 972 employees in the Clearinghouse are eligible to work with one or more of the newly proposed disqualifying offenses, 545 are currently working in regulated facilities. Additionally, 3,040 individuals with domestic violence in their criminal history are eligible under Department of Education standards, with 1,928 currently employed at schools. School Districts have voiced concern numerous times to the Agency regarding Domestic Violence, and its non-disqualifying status.

Section 435.12 (1), Florida Statutes, requires AHCA, in consultation with the Florida Department of Law Enforcement (FDLE), to create a secure web-based system called the Care Provider Background Screening Clearinghouse (Clearinghouse). The Clearinghouse provides a single data source for background screening results of persons required to be screened by law for employment in positions that provide services to children, the elderly, and disabled individuals. The system allows nine separate specified agencies to share criminal history results of individuals when applying for various licenses or employment in facilities regulated by the State.

The Clearinghouse has proven to be a major cost-saving initiative for the State, while also providing safeguards to protect the health and welfare of vulnerable populations. Since implementation began on January 1, 2013, the Clearinghouse has processed over 10 million screenings and has collectively saved providers and licensees over $200 million by sharing screenings through the Clearinghouse and reducing unnecessary and duplicative background checks.

Since its implementation, the Clearinghouse has received notification of over 448,000 individuals who were arrested after they were screened. Over 25% of those arrested went from Eligible to work with vulnerable individuals to Not Eligible.

In November of 2024, the Clearinghouse was modernized entirely to easily accommodate the centralization of all screenings under one agency, with minimal additional development required.

Since 2020, the number of screenings processed through the Clearinghouse has increased by over 34%. This upward trend is expected to continue as additional agencies, programs, and applicants are screened through the Clearinghouse.

From 2020-2025, AHCA has processed 54% of all Clearinghouse screenings. During this period, AHCA has processed these screenings, with less than one-third of the total staff employed by all the specified agencies combined.

Agency	% of Total Screenings (Total Screenings 2020-2025)	% of Total Staff (# of Staff at Agency)	Turnaround Times (Days)
AHCA	54% (2,969,495)	29% (51)	3.43
DCF	22% (1,219,140)	47% (83)	13.97
DOH	14% (769,279)	16% (29)	23.68
DJJ	1% (66,407)	5.5% (9)	12.45
DOEA	3% (145,988)	1% (2)	2.09
APD	5% (302,634)	1% (2)	9.81
DOE-VR	0.2% (13,091)	0.5% (1)	15.73

As the parent of the Clearinghouse, AHCA receives phone calls and email communications for providers from other agencies and users of the Clearinghouse, in addition to its own regulated providers. AHCA's Background Screening Unit receives on average 600-800 calls per day. About 30% of these calls need to be routed to background screening units at other specified agencies. In conjunction with the directives of HB 531 (2025),

AHCA successfully delivered a comprehensive Care Provider Background Screening and Awareness website for use by all agencies, providers and applicants, continuing to centralize these communications will enhance

the Clearinghouse's overall efficiency by facilitating improved communication and outreach to providers across all specified agencies by establishing a single centralized contact for background screening information.

Over the past 9 months, AHCA has tracked the number of calls to its background screening unit and their intended destination.

Calls for AHCA	Calls Rerouted to Other Agencies
70,907	35,177

2. EFFECT OF THE BILL:

Section 1 Impact:

The proposed language is to amend section 435.04(2), F.S. to include the following offenses:

- s. 316.193 (3)(C) 3, relating to DUI-Manslaughter.
- s. 741.28, relating to domestic violence.
- s. 815.04, relating to offenses against intellectual property; public records exemption.
- s. 815.06, relating to offenses against users of computers, computer systems, computer networks, and electronic devices.
- Chapter 828, relating to animal cruelty.
- s. 831.29, relating to making or having instruments and material for counterfeiting driver licenses or identification cards.
- s. 836.05, relating to threats; extortion.
- s. 838.015, relating to bribery.
- s. 951.22, relating to county detention facilities; contraband articles.

While s. 741.28 is currently in s. 435.04, it is listed separately in s. 435.04(3). The Department of Education adopted only s. 435.04(2).

This amendment is crucial to closing existing loopholes and ensuring a more comprehensive and enforceable framework to protect Florida's vulnerable population by preventing individuals with serious offenses from working in sensitive environments like schools and healthcare facilities.

By adding these offenses, it would ensure that individuals with these types of crimes are not eligible to work with Florida's vulnerable population as the law intended. Additionally, moving s. 741.28 into s. 435.04(2) would further strengthen Chapter 435 and consolidate all disqualifying offenses.

Each Clearinghouse agency has specific programs that screen under different standards.

The tables below illustrate the proposed additional disqualifying offenses, and how many rosters persons with these proposed offenses are currently listed on by agency.

DUI-Manslaughter

Agency	Program	Rosters with Eligible Persons
AHCA	HQA	13
AHCA	Medicaid	4
APD	APD General	1
DOE – Voc. Rehab.	VR	1
DCF	General	2
DCF	Child Care	2
DCF	Mental Health/Sub. Abuse	1

DOE Public Schools	School Employment	2
DOE Public Schools	Certified Educator	1

Offenses Against Intellectual Property; Public Records Exemption (Ransomware/Spyware)

Agency	Program	Rosters with Eligible Persons
AHCA	HQA	27
DCF	Group Home	1
DCF	General	2
DCF	Child Care	1
DCF	Mental Health/Sub. Abuse	4
DOE Private Schools	School Employment	1

Offenses Against Users of Computers, Computer Systems, Computer Networks, and Electronic Devices

Agency	Program	Rosters with Eligible Persons
AHCA	HQA	77
AHCA	Medicaid	10
ACHA	Managed Care	2
DOE – Voc. Rehab.	VR	1
DCF	General	3
DCF	Child Care	6
DCF	Mental Health/Sub. Abuse	6
DOE Public Schools	School Employment	4
DOE Public Schools	Certified Educator	1
DOE Public Schools	Restricted Contractors	2
DOEA	Aging Network Services	2
APD	General	9

Animal Cruelty

Agency	Program	Rosters with Eligible Persons
AHCA	HQA	276
AHCA	Medicaid	26
ACHA	Managed Care	1
APD	CDC	8
APD	DDC	1
APD	General	34
DCF	General	6
DCF	Child Care	34
DCF	Mental Health/Sub. Abuse	3
DCF	Summer Camps	4
DOEA	DOEA	9
DJJ	Caretakers	6
DOE – VR	VR	2
DOE Public Schools	School Employment	15
DOE Public Schools	Certified Educator	5

DOE Public Schools	Restricted Contractors	12
DOE Private Schools	School Employment	4

Relating to Counterfeiting Driver Licenses or Identification Cards

Agency	Program	Rosters with Eligible Persons
AHCA	HQA	7
DCF	Child Care	1
DOE Public Schools	School Employment	2
DOE Public Schools	Teacher Certification	2
DOE Public Schools	Restricted Contractors	2
DOE Private Schools	School Employment	1

Threats Relating to Extortion

Agency	Program	Rosters with Eligible Persons
AHCA	HQA	21
AHCA	Medicaid	2
DOE – Voc. Rehab.	VR	1
APD	General	3
DCF	Child Care	1
DCF	Mental Health/Sub. Abuse	1
DOE Public Schools	School Employment	1
DOE Public Schools	Restricted Contractors	1
DOE Private Schools	School Employment	1

Bribery

Agency	Program	Rosters with Eligible Persons
AHCA	HQA	68
AHCA	Medicaid	11
ACHA	Managed Care	2
APD	General	6
APD	CDC	1
APD	DDC	1
DCF	Child Care	8
DCF	Mental Health/Sub. Abuse	4
DCF	Group Home	5
DCF	Summer Camps	1
DOE Public Schools	School Employment	3
DOE Public Schools	Restricted Contractors	3
DOEA	Aging Network Services	4
DJJ	Caretakers	1

Introduction of Contraband into County Detention Facilities

Agency	Program	Rosters with Eligible Persons
AHCA	HQA	102
AHCA	Medicaid	8
APD	General	4

DCF	Child Care	11
DCF	General	1
DCF	Mental Health/Sub. Abuse	3
DCF	Group Home	1
DCF	Summer Camps	2
DOE Public Schools	School Employment	7
DOE Public Schools	Restricted Contractors	3
DOE Public Schools	Certified Educator	2
DOEA	Aging Network Services	1
DJJ	Caretakers	1

This table shows the number of persons eligible in the Clearinghouse with the proposed additional disqualifying offenses, and how many of them are actively on an employee roster.

Offense	**Number of Persons with Offense and Eligible in the Clearinghouse**	**Number of Persons with Offense and Actively on Employee Roster**
DUI – Manslaughter	42	20
Intellectual Property (Ransomware and Spyware)	10	8
Use of Computers, Computer Systems, Computer Networks, and Electronic Devices	132	75
Animal Cruelty	464	266
Counterfeiting Driver Licenses	31	14
Threats Relating to Extortion	40	20
Bribery	123	65
Introducing Contraband into County Det. Facilities	130	77

DOE Public and Private Schools – Domestic Violence (Not Disqualifying for DOE Only)

Number of DOE Persons with Domestic Violence	3,607
Number of DOE Persons with Domestic Violence and Eligible in the Clearinghouse	3,040
Number of DOE Persons with Domestic Violence, Eligible, and Actively on an Employee Roster	1,928

While the exact number of individuals outside of the Clearinghouse who will be affected remains unknown, each agency/department screening under s. 435.04, F.S. may also follow an exemption from disqualification process under s. 435.07, F.S., which allows for individuals to be made eligible, even with a disqualifying offense. Therefore, despite the uncertainty in the numbers affected, there is a structured path in place to ensure that no individual is unfairly disqualified without due consideration.

By expanding the list of disqualifying offenses, an increased number of individuals may be disqualified to work. However, per ss.408.809(4) affected individuals will be eligible to work through the exemption from disqualification process if agreed upon by their employer.

Given the wide-ranging nature of care provision, the list of disqualifying offenses in s. 435.04, F.S., will be more comprehensive and varied to ensure thorough coverage and protection.

Section 2 Impact:

This bill moves to centralize the review of Clearinghouse screenings. AHCA, as the parent of the Clearinghouse, shall conduct all criminal history reviews on behalf of all the specified agencies. By doing so, the state stands to achieve significant efficiency gains.

By July 1, 2028, or a later date as determined by AHCA, the Agency will review and determine eligibility for all criminal history checks submitted to the Clearinghouse for specified agencies defined in s. 435.02(7). The Clearinghouse will share eligibility determinations with the specified agencies. This date has been chosen to allow sufficient time for planning, coordination, and execution of the centralization efforts. The process will involve requirements gathering to determine statutory authority and programmatic organization for the consolidation of certain functions and services currently performed by individual agencies into a centralized Background Screening Unit, managed by AHCA. This will include the standardization of procedures, the integration of technology systems, and the establishment of a unified framework for service delivery.

Each specified agency will continue to maintain its own processes for exemptions and other specific functions. Pursuant to s. 435.07, FS, individuals who have been disqualified from employment due to background screening results may request an exemption from the appropriate agency or entity. The section outlines the criteria and procedures for granting exemptions to be followed by each specified agency or qualified entity.

The impact to applicants, providers, and licensees for the current background screening process through the Clearinghouse stands to be minimal. This is a result of the Clearinghouse being developed with the option of centralization in mind. There will be no impact outside of different contact information when seeking guidance relating to screening information. The current process of eligibility and arrest hit notifications being sent to the employers will remain unchanged, as well as correspondence with applicants where more information is needed to make an eligibility determination.

This centralized system under AHCA will further streamline the background screening process by maintaining the low turnaround times continually demonstrated by AHCA, which will benefit applicants in starting or returning to their employment or volunteer roles.

The proposed centralization process will promote higher safety and security standards for the population served, while streamlining processes, enhancing data integrity, improving compliance with statutory requirements, and enabling a more efficient use of state resources. This centralization will enhance the efficiency and effectiveness of the care provider background screening process, ultimately protecting Florida's vulnerable population.

Section 3 Impact:

- This is the implementation date of by July 1, 2028 or as soon as practicable thereafter as determined by the Agency for Health Care Administration.

Section 4 Impact:

- This adds to the definition of Athletic Coach to be considered a qualified entity for purposes of participating in the Care Provider Background Screening Clearinghouse.
- This section also adds that a person who has not undergone a background screening pursuant to this section to act as an athletic coach if he or she is under the direct supervision of an athletic coach who meets the background screening requirements of this section.

Section 5 Impact:

- There is no impact on the Agency's Background Screening Unit. This section will now direct qualified entities to designate an administrator to act as the primary point of contact to manage compliance with state and federal laws regarding criminal history information. Other users may be designated by the administrator to manage or access the Clearinghouse functions relating to the qualified entity.

- This removes the requirement for the Clearinghouse to only share the National Criminal History Data with the qualified entities when an individual applies for an exemption from disqualification. This now allows the Clearinghouse to share the National Criminal History Data with the qualified entity directly.
    - **IMPACT:** Sections 943.0585 and 943.059, F.S., allow for specified agencies to receive sealed and expunged information, but do not allow qualified entities to receive that same information.
    - If language is not amended, a criminal history from a specified agency will not be able to be shared with a qualified entity, and a screening from a qualified entity will not be able to be shared with a specified agency. This would result in applicants potentially paying for additional screenings and restrict the intended sharing of criminal histories, thereby hindering the effectiveness and efficiency of the Clearinghouse.
        - Language to remedy this can be found in the additional comments of this analysis.

Section 6 Impact:
- No Impact to the Agency. (Technical Change)

Section 7 Impact:
- No impact to the Agency. (Technical Change)

Section 8 Impact:
- No additional impact to the Agency.

Section 9 Impact:
- No additional impact to the Agency.

Section 10 Impact:
- No additional impact to HQA or Background Screening

Section 11 Impact:
- No Impact to the Agency.

Section 12 Impact:
- No Impact to the Agency.

Section 13 Impact:
- No impact to the Agency outside of the original impact of section 1.

Section 14 Impact:
- No impact to the Agency.

Section 15 Impact:
- No impact to the Agency.

Section 16 Impact:
- No impact to the Agency.

Section 17 Impact:
- No impact to the Agency.

Section 18 Impact:
- Effective date of the bill shall take effect July 1, 2026.

3. DOES THE BILL DIRECT OR ALLOW THE AGENCY/BOARD/COMMISSION/DEPARTMENT TO DEVELOP, ADOPT, OR ELIMINATE RULES, REGULATIONS, POLICIES, OR PROCEDURES? Y _X__ N __

If yes, explain:	The Agency is given discretionary rule authority to implement the requirements of this bill.
Is the change consistent with the agency's core mission?	Y _X__ N ___
Rule(s) impacted (provide references to F.A.C., etc.):	

4. WHAT IS THE POSITION OF AFFECTED CITIZENS OR STAKEHOLDER GROUPS?

Proponents and summary of position:	A majority of Clearinghouse Agency Advisory Board members have voiced their support of the proposed efforts of the additional disqualifying offenses and the centralization of background screening.
Opponents and summary of position:	

5. ARE THERE ANY REPORTS OR STUDIES REQUIRED BY THIS BILL? Y ___ N _X_

If yes, provide a description:	
Date Due:	
Bill Section Number(s):	

6. ARE THERE ANY GUBERNATORIAL APPOINTMENTS OR CHANGES TO EXISTING BOARDS, TASK FORCES, COUNCILS, COMMISSION, ETC.? REQUIRED BY THIS BILL? Y ___ N _X_

Board:	
Board Purpose:	
Who Appointments:	
Appointee Term:	
Changes:	
Bill Section Number(s):	

FISCAL ANALYSIS

1. DOES THE BILL HAVE A FISCAL IMPACT TO LOCAL GOVERNMENT? Y ___ N _X_

Revenues:	None
Expenditures:	None anticipated. The first year will involve working with other agencies to analyze the impact and determine any workload adjustments that may be necessary as the initiative proceeds.
Does the legislation increase local taxes or fees? If yes, explain.	
If yes, does the legislation provide for a local referendum or local governing body public vote prior to implementation of the tax or fee increase?	No.

2. DOES THE BILL HAVE A FISCAL IMPACT TO STATE GOVERNMENT? Y __ N _X__

Revenues:	None
Expenditures:	None anticipated. The first year will involve working with other agencies to analyze the impact and determine any workload adjustments that may be necessary as the initiative proceeds.
Does the legislation contain a State Government appropriation?	No.
If yes, was this appropriated last year?	No

3. DOES THE BILL HAVE A FISCAL IMPACT TO THE PRIVATE SECTOR? Y ___ N _X_

Revenues:	
Expenditures:	
Other:	

4. DOES THE BILL INCREASE OR DECREASE TAXES, FEES, OR FINES? Y ___ N _X_

If yes, explain impact.	
Bill Section Number:	

TECHNOLOGY IMPACT

1. DOES THE BILL IMPACT THE AGENCY'S TECHNOLOGY SYSTEMS (I.E. IT SUPPORT, LICENSING SOFTWARE, DATA STORAGE, ETC.)? Y _X__ N ___

If yes, describe the anticipated impact to the agency including any fiscal impact.	The bill will impact on the agency's Clearinghouse system; any updates and changes can be absorbed within existing enhancement planning.

FEDERAL IMPACT

1. DOES THE BILL HAVE A FEDERAL IMPACT (I.E. FEDERAL COMPLIANCE, FEDERAL FUNDING, FEDERAL AGENCY INVOLVEMENT, ETC.)? Y ___ N _X__

If yes, describe the anticipated impact including any fiscal impact.	

ADDITIONAL COMMENTS

LEGAL – GENERAL COUNSEL'S OFFICE REVIEW

Issues/concerns/comments:	

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 Appropriations Committee on Health and Human Services

BILL:	SB 1340
INTRODUCER:	Senator Harrell
SUBJECT:	Coordinated Screening and Progress Monitoring
DATE:	February 17, 2026 REVISED:

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Brick	Bouck	ED	**Favorable**
2.	Gerbrandt	McKnight	AHS	**Pre-meeting**
3.			RC	

I. Summary:

SB 1340 revises district responsibilities when screening indicates that a student exhibits characteristics of dyslexia or dyscalculia. The bill:

- Requires specified district action when screening indicates that a student exhibits characteristics of dyslexia or dyscalculia.
- Requires the district to promptly pursue parental consent for an initial evaluation for exceptional student education when a screening provides reasonable suspicion that the student may be a student with a disability.
- Revises further screening requirements within the statewide coordinated screening and progress monitoring framework and requires State Board of Education rulemaking.

The bill has no fiscal impact on state expenditures or revenues. **See Section V., Fiscal Impact Statement.**

The bill takes effect July 1, 2026.

II. Present Situation:

Specific Learning Disabilities – Dyslexia and Dyscalculia

A child with a disability includes a child with a specific learning disability, defined as a disorder in one or more of the basic psychological processes that may manifest as difficulty listening, thinking, speaking, reading, writing, spelling, or doing mathematical calculations, including dyslexia.[1] An "exceptional student" includes a student with a disability determined eligible for a

[1] 34 C.F.R. s. 300.8(c)(10)(i).

special program in accordance with State Board of Education (SBE) rules, including a student with a specific learning disability.[2]

Dyslexia is a specific learning disability in basic reading skills that ranges in severity and is characterized by difficulties with accurate or fluent word recognition and by poor spelling and decoding abilities, typically resulting from a deficit in the phonological component of language.[3] Dyscalculia is an associated condition of a specific learning disability and generally refers to difficulty learning and comprehending mathematics, including number sense and computation.[4]

Statewide Coordinated Screening and Progress Monitoring System

A statewide coordinated screening and progress monitoring (CSPM) system is required for use in public school Voluntary Prekindergarten Education Program (VPK) and public schools.[5] The system must:[6]

- Measure student progress in early literacy skills, early mathematics skills, and the English Language Arts (ELA) and mathematics standards to inform instruction.
- Provide screening and diagnostic capabilities.
- Identify students with substantial deficiencies in reading or mathematics.
- Identify students with characteristics of dyslexia or dyscalculia.

Results must be provided to teachers within one week after completion of the assessment period and to parents within two weeks after administration of the progress monitoring assessment.[7] A student identified by the CSPM system as having characteristics of dyslexia or dyscalculia must undergo further screening.[8]

The statewide CSPM program is implemented as the Florida Assessment of Student Thinking (FAST), administered in three progress monitoring windows each school year, using Renaissance Star assessments in kindergarten through grade 2 and Cambium testing and reporting systems for grades 3 through 10 ELA Reading and grades 3 through 8 Mathematics.[9]

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[2] Section 1003.01(9)(a), F.S.
[3] Rule 6A-6.053(7), F.A.C.
[4] American Psychiatric Association, *"What Is Specific Learning Disorder?,"* Psychiatry.org (Mar. 2024), https://www.psychiatry.org/patients-families/specific-learning-disorder/what-is-specific-learning-disorder (last visited Jan. 20, 2026).
[5] Section 1008.25(9)(a), F.S.
[6] Section 1008.25(9)(a)1.-4., F.S.
[7] Section 1008.25(9)(b)-(c), F.S.
[8] Section 1008.25(9)(a)3., F.S.
[9] Florida Department of Education, *Florida Assessment of Student Thinking (FAST), 2025–26 Statewide Assessment Administration Schedule (Progress Monitoring)*, *available at* https://www.fldoe.org/file/5663/2526StatewideAssessmentSched.pdf; Florida Department of Education, *Florida Assessment of Student Thinking (FAST), 2025–26 Grades K–2 Fact Sheet*, *available at* https://www.fldoe.org/file/20102/2526FASTK2FS.pdf; and Florida Department of Education, *Coordinated Screening & Progress Monitoring System Overview (Mar. 21, 2022)*, *available at* https://www.fldoe.org/file/7506/FOILStatewideAssessment.pdf, at 6, 9, 19.

Student Progression and Monitoring Plans

Each district school board adopts and implements a comprehensive program for student progression that addresses promotion, retention, remediation, and the use of assessment results to identify and assist students who are not meeting performance expectations.[10]

A student who is not meeting district or state requirements for satisfactory performance in ELA or mathematics must be covered by at least one of the following:[11]

- A federally required student plan (for example, an individual education plan (IEP)).
- A schoolwide system of progress monitoring for all students, subject to specified exemptions.
- An individualized progress monitoring plan.

A student with a substantial deficiency in reading or a substantial deficiency in mathematics must be covered by a federally required student plan, an individualized progress monitoring plan, or both, as necessary.[12] An individualized progress monitoring plan must be developed within 45 days after the CSPM results become available.[13]

At a minimum, an individualized progress monitoring plan must include:[14]

- The student's identified reading or mathematics skill deficiency.
- Goals and benchmarks for growth in reading or mathematics.
- The measures used to evaluate and monitor progress.
- For a substantial reading deficiency, the evidence-based literacy instruction grounded in the science of reading that will be provided.
- Strategies, resources, and materials to be provided to the parent to support the student's progress.
- Any additional services that the teacher deems available and appropriate to accelerate the student's skill development.

Reading and Mathematics Deficiencies

Reading and mathematics deficiencies, and characteristics of dyslexia or dyscalculia, may be identified using screening, diagnostic, progress monitoring, or assessment data; statewide assessments; or teacher observations.[15] Once a student is identified as having a substantial deficiency in early literacy skills, reading, or mathematics, the applicable interventions must begin immediately.[16]

For a student who exhibits characteristics of dyslexia, as defined in SBE rule, dyslexia-specific interventions must be provided.[17] Appropriate, evidence-based interventions must be initiated upon receipt of documentation from a licensed psychologist demonstrating that the student has

[10] Section 1008.25(2), F.S.
[11] Section 1008.25(4)(b)1.-3., F.S.
[12] Section 1008.25(4)(c), F.S.
[13] Section 1008.25(4)(c), F.S.
[14] Section 1008.25(4)(c)1.-6., F.S.
[15] Section 1008.25(5)(a) and (6)(a), F.S.
[16] Section 1008.25(5)(a) and (6)(a)1., F.S.
[17] Section 1008.25(5)(a)1., F.S.; Rule 6A-6.053(7), F.A.C.

been diagnosed with dyslexia or dyscalculia, and initiation may not wait for completion of an exceptional student education eligibility evaluation.[18]

Written parent notification is required when a student has been identified as having a substantial deficiency in reading or mathematics and must include specified information about the deficiency, current services, proposed interventions, and home-based supports and resources as applicable.[19] After the initial notification, written progress updates must be provided at least monthly and must include an explanation of any additional interventions implemented when progress is insufficient, with additional meetings and supports provided upon request.[20]

The reading intervention and parent notification requirements apply to students in public school VPK through grade 3.[21] The mathematics intervention and parent notification requirements apply to students in public school VPK through grade 4.[22]

Evaluation and IEP Timelines

Each district school board must provide exceptional student education and include professional services for diagnosis and evaluation.[23] The initial evaluation process is triggered when the school district has reasonable suspicion that a student may have a disability and need special education and related services.[24] Response-to-intervention strategies may not be used to delay or deny an evaluation for a child suspected of having a disability.[25]

A full and individual initial evaluation must be conducted before the initial provision of exceptional student education, and either a parent or the school district may initiate a request for an initial evaluation.[26]

When a parent requests, or when the school district suspects that a student may have a disability, parental consent for an evaluation must be requested within 30 days, unless the parent and school agree otherwise in writing, or the district rejects the parent's request.[27]

Before a school district requests an initial evaluation for a K-12 student suspected of having a disability, school personnel must document one of the following determinations in the student's educational record:[28]

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[18] Section 1008.25(5)(a)2. and (6)(a)4., F.S.
[19] Section 1008.25(5)(d) and (6)(c), F.S.
[20] Section 1008.25(5)(d) and (6)(c), F.S.
[21] Section 1008.25(5)(a)1., F.S.; Rule 6A-6.053(5)(b), F.A.C.
[22] Section 1008.25(6)(a)1., F.S.; Rule 6A-6.0533(7)(a)1., F.A.C.
[23] Section 1003.57(1)(a)-(b), F.S.
[24] 34 C.F.R. s. 300.111(c)(1); *Leigh Ann H. v. Riesel Indep. Sch. Dist.*, 18 F.4th 788, 796 n.6 (5th Cir. 2021) (citing *Krawietz ex rel. Parker v. Galveston Indep. Sch. Dist.*, 900 F.3d 673, 676 (5th Cir. 2018)).
[25] Office of Special Education Programs, U.S. Department of Education, *OSEP Memorandum 11-07, "A Response to Intervention (RTI) Process Cannot Be Used to Delay-Deny an Evaluation for Eligibility under the Individuals with Disabilities Education Act (IDEA)"* (Jan. 21, 2011).
[26] Rule 6A-6.0331(3), F.A.C.
[27] Rule 6A-6.0331(3)(b)-(c), F.A.C.
[28] Rule 6A-6.0331(3)(d)1.-3., F.A.C.

- General education intervention procedures have been implemented, and the data indicate that the student may be a student with a disability who needs special education and related services.
- The evaluation was initiated at parent request and the general education intervention activities will be completed concurrently with the evaluation, but before the determination of the student's eligibility for special education and related services.
- The nature or severity of the student's areas of concern makes the general education intervention procedures inappropriate in addressing the student's immediate needs.

Initial evaluations must be completed within 60 calendar days after receipt of parental consent, excluding specified school holidays and breaks and summer vacation, and subject to specified exceptions and extensions.[29] An IEP must be developed within 30 days after a determination that the child needs special education and related services, and services must be made available as soon as possible following IEP development.[30]

III. Effect of Proposed Changes:

The bill revises district responsibilities when screening indicates that a student exhibits characteristics of dyslexia or dyscalculia.

Student Progression and Monitoring Plans

The bill amends s. 1008.25, F.S., to require a school district to take specified actions when the statewide coordinated screening and progress monitoring system, or a district-approved screening instrument, indicates that a student exhibits characteristics of dyslexia or dyscalculia.

When a student exhibits characteristics of dyslexia or dyscalculia, the district must ensure the student is covered by the progress monitoring plan already required for students who need intervention supports. The plan must include evidence-based interventions specific to the identified characteristics of dyslexia or dyscalculia. The interventions must be aligned, as appropriate, with the required reading intervention framework and the required mathematics intervention framework for students with specific learning disabilities.

The bill also requires the district to treat the screening indication as reasonable suspicion that the student may be a student with a disability for purposes of the initial evaluation process for exceptional student education, and to promptly seek parental consent to conduct an initial evaluation consistent with SBE rule and applicable federal law.

In addition, the bill requires screening activities and required intervention procedures to occur concurrently with the evaluation process and prohibits using those activities or procedures to delay or deny an appropriate evaluation to determine eligibility for exceptional student education and related services.

[29] Rule 6A-6.0331(3)(g), F.A.C.
[30] 34 C.F.R. s. 300.323(c)(1)-(2).

Statewide Coordinated Screening and Progress Monitoring System

The bill retains the requirement for further screening when the statewide coordinated screening and progress monitoring (CSPM) system indicates that a student exhibits characteristics of dyslexia or dyscalculia. The bill adds a further screening requirement when the system is not capable of identifying characteristics of dyslexia or dyscalculia and a student meets performance thresholds established by SBE rule.

The bill specifies that further screening is used to refine instructional planning and parent communication and is not a prerequisite to the intervention and evaluation obligations in the bill. The bill requires further screening activities to occur concurrently with required interventions and the evaluation process and prohibits using screening activities to delay or deny an appropriate evaluation.

The bill requires the SBE to adopt rules establishing timelines, performance thresholds, and parental notification requirements for further screening required under the CSPM system provisions governing identification of characteristics of dyslexia or dyscalculia.

The bill takes effect July 1, 2026.

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:

None.

C. Government Sector Impact:

The bill has no fiscal impact on state expenditures or revenues.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends section 1008.25 of the Florida Statutes.

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.

By Senator Harrell

31-01183-26 20261340__

A bill to be entitled

An act relating to coordinated screening and progress monitoring; amending s. 1008.25, F.S.; specifying requirements for a school district if a student exhibits characteristics of dyslexia or dyscalculia; providing circumstances under which a student is required to undergo further screening for dyslexia or dyscalculia; requiring the State Board of Education to adopt rules; providing an effective date.

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

Section 1. Paragraph (d) is added to subsection (4) of section 1008.25, Florida Statutes, and paragraph (a) of subsection (9) of that section is amended, to read:

1008.25 Public school student progression; student support; coordinated screening and progress monitoring; reporting requirements.—

(4) ASSESSMENT AND SUPPORT.—

(d) If the coordinated screening and progress monitoring system under subsection (9), or any district-approved screening instrument, identifies a student as exhibiting characteristics of dyslexia or dyscalculia, the school district shall:

1. Ensure that the student is covered by a plan under paragraph (b) which includes evidence-based interventions that are specific to the identified characteristics of dyslexia or dyscalculia and that are aligned, as appropriate, with the interventions required under subsection (5) for reading and subsection (6) for mathematics.

2. Treat the screening result as reasonable suspicion that the student may be a student with a disability for purposes of s. 1003.57 and promptly seek parental consent to conduct an initial evaluation consistent with state board rule and applicable federal law.

3. Ensure that screening activities and intervention procedures, including interventions required under this subsection and subsections (5) and (6), occur concurrently with the evaluation process and are not used to delay or deny an appropriate evaluation.

(9) COORDINATED SCREENING AND PROGRESS MONITORING SYSTEM.—

(a) The Department of Education, in collaboration with the Office of Early Learning, shall procure and require the use of a statewide, standardized coordinated screening and progress monitoring system for the Voluntary Prekindergarten Education Program and public schools. The system must:

1. Measure student progress in meeting the appropriate expectations in early literacy and mathematics skills and in English Language Arts and mathematics standards as required by ss. 1002.67(1)(a) and 1003.41 and identify the educational strengths and needs of students.

2. For students in the Voluntary Prekindergarten Education Program through grade 3, measure student performance in oral language development, phonological and phonemic awareness, knowledge of print and letters, decoding, fluency, vocabulary, and comprehension, as applicable by grade level, and, at a minimum, provide interval level and norm-referenced data that measures equivalent levels of growth.

3. Be a valid, reliable, and developmentally appropriate

computer-based direct instrument that provides screening and diagnostic capabilities for monitoring student progress; identifies students who have a substantial deficiency in reading or mathematics, including identifying students with characteristics of dyslexia, dyscalculia, and other learning disorders; and informs instruction. Any student identified by the system as having characteristics of dyslexia or dyscalculia shall undergo further screening. Any student whose performance in the system meets thresholds established by State Board of Education rule in circumstances in which the system is not capable of identifying characteristics of dyslexia or dyscalculia must undergo further screening. The further screening required under this subparagraph is used to refine instructional planning and parental communication and is not a prerequisite to the interventions or evaluation obligations described in subsection (4). The State Board of Education shall adopt rules establishing timelines, performance thresholds, and parental notification requirements for further screening under this subparagraph. Screening activities under this subsection shall occur concurrently with the interventions and evaluation obligations described in subsection (4) and may not be used to delay or deny an appropriate evaluation. Beginning with the 2023-2024 school year, the coordinated screening and progress monitoring system must be computer-adaptive.

4. Provide data for Voluntary Prekindergarten Education Program accountability as required under s. 1002.68.

5. Provide Voluntary Prekindergarten Education Program providers, school districts, schools, teachers, and parents with data and resources that enhance differentiated instruction and

parent communication.

6. Provide baseline data to the department of each student's readiness for kindergarten. The determination of kindergarten readiness must be based on the results of each student's initial progress monitoring assessment in kindergarten. The methodology for determining a student's readiness for kindergarten must be developed by the department and aligned to the methodology adopted pursuant to s. 1002.68(4).

7. Assess how well educational goals and curricular standards are met at the provider, school, district, and state levels and provide information to the department to aid in the development of educational programs, policies, and supports for providers, districts, and schools.

Section 2. This act shall take effect July 1, 2026.

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 Appropriations Committee on Health and Human Services

BILL:	CS/SB 1404
INTRODUCER:	Health Policy Committee and Senator Burton
SUBJECT:	Memory Care
DATE:	February 17, 2026
REVISED:	

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Looke	Brown	HP	**Fav/CS**
2.	Gerbrandt	McKnight	AHS	**Pre-meeting**
3.			FP	

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/SB 1404 amends, creates, and repeals several sections of law to create a new assisted living facility (ALF or facility) specialty license type for "memory care services." The bill requires an ALF, under certain conditions, to obtain a memory care services license, within a specified timeframe, to provide memory care services, serve memory care residents, or advertise or hold itself out to provide such services or serve such residents.

The bill defines the terms "memory care resident" and "memory care services" and requires the Agency for Health Care Administration (AHCA) to adopt rules by October 1, 2026, establishing minimum standards for memory care services licenses and providing criteria for what such standards must address. Additionally, the bill provides criteria for how a memory care resident may choose to stay at an ALF should the ALF not be able to obtain a memory care services license.

The bill also creates s. 430.71, F.S., to establish the Florida Alzheimer's Center of Excellence (Center) to assist and support persons with Alzheimer's disease and related forms of dementia (ADRD) and their caregivers by connecting them with resources in their communities. The bill creates the Center within the Department of Elderly Affairs (DOEA) and tasks the Center with specified activities related to its stated goals. Additionally, the bill establishes eligibility criteria for a person to qualify for services through the Center and requires the Center to submit an annual report to the Governor and the Legislature with specific data related to the services provided by the Center.

Lastly, effective upon the date when the AHCA's rules implementing memory care services licenses take effect, the bill repeals ss. 429.178 and 429.177, F.S.

The bill has no fiscal impact on the DOEA. The bill may have a workload impact on the AHCA, which can be absorbed within existing resources. **See Section V., Fiscal Impact Statement.**

The bill takes effect upon becoming law.

II. Present Situation:

Alzheimer's Disease and Related Dementias (ADRD)

ADRD are debilitating conditions that impair memory, thought processes, and functioning, primarily among older adults. The effects of these diseases can be devastating, both for individuals afflicted with ADRD and for their families. People with ADRD may require significant amounts of health care and intensive long-term services and supports – including, but not limited to, management of chronic conditions, help taking medications, round-the-clock supervision and care, or assistance with personal care activities, such as eating, bathing, and dressing. In the United States, ADRD affects as many as five million people and nearly 40 percent of the population aged 85 and older. Roughly 13.2 million older Americans are projected to have ADRD by 2050.[1]

Assisted Living Facilities (ALF)

An ALF is a residential facility, or part of a residential facility, which provides housing, meals, and one or more personal services for a period exceeding 24 hours to one or more adults who are not relatives of the owner or administrator.[2] According to the Agency for Health Care Administration (AHCA), an ALF is designed to provide personal care services in the least restrictive and most home-like environment.[3] ALFs can range in size from one resident to several hundred and may offer a wide variety of personal and nursing services designed specifically to meet an individual's personal needs.[4]

Facilities are licensed to provide routine personal care services under a standard license, or more specific services under the authority of specialty licenses. The purpose of specialty licenses is to allow individuals to age in place[5] in familiar surroundings that can adequately and safely meet

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[1] What is Alzheimer's Disease and Related Dementias, U.S. Department of Health and Human Services, available at https://aspe.hhs.gov/collaborations-committees-advisory-groups/napa/what-ad-adrd, (last visited Jan 28, 2026).
[2] Section 429.02(5), F.S.
[3] Assisted Living Facility, Florida Agency for Health Care Administration, available at http://ahca.myflorida.com/health-quality-assurance/bureau-of-health-facility-regulation/assisted-living-unit/assisted-living-facility, (last visited Jan. 27, 2026).
[4] *Id*.
[5] Section 429.02(4), F.S., defines "aging in place" as the process of providing increased or adjusted services to a person to compensate for the physical or mental decline that may occur with the aging process, in order to maximize the person's dignity and independence and permit them to remain in a familiar, noninstitutional, residential environment for as long as possible. Such services may be provided by facility staff, volunteers, family, or friends, or through contractual arrangements with a third party.

their continuing health care needs.[6] In addition to a standard license, an ALF can also be licensed to provide one or more of extended congregate care (ECC), limited nursing services (LNS), or limited mental health (LMH) services.[7] Currently there are 2,989 licensed ALFs in Florida with 171 licensed to provide ECC, 396 licensed to provide LNS, and 703 licensed to provide LMH services.[8]

***Extended Congregate Care* (ECC)**

The purpose of an ECC license is to allow an ALF to provides services, directly or through contract, beyond those allowed by a standard ALF license, including nursing and supportive services, to persons who would otherwise be disqualified from continued residence in a standard licensed facility.[9] An ALF with an ECC license is exempt from criteria for continued residency established for standard ALFs[10] and may establish its own guidelines for continued residency as long as such guidelines meet the criteria for ECC policies in Rule 59A-36.021, F.A.C.[11] Additionally, ECC facilities are prohibited from serving residents who require 24-hour nursing supervision.[12]

***Limited Nursing Services* (LNS)**

A LNS license authorizes an ALF to provide nursing services[13] to a resident such as the care of routine dressings and care of casts, braces, and splints.[14] A LNS license does not exempt the facility from meeting admission and continued residency criteria for a standard ALF license unless the facility is also licensed to provide ECC. Additionally, a LNS license does not authorize the provision of 24-hour nursing care.[15]

***Limited Mental Health* (LMH)**

An ALF that serves one or more mental health residents is required to obtain a LMH license. A mental health resident is an individual who receives social security disability income due to a mental disorder as determined by the Social Security Administration or receives supplemental security income due to a mental disorder as determined by the Social Security Administration and receives optional state supplementation.[16] A facility with a LMH license is required to:

- Ensure that, within six months after receiving the LMH license, the facility administrator and the staff of the facility who are in direct contact with mental health residents must complete training of no less than six hours related to their duties.
- Provide appropriate supervision and staffing to provide for the health, safety, and welfare of its mental health residents.

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[6] Section 429.02(5), F.S.
[7] Section 429.07(3), F.S.
[8] Florida Health Finder Report, available at https://quality.healthfinder.fl.gov/Facility-Provider/ALF?&type=1, (last visited Jan. 27, 2026).
[9] Section 429.07(3)(b), F.S.
[10] Rule 59A-36.006(4), F.A.C.
[11] Section 429.07(3)(b)5, F.S.
[12] *Id*.
[13] Services authorized to be provided by someone licensed under Part I of ch. 464, F.S.
[14] Section 429.02(14), F.S.
[15] *Id*.
[16] Section 429.02(16), F.S.

- Have a copy of each mental health resident's community living support plan[17] and the cooperative agreement[18] with the mental health care services provider or provide written evidence that a request for the community living support plan and the cooperative agreement was sent to the resident's Medicaid managed care plan or the appropriate managing entity under contract with the Department of Children and Families (DCF) within 72 hours after admission. The support plan and the agreement may be combined.
- Have documentation provided by the DCF that each mental health resident has been assessed and determined to be able to live in the community in an assisted living facility that has a limited mental health license or provide written evidence that a request for documentation was sent to the department within 72 hours after admission.
- Make the community living support plan available for inspection by the resident, the resident's legal guardian or health care surrogate, and other individuals who have a lawful basis for reviewing this document.
- Assist the mental health resident in carrying out the activities identified in the resident's community living support plan.[19]

Memory Care in Assisted Living Facilities in Florida

Although many Florida ALFs claim to be memory care facilities or advertise as providing specialized care for persons with ADRD, there is currently no licensure category specific to memory care and very few regulations in either law or rule for providing such care. Rules that do exist require an ALF that claims to provide special care for persons with ADRD to:

- Disclose in its advertisements or in a separate document those services that distinguish the care as being especially able to, or suitable for, such persons. The facility must give a copy of all such advertisements or documents to any person who requests them and must maintain a copy of each in its records. The AHCA is required to examine all such advertisements and documents as part of the facility's license renewal procedure.[20]
- Have an awake staff member on duty at all hours of the day and night, or, if the facility has fewer than 17 residents, have mechanisms in place to monitor and ensure the safety of the facility's residents. [21]
- Offer activities specifically designed for persons who are cognitively impaired.[22]

[17] Section 429.02(8), F.S., defines "community living support plan" as a written document prepared by a mental health resident and the resident's mental health case manager in consultation with the administrator of an assisted living facility with a limited mental health license or the administrator's designee. A copy must be provided to the administrator. The plan must include information about the supports, services, and special needs of the resident which enable the resident to live in the assisted living facility and a method by which facility staff can recognize and respond to the signs and symptoms particular to that resident which indicate the need for professional services.
[18] Section 429.02(9), F.S., defines "cooperative agreement" to mean a written statement of understanding between a mental health care provider and the administrator of the assisted living facility with a limited mental health license in which a mental health resident is living. The agreement must specify directions for accessing emergency and after-hours care for the mental health resident. A single cooperative agreement may service all mental health residents who are clients of the same mental health care provider.
[19] Section 429.075, F.S.
[20] Section 429.177, F.S.
[21] Section 429.178, F.S.
[22] *Id*.

- Have a physical environment that provides for the safety and welfare of the facility's residents;[23] and
- Employ staff who must complete the training and continuing education required under s. 430.5025, F.S., that includes:
  - Within three months after beginning employment, each employee who provides personal care to, or has regular contact with, residents with ADRD complete an additional three hours of training as specified.
  - Within six months after beginning employment, each employee who provides personal care must complete an additional four hours of dementia-specific training. Such training must include, but is not limited to, understanding ADRD, the stages of Alzheimer's disease, communication strategies, medical information, and stress management.
  - Thereafter, each employee who provides personal care must participate in at least four hours of continuing education each calendar year through contact hours, on-the-job training, or electronic learning technology.

While the existing law and rules provide some minimum requirements, there is little specificity as to how those requirements must be implemented. This lack of specificity largely leaves the decisions on how to implement those requirements up to each individual ALF. As such, the type and quality of care a resident may receive from one memory care ALF to another may vary widely.

III. Effect of Proposed Changes:

Sections 1 through 3 amend ss. 429.02 and 429.07, F.S., and create s. 429.076, F.S., respectively, to establish a new specialty Assisted Living Facility (ALF) license type for "memory care services." The bill defines the terms:

- "Memory care resident" to mean a person who suffers from Alzheimer's Disease and Related Dementias (ADRD) who is a resident of an ALF that claims or otherwise represents that it provides specialized care, services, or activities specifically to support such resident's ADRD, irrespective of whether such care, services, or activities were listed in the resident's contract; and
- "Memory care services" to mean specific specialized or focused care, services, or activities an ALF agrees to provide to a memory care resident to support his or her ADRD. Such services do not include services, care, or activities provided by the ALF as optional supportive services that are available to all residents of the facility.

The bill requires an ALF to obtain a memory care services license if the ALF serves one or more memory care residents or advertises or otherwise holds itself out as providing memory care services. However, the bill specifies that an ALF is not required to obtain a memory care services license if the facility solely provides optional supportive services[24] for residents with ADRD which are available to all residents of the facility so long as the facility complies with rules the bill requires the Agency for Health Care Administration (AHCA) to adopt on advertising.

[23] Section 429.178, F.S.

[24] Section 429.02(27), F.S., defines "supportive services" as services designed to encourage and assist aged persons or adults with disabilities to remain in the least restrictive living environment and to maintain their independence as long as possible.

The bill requires the AHCA to adopt rules for minimum standards for memory care services licenses by October 1, 2026, and specifies that such rules must include, but are not limited to:

- Policies and procedures for providing memory care services.
- Standardized admittance criteria for memory care residents.
- The minimum level of care, services, and activities that must be provided to memory care residents.
- Minimum training requirements for staff at a facility with a memory care services license, which must meet or exceed training requirements established in s. 430.5025, F.S.
- Safety requirements specific to memory care residents, including, but not limited to, requiring a memory care services licensee to maintain at least one awake staff member to be on duty at all hours.
- Physical plant requirements for a facility, or parts of a facility as specified by the licensee, serving memory care residents.
- Requirements for contracts with memory care residents which, in addition to the requirements established by s. 429.24, F.S., must require a memory care services licensee to specify the memory care services that will be provided to the memory care resident.
- Reasonable limitations on how an assisted living facility may advertise or hold itself out as providing optional supportive services for residents with Alzheimer's disease and related dementias without obtaining a memory care services license.

An ALF that is licensed on or after the effective date of the AHCA's rules must obtain a memory care services license to provide memory care services, serve memory care residents, or advertise or hold itself out as providing memory care services or otherwise serving memory care residents. If the facility was licensed prior to the effective date of the rules, it must obtain a memory care services license upon licensure renewal in order to start or continue to provide such services or serve such residents.

Lastly, the bill provides that if an ALF serves one or more memory care residents who were accepted before the effective date AHCA's rules, that ALF may continue to serve those residents without obtaining a memory care services license if the ALF:

- Demonstrates to the AHCA that it is unable to reasonably obtain such license.
- Notifies any memory care residents the facility serves and their caregivers, if applicable, that:
  - The facility is required to obtain a memory care services license.
  - The facility is unable to obtain such license; and
  - The memory care resident may relocate to a facility with a memory care services license, if desired.
- Upon request, assists memory care residents or, if applicable, their caregivers with finding a suitable alternate facility.
- No longer accepts any new memory care residents without first obtaining a memory care services license.

Should a resident, or his or her caregiver if applicable, decide to remain at a facility under these conditions, the facility must:

- Amend the resident's contract to include the memory care services that are being provided to the resident;

- Maintain records pertaining to when and how such services were provided to the resident; and
- Provide such records to the resident, his or her caregivers, or the AHCA upon request.

Section 4 creates s. 430.71, F.S., to establish the Florida Alzheimer's Center of Excellence (Center) within the Department of Elderly Affairs (DOEA). The bill provides that the purpose of the Center is to assist and support persons with ADRD and their caregivers by connecting them with resources in their communities to address the following goals:
- To allow residents of this state living with ADRD to age in place.
- To empower family caregivers to improve their own wellbeing.

The bill allows the Center to contract for services necessary to implement its goals and requires the Center to:
- Conduct caregiver assessments to measure caregiver burden.
- Create personalized plans that guide caregivers to community resources, empowering them with the skills, education, support, and planning necessary for effective caregiving, including addressing any medical, emotional, social, legal, or financial challenges experienced by the person with ADRD.
- Educate and assist caregivers with strategies for caregiving for someone with ADRD and provide guidance on all aspects of home-based care, including home safety, physical and mental health, legal and financial preparedness, communication skills, and hands-on care techniques.
- Provide online educational resources for caregivers.
- Track outcomes, including, but not limited to, decreased hospitalizations, reduced emergency department visits, reduction in falls, and reduction in caregiver burnout.
- By December 1 of each year, submit a report to the Governor, the President of the Senate, and the Speaker of the House of Representatives which addresses the number of families served, the types of services provided, and the outcomes achieved.

The bill requires the Center to work with all of the following:
- Area agencies on aging as defined in s. 430.203, F.S.
- The Alzheimer's Disease Advisory Committee established under s. 430.501, F.S.
- The Alzheimer's Disease Initiative established under ss. 430.501 through 430.504, F.S.
- The state-funded memory disorder clinics established under s. 430.502, F.S.
- The DOEA's Dementia Care and Cure Initiative task forces.
- Universities.
- Hospitals.
- Other available community resources to ensure full use of the state's infrastructure.

To qualify for services from the Center, an individual or caregiver must:
- Live in a household where at least one person is a caregiver for a person diagnosed or suspected to have ADRD and either the caregiver or the person diagnosed or suspected to have ADRD is a resident of Florida; and
- Have the goal of providing in-home care for the person diagnosed with or suspected to have ADRD.

The Center is authorized to provide assistance to eligible caregiving families, subject to the availability of funds and resources.

Section 5 repeals ss. 429.177 and 429.178, F.S., effective upon the adoption of rules establishing minimum standards for memory care services licenses.

Section 6 provides that the bill takes effect upon becoming 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 may have an indeterminate negative fiscal impact on those Assisted Living Facilities (ALFs) that are required to meet additional criteria to obtain a memory care services license.

C. Government Sector Impact:

The bill has no fiscal impact on the Department of Elderly Affairs. The bill may have a workload impact on the Agency for Health Care Administration (AHCA), due to the creation of a new license type for ALFs, which will require the AHCA to review

additional information during an ALF's licensure renewal process. According to the AHCA this impact can be absorbed within existing resources.[25]

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 429.02 and 429.07.

This bill creates the following sections of the Florida Statutes: 429.076 and 430.71.

This bill repeals the following sections of the Florida Statutes: 429.177 and 429.178.

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 February 2, 2026:
The CS:

- Replaces current memory care provisions in the bill and creates a new "memory care services" specialty license type which an Assisted Living Facilities (ALF) may obtain in addition to the standard ALF license.
- Defines terms and requires an ALF to obtain a memory care services license under certain circumstances.
- Requires the Agency for Health Care Administration (AHCA) to adopt rules for minimum standards to obtain and maintain a memory care services license.
- Provides a timeline for ALFs to obtain a memory care services license.
- Provides flexibility for ALF residents who need memory care services to choose to stay at an ALF even if the ALF would be required to obtain a memory care services license under certain circumstances.
- Effective upon the adoption of AHCA's rules for memory care services licenses, repeals ss. 429.177 and 429.178, F.S.
- Changes the effective date of the bill to effective upon becoming law.

B. Amendments:

None.

[25] The Agency for Health Care Administration, *2026 Agency Bill Analysis, CS/SB 1404* (on file with the Senate Appropriations Committee on Health and Human Services).

By the Committee on Health Policy; and Senator Burton

588-02424-26 20261404c1

A bill to be entitled

An act relating to memory care; amending s. 429.02, F.S.; defining terms; amending s. 429.07, F.S.; requiring licenses for assisted living facilities that provide memory care services; making technical changes; creating s. 429.076, F.S.; requiring an assisted living facility that serves memory care residents or holds itself out as providing memory care services to obtain a memory care services license; providing an exception; requiring an assisted living facility to maintain certain licensure and meet certain requirements in order to obtain a memory care services license; requiring the Agency for Health Care Administration to adopt rules governing memory care services licenses by a specified date; specifying requirements for such rules; requiring an assisted living facility licensed on or after the effective date of such rules to obtain a memory care services license to carry out certain functions; requiring an assisted living facility licensed before the effective date of such rules to obtain a memory care services license at the time such facility renews its license; authorizing a facility that served memory care residents without a memory care services license before a specified date to continue to do so if certain requirements are met; requiring a facility without a memory care services license to meet specified requirements if a memory care resident decides to remain at the facility despite the absence

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of such license; creating s. 430.71, F.S.; providing the purpose of the Florida Alzheimer's Center of Excellence; defining terms; creating the center within the Department of Elderly Affairs; authorizing the center to contract for services; providing duties of the center; requiring the center to submit an annual report to the Governor and the Legislature by a specified date; specifying requirements for the report; requiring the center to work with specified agencies, committees, initiatives, clinics, task forces, and other entities to ensure the full use of the state's infrastructure; specifying eligibility requirements for services; authorizing the center to provide assistance to qualified persons, subject to the availability of funds and resources; repealing ss. 429.177 and 429.178, F.S., relating to patients with Alzheimer's disease or other related disorders and certain disclosures and special care for persons with Alzheimer's disease or other related disorders, respectively, upon the adoption of certain rules; providing an effective date.

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

Section 1. Present subsections (15) through (28) of section 429.02, Florida Statutes, are redesignated as subsections (17) through (30), respectively, new subsections (15) and (16) are added to that section, and subsection (12) of that section is amended, to read:

429.02 Definitions.—When used in this part, the term:

(12) "Extended congregate care" means acts beyond those authorized in subsection (20) ~~(18)~~ which may be performed pursuant to part I of chapter 464 by persons licensed thereunder while carrying out their professional duties, and other supportive services that may be specified by rule. The purpose of such services is to enable residents to age in place in a residential environment despite mental or physical limitations that might otherwise disqualify them from residency in a facility licensed under this part.

(15) "Memory care resident" means a person who suffers from Alzheimer's disease or a related dementia who is a resident of an assisted living facility that claims or otherwise represents that it provides specialized care, services, or activities specifically to support such resident's Alzheimer's disease or related dementia, irrespective of whether such care, services, or activities were listed in the resident's contract.

(16) "Memory care services" means specific specialized or focused care, services, or activities an assisted living facility agrees to provide to a memory care resident to support his or her Alzheimer's disease or related dementia. Such services do not include services, care, or activities provided by the assisted living facility as optional supportive services that are available to all residents of the facility.

Section 2. Subsection (3) of section 429.07, Florida Statutes, is amended to read:

429.07 License required; fee.—

(3) In addition to the requirements of s. 408.806, each license granted by the agency must state the type of care for

which the license is granted. Licenses shall be issued for one or more of the following categories of care: standard, extended congregate care, limited nursing services, ~~or~~ limited mental health, or memory care services.

(a) A standard license shall be issued to facilities providing one or more of the personal services identified in s. 429.02. Such facilities may also employ or contract with a person licensed under part I of chapter 464 to administer medications and perform other tasks as specified in s. 429.255.

(b) An extended congregate care license shall be issued to each facility that has been licensed as an assisted living facility for 2 or more years and that provides services, directly or through contract, beyond those authorized in paragraph (a), including services performed by persons licensed under part I of chapter 464 and supportive services, as defined by rule, to persons who would otherwise be disqualified from continued residence in a facility licensed under this part. An extended congregate care license may be issued to a facility that has a provisional extended congregate care license and meets the requirements for licensure under subparagraph 2. The primary purpose of extended congregate care services is to allow residents the option of remaining in a familiar setting from which they would otherwise be disqualified for continued residency as they become more impaired. A facility licensed to provide extended congregate care services may also admit an individual who exceeds the admission criteria for a facility with a standard license, if he or she is determined appropriate for admission to the extended congregate care facility.

1. In order for extended congregate care services to be

provided, the agency must first determine that all requirements established in law and rule are met and must specifically designate, on the facility's license, that such services may be provided and whether the designation applies to all or part of the facility. This designation may be made at the time of initial licensure or relicensure, or upon request in writing by a licensee under this part and part II of chapter 408. The notification of approval or the denial of the request shall be made in accordance with part II of chapter 408. Each existing facility that qualifies to provide extended congregate care services must have maintained a standard license and may not have been subject to administrative sanctions during the previous 2 years, or since initial licensure if the facility has been licensed for less than 2 years, for any of the following reasons:

a. A class I or class II violation;

b. Three or more repeat or recurring class III violations of identical or similar resident care standards from which a pattern of noncompliance is found by the agency;

c. Three or more class III violations that were not corrected in accordance with the corrective action plan approved by the agency;

d. Violation of resident care standards which results in requiring the facility to employ the services of a consultant pharmacist or consultant dietitian;

e. Denial, suspension, or revocation of a license for another facility licensed under this part in which the applicant for an extended congregate care license has at least 25 percent ownership interest; or

f. Imposition of a moratorium pursuant to this part or part II of chapter 408 or initiation of injunctive proceedings.

The agency may deny or revoke a facility's extended congregate care license for not meeting the criteria for an extended congregate care license as provided in this subparagraph.

2. If an assisted living facility has been licensed for less than 2 years, the initial extended congregate care license must be provisional and may not exceed 6 months. The licensee shall notify the agency, in writing, when it has admitted at least one extended congregate care resident, after which an unannounced inspection shall be made to determine compliance with the requirements of an extended congregate care license. A licensee with a provisional extended congregate care license which demonstrates compliance with all the requirements of an extended congregate care license during the inspection shall be issued an extended congregate care license. In addition to sanctions authorized under this part, if violations are found during the inspection and the licensee fails to demonstrate compliance with all assisted living facility requirements during a follow-up ~~followup~~ inspection, the licensee shall immediately suspend extended congregate care services, and the provisional extended congregate care license expires. The agency may extend the provisional license for not more than 1 month in order to complete a follow-up ~~followup~~ visit.

3. A facility that is licensed to provide extended congregate care services shall maintain a written progress report on each person who receives such nursing services from the facility's staff which describes the type, amount, duration,

scope, and outcome of services that are rendered and the general status of the resident's health. A registered nurse, or appropriate designee, representing the agency shall visit the facility at least twice a year to monitor residents who are receiving extended congregate care services and to determine if the facility is in compliance with this part, part II of chapter 408, and relevant rules. One of the visits may be in conjunction with the regular survey. The monitoring visits may be provided through contractual arrangements with appropriate community agencies. A registered nurse shall serve as part of the team that inspects the facility. The agency may waive one of the required yearly monitoring visits for a facility that has:

a. Held an extended congregate care license for at least 24 months;

b. No class I or class II violations and no uncorrected class III violations; and

c. No ombudsman council complaints that resulted in a citation for licensure.

4. A facility that is licensed to provide extended congregate care services must:

a. Demonstrate the capability to meet unanticipated resident service needs.

b. Offer a physical environment that promotes a homelike setting, provides for resident privacy, promotes resident independence, and allows sufficient congregate space as defined by rule.

c. Have sufficient staff available, taking into account the physical plant and firesafety features of the building, to assist with the evacuation of residents in an emergency.

d. Adopt and follow policies and procedures that maximize resident independence, dignity, choice, and decisionmaking to permit residents to age in place, so that moves due to changes in functional status are minimized or avoided.

e. Allow residents or, if applicable, a resident's representative, designee, surrogate, guardian, or attorney in fact to make a variety of personal choices, participate in developing service plans, and share responsibility in decisionmaking.

f. Implement the concept of managed risk.

g. Provide, directly or through contract, the services of a person licensed under part I of chapter 464.

h. In addition to the training mandated in s. 429.52, provide specialized training as defined by rule for facility staff.

5. A facility that is licensed to provide extended congregate care services is exempt from the criteria for continued residency set forth in rules adopted under s. 429.41. A licensed facility must adopt its own requirements within guidelines for continued residency set forth by rule. However, the facility may not serve residents who require 24-hour nursing supervision. A licensed facility that provides extended congregate care services must also provide each resident with a written copy of facility policies governing admission and retention.

6. Before the admission of an individual to a facility licensed to provide extended congregate care services, the individual must undergo a medical examination as provided in s. 429.26(5) and the facility must develop a preliminary service

plan for the individual.

7. If a facility can no longer provide or arrange for services in accordance with the resident's service plan and needs and the facility's policy, the facility must make arrangements for relocating the person in accordance with s. 429.28(1)(k).

(c) A limited nursing services license shall be issued to a facility that provides services beyond those authorized in paragraph (a) and as specified in this paragraph.

1. In order for limited nursing services to be provided in a facility licensed under this part, the agency must first determine that all requirements established in law and rule are met and must specifically designate, on the facility's license, that such services may be provided. This designation may be made at the time of initial licensure or licensure renewal, or upon request in writing by a licensee under this part and part II of chapter 408. Notification of approval or denial of such request shall be made in accordance with part II of chapter 408. An existing facility that qualifies to provide limited nursing services must have maintained a standard license and may not have been subject to administrative sanctions that affect the health, safety, and welfare of residents for the previous 2 years or since initial licensure if the facility has been licensed for less than 2 years.

2. A facility that is licensed to provide limited nursing services shall maintain a written progress report on each person who receives such nursing services from the facility's staff. The report must describe the type, amount, duration, scope, and outcome of services that are rendered and the general status of

the resident's health. A registered nurse representing the agency shall visit the facility at least annually to monitor residents who are receiving limited nursing services and to determine if the facility is in compliance with applicable provisions of this part, part II of chapter 408, and related rules. The monitoring visits may be provided through contractual arrangements with appropriate community agencies. A registered nurse shall also serve as part of the team that inspects such facility. Visits may be in conjunction with other agency inspections. The agency may waive the required yearly monitoring visit for a facility that has:

a. Had a limited nursing services license for at least 24 months;

b. No class I or class II violations and no uncorrected class III violations; and

c. No ombudsman council complaints that resulted in a citation for licensure.

3. A person who receives limited nursing services under this part must meet the admission criteria established by the agency for assisted living facilities. When a resident no longer meets the admission criteria for a facility licensed under this part, arrangements for relocating the person shall be made in accordance with s. 429.28(1)(k), unless the facility is licensed to provide extended congregate care services.

Section 3. Section 429.076, Florida Statutes, is created to read:

429.076 Memory care services license.—An assisted living facility that serves one or more memory care residents, or that advertises or otherwise holds itself out as providing memory

care services, must obtain a memory care services license pursuant to subsection (3) or subsection (4), as applicable. A facility is not required to obtain a memory care services license if the facility solely provides optional supportive services for residents with Alzheimer's disease and related dementias which are available to all residents of the facility so long as the facility complies with agency rules on advertising pursuant to paragraph (2)(h).

(1) To obtain a memory care services license, an assisted living facility must maintain a standard assisted living facility license and meet any additional minimum requirements adopted by rule.

(2) By October 1, 2026, the agency shall adopt rules to provide minimum standards for memory care services licenses. Such rules must include, but are not limited to:

(a) Policies and procedures for providing memory care services.

(b) Standardized admittance criteria for memory care residents.

(c) The minimum level of care, services, and activities that must be provided to memory care residents.

(d) Minimum training requirements for staff at a facility with a memory care services license, which must meet or exceed training requirements established in s. 430.5025.

(e) Safety requirements specific to memory care residents, including, but not limited to, requiring a memory care services licensee to maintain at least one awake staff member to be on duty at all hours.

(f) Physical plant requirements for a facility, or parts of

a facility as specified by the licensee, serving memory care residents.

(g) Requirements for contracts with memory care residents which, in addition to the requirements established by s. 429.24, must require a memory care services licensee to specify the memory care services that will be provided to the memory care resident.

(h) Reasonable limitations on how an assisted living facility may advertise or hold itself out as providing optional supportive services for residents with Alzheimer's disease and related dementias without obtaining a memory care services license.

(3) An assisted living facility licensed on or after the effective date of the rules required by subsection (2) must obtain a memory care services license to provide memory care services, serve memory care residents, or advertise or hold itself out as providing memory care services or otherwise serving memory care residents.

(4) Except as provided in subsection (5), an assisted living facility licensed before the effective date of the rules required by subsection (2) must obtain a memory care services license when such facility renews its license in order to begin or continue to provide memory care services, serve memory care residents, or advertise or hold itself out as providing such services or serving such residents.

(5)(a) A facility that serves one or more memory care residents accepted before the effective date of the rules required by subsection (2) may continue to serve such memory care residents and provide memory care services to such

residents without obtaining a memory care services license if the facility:

1. Demonstrates to the agency that it is unable to reasonably obtain such license;

2. Notifies any memory care residents the facility serves and their caregivers, if applicable, that:

a. The facility is required to obtain a memory care services license;

b. The facility is unable to obtain such license; and

c. The memory care resident may relocate to a facility with a memory care services license, if desired.

3. Upon request, assists memory care residents or, if applicable, their caregivers with finding a suitable alternate facility.

4. No longer accepts any new memory care residents without first obtaining a memory care services license.

(b) If, after receiving the notice required by subparagraph (a)2., a memory care resident or, if applicable, his or her caregiver decides that the resident will remain at the facility, the facility must:

1. Amend the resident's contract to include the memory care services that are being provided to the resident;

2. Maintain records pertaining to when and how such services were provided to the resident; and

3. Provide such records to the resident, his or her caregivers, or the agency upon request.

Section 4. Section 430.71, Florida Statutes, is created to read:

430.71 Florida Alzheimer's Center of Excellence.—

(1) PURPOSE AND INTENT.—The purpose of this section is to assist and support persons with Alzheimer's disease or related dementias and their caregivers by connecting them with resources in their communities to address the following goals:

(a) To allow residents of this state living with Alzheimer's disease or related dementias to age in place.

(b) To empower family caregivers to improve their own well-being.

(2) DEFINITIONS.-As used in this section, the term:

(a) "Center" means the Florida Alzheimer's Center of Excellence.

(b) "Department" means the Department of Elderly Affairs.

(3) POWERS AND DUTIES.—

(a) There is created within the department the Florida Alzheimer's Center of Excellence, which shall assist in improving the quality of care for persons living with Alzheimer's disease or related dementias and improving the quality of life for family caregivers. The center may contract for services necessary to implement this section. The center shall do all of the following:

1. Conduct caregiver assessments to measure caregiver burden.

2. Create personalized plans that guide caregivers to community resources, empowering them with the skills, education, support, and planning necessary for effective caregiving, including addressing any medical, emotional, social, legal, or financial challenges experienced by the person with Alzheimer's disease or a related dementia.

3. Educate and assist caregivers with strategies for

caregiving for someone with Alzheimer's disease or a related dementia and provide guidance on all aspects of home-based care, including home safety, physical and mental health, legal and financial preparedness, communication skills, and hands-on care techniques.

4. Provide online educational resources for caregivers.

5. Track outcomes, including, but not limited to, decreased hospitalizations, reduced emergency department visits, reduction in falls, and reduction in caregiver burnout.

6. By December 1 of each year, submit a report to the Governor, the President of the Senate, and the Speaker of the House of Representatives which addresses the number of families served, the types of services provided, and the outcomes achieved.

(b) The center shall work with area agencies on aging as defined in s. 430.203; the Alzheimer's Disease Advisory Committee established under s. 430.501; the Alzheimer's Disease Initiative established under ss. 430.501-430.504; the state-funded memory disorder clinics established under s. 430.502; the department's Dementia Care and Cure Initiative task forces; universities; hospitals; and other available community resources to ensure full use of the state's infrastructure.

(4) ELIGIBILITY FOR SERVICES.—

(a) To qualify for assistance from the center, an individual or a caregiver must meet all of the following criteria:

1. At least one person in the household is a caregiver for a person diagnosed with, or suspected to have, Alzheimer's disease or a related dementia.

2. The caregiver or the person diagnosed with, or suspected to have, Alzheimer's disease or a related dementia is a resident of this state.

3. The person seeking assistance has the goal of providing in-home care for the person diagnosed with, or suspected to have, Alzheimer's disease or a related dementia.

(b) If the person seeking assistance meets the criteria in paragraph (a), the center may provide assistance to the caregiving family, subject to the availability of funds and resources.

Section 5. Effective upon the adoption of rules establishing minimum standards for memory care services licensees pursuant to s. 429.076, Florida Statutes, ss. 429.177 and 429.178, Florida Statutes, are repealed.

Section 6. This act shall take effect upon becoming a law.

2026 AGENCY LEGISLATIVE BILL ANALYSIS

AGENCY: Agency for Health Care Administration

BILL INFORMATION	
BILL NUMBER:	CS/SB 1404
BILL TITLE:	Memory Care
BILL SPONSOR:	Senator Burton
EFFECTIVE DATE:	Upon becoming law; ss. 429.177, F.S. and 429.178, F.S. would be repealed upon the adoption of certain rules

COMMITTEES OF REFERENCE
1) Health Policy
2) Appropriations Committee on Health and Human Services
3) Fiscal Policy
4)
5)

CURRENT COMMITTEE
Appropriations Committee on Health and Human Services

SIMILAR BILLS	
BILL NUMBER:	HB 1295
SPONSOR:	Rep. Greco

PREVIOUS LEGISLATION	
BILL NUMBER:	
SPONSOR:	
YEAR:	

IDENTICAL BILLS	
BILL NUMBER:	N/A
SPONSOR:	N/A

LAST ACTION:	

Is this bill part of an agency package?
Y __ N _x__

BILL ANALYSIS INFORMATION	
DATE OF ANALYSIS:	2/3/2026
LEAD AGENCY ANALYST:	Keisha Woods
ADDITIONAL ANALYST(S):	Susan Lowery
LEGAL ANALYST:	
FISCAL ANALYST:	

POLICY ANALYSIS

1. EXECUTIVE SUMMARY

Senate Bill (SB) 1404 revises Chapter 429, Florida Statutes (F.S.), to define "memory care resident" and "memory care services." It establishes a new license type for assisted living facilities (ALFs) providing care to individuals with Alzheimer's disease or related dementias.

The bill creates Section 429.076, F.S., requiring ALFs that offer memory care services to obtain a memory care services license, with certain exceptions. It directs the Agency for Health Care Administration to adopt rules by October 1, 2026, setting minimum standards for memory care services. Upon adoption of these rules, Sections 429.177 and 429.178, F.S., will be repealed.

Additionally, SB 1404 creates Section 430.71, F.S., to support individuals with Alzheimer's disease and their caregivers by connecting them to community resources through the Florida Alzheimer's Center of Excellence.

The bill takes effect upon becoming law.

2. SUBSTANTIVE BILL ANALYSIS

1. PRESENT SITUATION:

Background

Chapter 429, Part I, Florida Statutes governs the regulation of ALFs. ALFs typically serve elderly clients, some of which may have or develop memory impairments. Some ALFs report to specialize in serving clients with memory impairment and may have special property and building features that provide protection such as special locking doors that may protect a resident who may wander. There is no specific license type for memory care services. ALFs offering memory care services self-report this information through the license application process as part of the Consumer Information the Agency collects.

ALF licensure fees are specified in s. 429.07, F.S. Currently the ALF regulations recognize two types of specialty licenses: limited nursing services (LNS), extended congregate care (ECC) and limited mental health (LMH). Section 429.07 authorizes additional per bed fees for LNS and ECC licenses.

S. 429.178, F.S., requires ALFs that claim to provide special care for persons who have Alzheimer's disease or other related disorders (ADRD) must disclose in the ALF's advertisements or in a separate document those services that distinguish the care as being applicable to such persons. The ALF is required to give a copy of all documents to each person that requests information about programs and services for people with ADRD and keep a copy in the ALF's records. The Agency must review such documents as part of licensure renewal.

Staffing requirements for ALFs that advertise to provide special care for persons with ADRD include having an awake staff member on duty at all hours of the day and night if the ALF has 17 or more residents. If the ALF has less than 17 residents, the ALF must have a staff member that is awake at all times during the day and night or have mechanisms in place to monitor and ensure the safety of the residents.

ALFs that advertise for providing special care for persons with ADRD must offer activities specifically designed for persons that are cognitively impaired; have a physical environment that provides for the safety and welfare of the facility's residents and employ staff that complete the training and education required under s. 430.5025, F.S.

S. 429.24, F.S., requires every resident be covered by a contract that is executed prior to or at the time of admission between the licensee and the resident or the resident's designee or legal representative. Each party to the contract must be given a copy and kept on file by the licensee. The contract must include what services and accommodations the ALF will provide; the rates and charges; a clause that at least 30 days' written notice will be provided for rate increases to the resident; any rights, duties, and obligations of the

residents outside of s. 429.28, F.S.; any provision should deposits or advances for rent as security for performance of the contract when required and the purpose of such; and a refund policy. The contract must also disclose if the facility is associated with any religious organization.

S. 429.26(7), F.S., requires an ALF to notify a licensed physician when a resident exhibits signs of dementia or cognitive impairment or has a change in condition in order to rule out the presence of an underlying condition that may be contributing to such dementia or impairment. The notification must occur within 30 days of the ALF staff acknowledging such signs exist. If an underlying cause is found, the ALF must notify the resident's representative or designee of the need for health care services and must assist in making arrangements for appointments for the necessary care and services to treat the condition. If the resident's representative or designee cannot be found or is unresponsive, then the ALF must make the arrangements with the appropriate health care provider to treat the condition.

As of January 2026, there were 2,990 licensed ALF providers in Florida with approximately 801 ALFs self-report being "memory care" providers. The highest concentration of memory care ALFs are in the Clearwater and Delray Beach Field Office coverage areas as noted below.

Memory Care Provider	Field Office	Total
Yes	Miami	37
	Tallahassee	43
	Alachua	77
	Jacksonville	98
	Fort Myers	101
	Orlando	106
	Delray	165
	Clearwater	174
	Total	**801**

Since January 1, 2020, ALFs that did not self-report as providing "memory care" generated 5,382 complaints, of which 2,216 were substantiated. During the same period, memory care ALFs reported 7,338 complaints, with 2,949 substantiated. This represents 1,996 additional complaints and 733 more substantiated cases compared to non-memory care ALFs. See chart below.

ALF Complaint Investigations		2020	2021	2022	2023	2024	2025	Total
Non-Memory Care 2,189 ALFs	Not Substantiated	778	562	609	556	390	271	3,166
	Substantiated	370	384	489	398	343	232	2,216
	Total	1,148	946	1,098	954	733	503	5,382
Memory Care 801 ALFs	Not Substantiated	800	760	892	863	698	376	4,389
	Substantiated	341	446	670	668	495	329	2,949
	Total	1,141	1,206	1,562	1,531	1,193	705	7,338

A Class I deficiency is the most severe deficiency and is defined as those conditions or occurrences which present an imminent danger to the resident or a substantial probability that death or serious physical or emotional harm would result. In calendar year 2025, a total of 104 Class I deficiencies were issued to ALFs.

Memory care ALFs received a total of 35 Class I deficiencies which is 34% of the Class I deficiencies issued to ALFs. The deficiencies included elopements resulting in harm or death, residents left outside unattended

in the extreme heat or cold, a resident found in a facility freezer, and falls resulting in subdural hematomas and fractures. Other Class I deficiencies included not providing CPR when the residents were found unresponsive and abuse of residents by staff or other residents.

2. EFFECT OF THE BILL:

Section 1.
SB 1404 modified s. 429.02, F.S., (the definition section of Chapter 429, Part I regarding the licensure of assisted living facilities) to create new definitions for "memory care resident" and "memory care services". The definition of "memory care resident" is based on the ALFs actions, rather than solely based on the diagnosis or needs of the resident: a person who suffers from Alzheimer's disease or related dementia "who is a resident of an ALF that claims or otherwise represents that it provides specialized care, services, or activities specifically to support such residents Alzheimer's disease or related dementia, irrespective of whether such care, services or activities were listed in the resident contract". This definition will exclude individuals who have Alzheimer's disease or related dementia but do not receive memory care related services or supports from an ALF, including ALFs that do not advertise themselves as providing memory care services.

Memory care services are defined as specific specialized or focused care, services, or activities an assisted living facility agrees to provide to a memory care resident to support his or her Alzheimer's disease or related dementia. Such services do not include services, care, or activities provided by the assisted living facility as optional supportive services that are available to all residents of the facility. The Agency has broad rule making authority for Part II of Chapter 429 and may further define "optional supportive services" in rule if necessary.

Section 2.
SB 1404 amends s. 429.07, F.S., to create the license type "memory care services" that an ALF may apply to acquire.

Section 3.
SB 1404 creates s. 429.076, F.S., to require an ALF to obtain a memory care license if the ALF either:

- Serves one or more memory care residents (which is tied to the ALFs provision of memory care services, not solely the resident's diagnosis or needs) or
- Advertises or otherwise holds itself out as providing memory care services.

An ALF is not required to obtain a memory care services license if it solely provides optional supportive services to residents with Alzheimer's disease and related dementias and is compliant with the rules the Agency develops on advertising memory care services. This will allow ALFs to continue to provide the same care services to residents with memory impairment such as Alzheimer's disease or related dementias as is provided to residents who do not have a memory impairment without requiring the Memory Care license. ALF residents with memory impairment may require a higher level of care with specialized services to address behavioral issues, cognitive deficits, and physical decline. Section 429.41, F.S., grants the Agency has broad rule authority for Part II of Ch. 429; the Agency may further define "optional support services" by rule if necessary.

In order for an ALF to obtain a memory care license, the ALF must maintain a standard license and comply with all additional licensure requirements adopted by rule.

The Agency is mandated to adopt rules to provide minimum standards for memory care licenses by October 1, 2026. The Agency will be required to follow the rule promulgation requirements in Ch. 120, which includes input and response from impacted parties and an opportunity for impacted parties to challenge the proposed rule. The rules necessary to implement this program are expected to generate significant input from ALFs and the multiple trade associations representing ALFs; based upon experience promulgating ALF rules, completion of rule by October 1, 2026, is unlikely. Section 120.54 (1)(b) requires "Whenever an act of the Legislature is enacted which requires implementation of the act by rules of an agency within the executive branch of state government, the agency must publish a notice of rule development as provided in this section

within 30 days after the effective date of the law that requires rulemaking and provides a grant of rulemaking authority." It is recommended that the bill remove a specific rule adoption deadline and instead allow the existing rule promulgation deadlines to apply.

The rules must include memory care requirements related to:

- Policies and procedures for providing memory care services.
- Standardized admittance criteria for memory care residents.
- Minimum level of care, services, and activities that must be provided to memory care residents.
- Minimum training requirements for staff at a facility with a memory care services license, which must meet or exceed the training requirements in s. 430.5025, F.S.
- Safety requirements specific to memory care residents, including, but not limited to, having at least one awake staff member on duty at all times.
- Physical plant standards for a facility or parts of a facility as specified by the licensee, serving memory care residents.
- Requirements for contracts with memory care residents that are in addition to s. 429.24, F.S. that specify what memory care services will be provided to the memory care resident.
- Reasonable limitations on how an ALF may advertise its provision of optional supportive services without obtaining a memory care services license.

The Florida Building Code currently regulates ALF physical plant/building requirements including portions of the building that may utilize locking systems for resident with memory disorders. Physical plant standards were removed from ALF licensure rule in 2010 to eliminate duplication of the Florida Building Code. Local "authorities having jurisdiction" such as the local fire or building code officials, currently enforce compliance with the Building Code Enforcement. The bill would require the Agency develop rules for the physical plant/facilities serving memory care residents which is a divergence from relying on the Florida Building Code. The Agency would engage with Florida Building Commission in developing rule criteria. It is recommended that current requirements for ALF physical plants required in the Florida Building Code remain the prevailing requirements and that no new rules be required.

SB 1404 requires an ALF licensed on or after the date that the rules for memory care services licensure are effective to comply if the ALF offers memory care services, serves memory care residents, or advertises or holds itself out as providing memory care services to obtain a memory care services license. This bill appears to allow previously existing ALFs that offer memory care services, serve memory care residents, or advertise as providing memory care services to obtain a memory care services license at the time of the next license renewal. However, the new 429.076(5) also allows ALFs an exception to obtaining a memory care services license if it serves one or more memory care residents if accepted prior to the effective date of new memory care rules. Memory care residents or their caregivers are permitted to choose to have the memory care resident stay in the ALF after receiving notification from the ALF of its inability to obtain the memory care license if the ALF amends the resident's contract to include the memory care services that are being provided to the resident, maintain records pertaining to when and how memory care services are provided to the resident and provide such records to the resident or his or her caregivers of the Agency upon request. To utilize this exception the ALF must:

- Demonstrate to the Agency it is unable to reasonably obtain such a license.
- Notify any memory care residents the facility serves and their caregivers, if applicable, that:
  - The ALF is required to obtain a memory care services license and cannot obtain such a license; and
  - The resident may relocate to a facility with a memory care license, if the resident desires to do so. If requested, the ALF may assist the memory care resident or their caregiver with finding a suitable alternate facility.
- No longer accept any new memory care residents without first obtaining a memory care services license.

The bill is unclear as what constitutes an inability to reasonably obtain a license. Generally, during the Agency's review of an application for licensure, the application is approved when it meets all program requirements, or it is denied when it does not. It also appears the bill intent [s.429.076(4)] is to review eligibility for the memory care license at the time of renewal which could be handled with existing resources.

However, the new section 429.076(5), F.S., may require a substantial number of ALFs apply for a license upon finalization of memory care rules, creating a significant workload for the Agency. Based on the 800 facilities (27% of all ALFs) that report to offer memory care services, a significant number of staff would be required to handle this immediate workload. It is recommended that the intent of (5) be clarified to determine if additional Agency resources are required for the initial implementation of this program.

This section also requires "caregivers" be notified and receive records from the ALF. However, it is unclear who would qualify as a caregiver.

Section 4. No impact to the Agency.

Section 5.
Subsections 429.177, F.S., and 429.178, F.S., related to care of persons with Alzheimer's and related disorders are repealed upon the adoption of the rules for memory care services licensure, as the requirements in these sections will be replaced by the new rules.

Section 6.
The act shall take effect upon becoming law.

3. DOES THE BILL DIRECT OR ALLOW THE AGENCY/BOARD/COMMISSION/DEPARTMENT TO DEVELOP, ADOPT, OR ELIMINATE RULES, REGULATIONS, POLICIES, OR PROCEDURES?
Y _X__ N ___

If yes, explain:	Rules must be adopted for minimum licensure requirements for memory care services. Section 3, Lines 254 - 282
Is the change consistent with the agency's core mission?	Y _X__ N ___
Rule(s) impacted (provide references to F.A.C., etc.):	59A-36

4. WHAT IS THE POSITION OF AFFECTED CITIZENS OR STAKEHOLDER GROUPS?

Proponents and summary of position:	
Opponents and summary of position:	

5. ARE THERE ANY REPORTS OR STUDIES REQUIRED BY THIS BILL? Y ___ N _X__

If yes, provide a description:	N/A
Date Due:	N/A
Bill Section Number(s):	N/A

6. ARE THERE ANY GUBERNATORIAL APPOINTMENTS OR CHANGES TO EXISTING BOARDS, TASK FORCES, COUNCILS, COMMISSION, ETC.? REQUIRED BY THIS BILL? Y ___ N _X__

Board:	N/A

Board Purpose:	N/A
Who Appointments:	N/A
Appointee Term:	N/A
Changes:	N/A
Bill Section Number(s):	N/A

FISCAL ANALYSIS

1. DOES THE BILL HAVE A FISCAL IMPACT TO LOCAL GOVERNMENT? Y ___ N _X__

Revenues:	N/A
Expenditures:	N/A
Does the legislation increase local taxes or fees? If yes, explain.	No
If yes, does the legislation provide for a local referendum or local governing body public vote prior to implementation of the tax or fee increase?	N/A

2. DOES THE BILL HAVE A FISCAL IMPACT TO STATE GOVERNMENT? Y _X_ N ___

Revenues:	No additional licensure fee is required in the bill.
Expenditures:	If the addition of the new memory care specialty license is reviewed for existing ALFs at license renewal, the Agency would be able to use existing positions to absorb this additional work. However, s. 429.076(5) should be clarified as noted above to ensure additional Agency staff are not required to implement the new requirements.
Does the legislation contain a State Government appropriation?	No
If yes, was this appropriated last year?	N/A

3. DOES THE BILL HAVE A FISCAL IMPACT TO THE PRIVATE SECTOR? Y ___ N _X__

Revenues:	Cannot be determined
Expenditures:	Cannot be determined
Other:	N/A

4. DOES THE BILL INCREASE OR DECREASE TAXES, FEES, OR FINES? Y ___ N _X__

If yes, explain impact.	N/A
Bill Section Number:	N/A

TECHNOLOGY IMPACT

1. **DOES THE BILL IMPACT THE AGENCY'S TECHNOLOGY SYSTEMS (I.E. IT SUPPORT, LICENSING SOFTWARE, DATA STORAGE, ETC.)?** Y _X__ N ___

If yes, describe the anticipated impact to the agency including any fiscal impact.	The creation of the licensure designation would impact the Agency's technology systems. This designation would need to be added to the current licensure database for licensing and oversight, as well as the online licensure system. Changes would also be made to FloridaHealthFinder.gov. These tasks can be accomplished with existing agency resources.

FEDERAL IMPACT

1. **DOES THE BILL HAVE A FEDERAL IMPACT (I.E. FEDERAL COMPLIANCE, FEDERAL FUNDING, FEDERAL AGENCY INVOLVEMENT, ETC.)?** Y ___ N _X__

If yes, describe the anticipated impact including any fiscal impact.	N/A

ADDITIONAL COMMENTS

LEGAL – GENERAL COUNSEL'S OFFICE REVIEW

Issues/concerns/comments:	

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 Appropriations Committee on Health and Human Services

BILL:	CS/SB 1414
INTRODUCER:	Health Policy Committee and Senator Polsky
SUBJECT:	Education on Congenital Cytomegalovirus
DATE:	February 17, 2026
REVISED:	

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Looke	Brown	HP	**Fav/CS**
2.	Gerbrandt	McKnight	AHS	**Pre-meeting**
3.			FP	

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/SB 1414 requires the creation and distribution of educational materials related to congenital cytomegalovirus (CMV).

The bill requires the Department of Health (DOH) to develop educational materials on CMV and specifies what must, at a minimum, be included in the materials. The educational materials must be distributed to expectant and new parents as part of any maternity, parental, or newborn services or education provided by a hospital, birth center, or obstetrics and gynecology (OB/GYN) physician practice in Florida, and the DOH must provide the educational materials to child care facilities and any other entity deemed relevant by the DOH.

The bill may have an indeterminate negative fiscal impact on the DOH. **See Section V., Fiscal Impact Statement**.

The bill takes effect July 1, 2026.

II. Present Situation:

Cytomegalovirus

Cytomegalovirus is a common virus for people of all ages; however, a healthy person's immune system usually keeps the virus from causing illness.[1] In the United States, nearly one in three children are already infected with CMV by age five. Over half of adults have been infected with CMV by age 40. Once CMV is in a person's body, it stays there for life and can reactivate. A person can also be re-infected with a different strain (variety) of the virus. Most people with CMV infection have no symptoms and are not aware that they have been infected.[2]

A pregnant woman can pass CMV to her unborn baby. The virus in the woman's blood can cross through the placenta and infect the baby. This can happen when a pregnant woman is infected with CMV for the first time or is infected with CMV again during pregnancy.[3]

Some babies with congenital CMV infection have health problems that are apparent at birth or that develop later during infancy or childhood. In the most severe cases, CMV can cause the death of an unborn baby (pregnancy loss).

Some babies with congenital CMV infection have signs at birth. These signs include:
- Rash.
- Jaundice (yellowing of the skin or whites of the eyes).
- Microcephaly (small head).
- Low birth weight.
- Hepatosplenomegaly (enlarged liver and spleen).
- Seizures.
- Retinitis (damaged eye retina).

Some babies with signs of congenital CMV infection at birth may have long-term health problems, such as:
- Hearing loss.
- Developmental and motor delay.
- Vision loss.
- Microcephaly (small head).
- Seizures.

Some babies without signs of congenital CMV infection at birth may have hearing loss. Hearing loss may be present at birth or may develop later, even in babies who pass the newborn hearing test.[4]

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[1] U.S. Centers for Disease Control and Prevention, *About Cytomedalovirus (CMV),* available at: https://www.cdc.gov/cytomegalovirus/about/ (last visited Feb. 3, 2026).
[2] *Id.*
[3] U.S. Centers for Disease Control and Prevention, *Babies Born with Congenital Cytomegalovirus (CMV),* available at: https://www.cdc.gov/cytomegalovirus/congenital-infection/ (last visited Feb. 3, 2026).
[4] *Id.*

CMV is the most common infectious cause of birth defects in the United States. About one out of 200 babies are born with congenital CMV. One out of five babies with congenital CMV will have symptoms or long-term health problems, such as hearing loss. Hearing loss may progress from mild to severe during the first two years of life, which is a critical period for language learning. Over time, hearing loss can affect a child's ability to develop communication, language, and social skills.

Babies who show signs of congenital CMV disease can be treated with medicines called antivirals. Antivirals may decrease the severity of hearing loss. Babies who get treated with antivirals should be closely monitored by their doctor because of possible side effects.[5]

III. Effect of Proposed Changes:

Section 1 creates s. 383.142, F.S., to require the DOH to, in consultation with medical experts, develop educational materials on CMV to be distributed to expectant and new parents or caregivers as part of any maternity, prenatal, or newborn services or education provided by hospitals, birth centers, or OB/GYN physician practices in Florida. The materials must, at a minimum, include:

- The causes, symptoms, and effects of CMV infection and the ways it can be prevented. The materials must emphasize the fact that the virus can spread from person to person without detection and can be particularly dangerous if transmitted from a pregnant woman to her child as congenital CMV.
- The manner in which congenital CMV, if contracted, can lead to neurological issues, such as seizures, cerebral palsy, and developmental delays; sensory loss, such as hearing and vision loss; physical problems, such as low birth weight, jaundice, and enlarged liver and spleen; and, in severe cases, pregnancy loss. The materials must emphasize the importance of early testing for congenital CMV in newborns and infants to preserve their health and prevent lifelong health complications.
- The newborn, infant, and toddler hearing screening requirements in s. 383.145, F.S.

The bill requires each hospital, birth center, and OB/GYN physician practice in this state providing maternity, prenatal, or newborn services or education to provide the educational materials developed by the DOH under this section to expectant or new parents or caregivers receiving such services or education. The bill also requires the DOH to provide the educational materials to childcare facilities and any other entity deemed relevant by the DOH.

Section 2 provides an effective date of July 1, 2026.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

[5] U.S. Centers for Disease Control and Prevention, *Congenital CMV and Hearing Loss,* available at: https://www.cdc.gov/cytomegalovirus/congenital-infection/hearing-loss.html (last visited Feb. 3, 2026).

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:

None.

C. Government Sector Impact:

The bill may have an indeterminate negative fiscal impact on the Department of Health related to developing and distributing the required educational materials; however, the impact to the DOH can be absorbed within existing resources.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill creates section 383.142 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 February 11, 2026:
The CS removes provisions in the underlying bill related to continuing education for health care practitioners.

B. Amendments:

None.

By the Committee on Health Policy; and Senator Polsky

588-02771-26 20261414c1

A bill to be entitled

An act relating to education on congenital cytomegalovirus; creating s. 383.142, F.S.; requiring the Department of Health, in consultation with medical experts identified by the department, to develop educational materials on congenital cytomegalovirus for distribution to expectant and new parents or caregivers; providing requirements for such educational materials; requiring certain hospitals, birth centers, and obstetrics and gynecology physician practices to provide the educational materials to such parents and caregivers; requiring the department to provide the educational materials to child care facilities and other relevant entities; providing an effective date.

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

Section 1. Section 383.142, Florida Statutes, is created to read:

383.142 Education on congenital cytomegalovirus.—The Department of Health, in consultation with medical experts identified by the department, shall develop educational materials on congenital cytomegalovirus to be distributed to expectant and new parents or caregivers as part of any maternity, prenatal, or newborn services or education provided by hospitals, birth centers, or obstetrics and gynecology physician practices in this state.

(1) The educational materials must include, but need not be limited to, an explanation of all of the following:

(a) The causes, symptoms, and effects of cytomegalovirus infection and the ways it can be prevented. The materials must emphasize the fact that the virus can spread from person to person without detection and can be particularly dangerous if transmitted from a pregnant woman to her child as congenital cytomegalovirus.

(b) The manner in which congenital cytomegalovirus, if contracted, can lead to neurological issues, such as seizures, cerebral palsy, and developmental delays; sensory loss, such as hearing and vision loss; physical problems, such as low birth weight, jaundice, and enlarged liver and spleen; and, in severe cases, pregnancy loss. The materials must emphasize the importance of early testing for congenital cytomegalovirus in newborns and infants to preserve their health and prevent lifelong health complications.

(c) The screening requirements of s. 383.145.

(2) Each hospital, birth center, and obstetrics and gynecology physician practice in this state providing maternity, prenatal, or newborn services or education shall provide the educational materials developed by the department under this section to expectant or new parents or caregivers receiving such services or education. The department shall provide the educational materials to child care facilities and any other entity deemed relevant by the department.

Section 2. This act shall take effect July 1, 2026.

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

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 Appropriations Committee on Health and Human Services

BILL:	SB 1684
INTRODUCER:	Senator Calatayud
SUBJECT:	Parkinson's Disease Registry
DATE:	February 17, 2026
REVISED:	

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Brown	Brown	HP	**Favorable**
2.	Gerbrandt	McKnight	AHS	**Pre-meeting**
3.			FP	

I. Summary:

SB 1684 amends s. 1004.4352, F.S., to require the Department of Health (DOH), subject to a specific appropriation, to contract with the Consortium for Parkinson's Disease Research, housed at the University of South Florida (USF) under the Parkinson's Disease Research Act of 2025, for the establishment and maintenance of a Parkinson's Disease Registry to ensure that the Parkinson's disease data submitted by physicians for inclusion in the registry is maintained and available for research to advance therapies, improve patient outcomes, and find potential cures for Parkinson's disease.

The bill also requires that, beginning January 1, 2027, each allopathic or osteopathic physician licensed in Florida who diagnoses or treats a patient with Parkinson's disease must report to the registry information specified under DOH rule which indicates patient demographics, diagnosis, stage of disease, medical history, laboratory data, the methods of diagnosis or treatment, and any other information the Parkinson's Disease Research Board recommends for inclusion in the registry. The bill creates disclosure requirements pertaining to the registry and the ability for patients to opt-out of having their personal identifying information included in the registry.[1]

The bill creates reporting requirements relating to the registry and provides physicians with immunity from certain liabilities for having submitted information to the registry as required by the bill.

The bill is subject to appropriation; therefore, the bill has no fiscal impact on state expenditures or revenues. **See Section V., Fiscal Impact Statement.**

[1] SB 1684 is linked to SB 1686. The latter bill provides that all records and personal identifying information of persons diagnosed with or treated for Parkinson's disease which is submitted to the registry under SB 1684 are confidential and exempt from public records requirements.

The bill takes effect July 1, 2026.

II. Present Situation:

Parkinson's Disease

Parkinson's disease is a movement disorder of the nervous system[2] that worsens over time. Although Parkinson's disease cannot be cured, medications may help control and improve symptoms.[3]

Parkinson's disease is very common overall, ranking second among age-related degenerative brain diseases. It is also the most common motor (movement-related) brain disease. Experts estimate that it affects at least one percent of people over the age of 60 worldwide.[4]

Parkinson's disease is not fatal, but the symptoms and effects are often contributing factors to death. The average life expectancy for Parkinson's disease in 1967 was a little under 10 years after a patient's diagnosis. Since then, that expectancy has increased by about 55 percent, rising to more than 14.5 years. That, combined with the fact that Parkinson's diagnosis is much more likely after age 60, means this condition does not often affect the life expectancy by more than a few years.[5]

Parkinson's Disease Symptoms & Complications

Parkinson's disease symptoms can be different for everyone. Early symptoms may be mild and may go unnoticed. Symptoms often begin on one side of the body, then affect both sides as the disease progresses. Symptoms are usually worse on one side than the other.[6]

Parkinson's disease symptoms may include:

- Tremors – Rhythmic shaking that usually begins in the hands or fingers. Sometimes a tremor begins in the foot or jaw, or an individual may rub their thumb and forefinger back and forth. The hand may tremble when at rest or when under stress. Some individuals notice less shaking when doing some sort of task or moving around.
- Bradykinesia (slow movement) – Parkinson's disease may slow movement, making simple tasks more difficult. It can be challenging to get out of a chair, shower, or get dressed. The disease may cause less facial expression and make it difficult to blink.
- Rigid muscles – Parkinson's disease can cause stiff muscles in any part of the body. Muscles may feel tense and painful, and arm movements may become short and jerky.

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[2] The nervous system is a network of nerve cells that controls many parts of the body, including movement. *See* Mayo Clinic, *Parkinson's Disease*, available at https://www.mayoclinic.org/diseases-conditions/parkinsons-disease/symptoms-causes/syc-20376055#:~:text=Parkinson's%20disease%20is%20a%20movement,a%20foot%20or%20the%20jaw (last visited Feb. 6, 2026).

[3] Mayo Clinic, *Parkinson's Disease*, available at https://www.mayoclinic.org/diseases-conditions/parkinsons-disease/symptoms-causes/syc-20376055#:~:text=Parkinson's%20disease%20is%20a%20movement,a%20foot%20or%20the%20jaw (last visited Feb. 6, 2026).

[4] Cleveland Clinic, *Parkinson's Disease*, available at https://my.clevelandclinic.org/health/diseases/8525-parkinsons-disease-an-overview#symptoms-and-causes (last visited Feb. 6, 2026).

[5] *Id*.

[6] Mayo Clinic, *Parkinson's Disease.*

- Poor posture and balance – Parkinson's disease may cause posture to become stooped, and an individual may experience falls or problems with balance.
- Loss of automatic movements – Parkinson's disease may lessen an individual's ability to make certain movements that typically are accomplished without thinking, including blinking, smiling, or swinging arms while walking.
- Speech changes – The disease may result in soft or quick speech, slurring, or hesitation prior to speaking. Speech may become flat or monotone, without typical speech patterns.
- Writing changes – Trouble writing and writing that appears cramped and small are a sign of the disease.
- Nonmotor symptoms – These may include depression; anxiety; constipation; sleep problems, including acting out dreams; the need to urinate often; trouble smelling; problems thinking and with memory; feeling very tired; blood pressure changes; and pain or cramps in muscles and joints.[7]

Individuals with Parkinson's disease may have treatable complications, including:

- Trouble thinking clearly – Parkinson's disease can affect memory, language, and reasoning skills. The disease can also lead to dementia or other conditions that affect thinking. These complications usually occur later in the disease's progression, and typically medications have only a modest benefit in managing symptoms.
- Emotional changes and depression – Some people feel irritable and concerned early in the course of Parkinson's disease, experiencing depression and anxiety. Medications and other treatments can assist with these changes.
- Trouble swallowing and chewing – Late-stage Parkinson's disease affects the muscles in the mouth causing trouble swallowing and chewing, which can lead to a nutrient deficiency. The collection of food or saliva in the mouth can also pose a choking hazard or cause drooling.
- Sleep problems and sleep disorders – Individuals with Parkinson's disease may wake often during the night, have nightmares, and fall asleep during the day.
- Rapid eye movement sleep behavior disorder – This involves acting out dreams, and medications and other therapies may help improve sleep.[8]

Causes of Parkinson's Disease

Parkinson's disease causes a specific area of the brain, the basal ganglia,[9] to deteriorate. As this area deteriorates, the ability to control the areas regulated by this portion of the brain decreases. Researchers have uncovered that Parkinson's disease causes a major shift in brain chemistry.[10]

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[7] *Id*.
[8] Mayo Clinic, *Parkinson's Disease*.
[9] The basal ganglia are a cluster of nuclei found deep to the neocortex of the brain. It has a multitude of functions associated with reward and cognition but is primarily involved in motor control. In particular, the basal ganglia are considered to be a gate-keeping mechanism for the initiation of motor movement, effectively choosing which actions to allow and which actions to inhibit. See National Institutes of Health, National Library of Medicine, National Center for Biotechnology Information, *Neuroanatomy, Basal Ganglia*, available at https://www.ncbi.nlm.nih.gov/books/NBK537141/#:~:text=The%20basal%20ganglia%20is%20a,primarily%20involved%20in%20motor%20control (last visited Feb. 6, 2026).
[10] Cleveland Clinic, *Parkinson's Disease*.

Under normal circumstances, the brain uses chemicals known as neurotransmitters to control how brain cells (neurons) communicate with each other. With Parkinson's disease, an individual does not have enough dopamine, one of the most important neurotransmitters.[11]

When the brain sends activation signals telling the muscles to move, it fine-tunes the movements using cells that require dopamine. A lack of dopamine causes slowed movements and tremors, symptoms of Parkinson's disease.[12]

As Parkinson's disease progresses, the symptoms expand and intensify. Later stages of the disease often affect brain functions, causing dementia-like symptoms and depression.[13]

The cause of Parkinson's disease is unknown, but several factors seem to play a role, including:
- Genes – Specific genetic changes are linked to Parkinson's disease, but these are rare unless many family members have been diagnosed with the disease.
- Environmental factors – Exposure to certain toxins or other environmental factors may increase the risk of later Parkinson's disease.[14]

Many changes occur in the brains of individuals with Parkinson's disease. Researchers are studying the changes which include:
- The presence of Lewy bodies – Clumps of proteins in the brain, called Lewy bodies, are associated with Parkinson's disease and researchers believe these proteins hold an important clue to the cause of the disease.
- Alpha-synuclein found within Lewy bodies – Alpha-synuclein is a protein found in all Lewy bodies. It occurs in a clumped form that cells cannot break down. This is currently an important focus among Parkinson's disease researchers. Alpha-synuclein has been found in the spinal fluid of individuals who later have Parkinson's disease.
- Altered mitochondria – Mitochondria are powerhouse compartments inside cells that create most of the body's energy. Changes to mitochondria can cause cell damage and are often observed in the brains of individuals with Parkinson's disease.[15]

Parkinson's Disease Risk Factors

Risk factors for Parkinson's disease include:
- Age – The risk of Parkinson's disease increases with age. Usually, it starts around age 50 or older. The average age of onset is around age 70. Parkinson's disease can occur in younger adults, but it is rare. When individuals younger than age 50 are diagnosed with the disease, it is known as early-onset Parkinson's disease.
- Genetics – The risk of developing Parkinson's Disease increases if one or more first-degree relatives, such as parents or siblings, have been diagnosed with the disease. However, familial Parkinson's disease is only attributed to about 10 percent of all cases.[16]
- Sex – Men are more likely to develop Parkinson's disease than women.

[11] *Id*.
[12] *Id*.
[13] *Id*.
[14] Mayo Clinic, *Parkinson's Disease*.
[15] *Id*.
[16] Cleveland Clinic, *Parkinson's Disease*.

- Exposure to toxins – Ongoing exposure to herbicides and pesticides may slightly increase the risk of developing Parkinson's disease.[17]

Parkinson's Disease Prevention

Since the cause of Parkinson's disease is unknown, there are no proven ways to prevent it. However, research shows that some factors may help protect against it, including:[18]

- Exercise – Aerobic exercise has been linked to a lower risk of Parkinson's disease.
- Caffeine – Some studies show a link between drinking caffeinated beverages, such as coffee and green tea, may lower the risk of developing Parkinson's disease.
- Medicines – The use of some medications, such as ibuprofen and statins,[19] have been linked to a lower risk of the disease.

Parkinson's Disease Diagnosis and Tests

A biomarker is a biological molecule found in blood, other body fluids, or tissues that are a sign of a normal or abnormal process, or of a condition or disease. A biomarker may be used to see how well the body responds to a treatment for a disease or condition.[20]

Biomarker testing is a method to look for genes, proteins, and other substances (biomarkers or tumor markers) that can provide information about cancer and other conditions. Biomarkers are substances in the body that can give researchers and doctors information about a person's health. For example, high cholesterol is a biomarker of heart disease. Currently, the use of biomarkers is in the beginning stages to help diagnose Parkinson's disease.[21]

Diagnosing Parkinson's disease is mostly a clinical process, meaning it relies heavily on a health care provider examining the symptoms, asking questions, and reviewing medical history. Some diagnostic and lab tests are possible, but these are usually needed to rule out other conditions or certain causes; however, most lab tests are not necessary unless the patient is unresponsive to treatment for Parkinson's disease, which can indicate another condition.[22]

When health care providers suspect Parkinson's disease or need to rule out other conditions, various imaging and diagnostic tests are possible, including:[23]

- Blood tests.
- Computed tomography (CT) scans.[24]

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[17] Mayo Clinic, *Parkinson's Disease*.
[18] *Id*.
[19] Statins are drugs that can lower cholesterol. *See* Mayo Clinic, *Statins: Are these cholesterol-lowering drugs right for you?*, available at https://www.mayoclinic.org/diseases-conditions/high-blood-cholesterol/in-depth/statins/art-20045772#:~:text=Statins%20are%20drugs%20that%20can,of%20heart%20disease%20and%20stroke (last visited Feb. 6, 2026).
[20] National Institutes of Health, National Cancer Institute, *Biomarker Testing for Cancer Treatment*, available at https://www.cancer.gov/about-cancer/treatment/types/biomarker-testing-cancer-treatment (last visited Feb. 6, 2026).
[21] Parkinson's Foundation, *Parkinson's Biomarkers*, available at https://www.parkinson.org/understanding-parkinsons/getting-diagnosed/biomarkers (last visited Feb. 6, 2026).
[22] Cleveland Clinic, *Parkinson's Disease*.
[23] Cleveland Clinic, *Parkinson's Disease*.
[24] A CT scan is a type of imaging that uses X-ray techniques to create detailed images of the body. It then uses a computer to create cross-sectional images, also called slices, of the bones, blood vessels, and soft tissues inside the body. CT scan images

- Genetic testing.
- Magnetic resonance imaging (MRI);[25] and
- Positron emission tomography (PET) scans.[26]

Researchers have found ways to test for possible indicators of Parkinson's disease. Both of these tests involve the alpha-synuclein protein; however, these tests only serve to provide information that can help a provider in making a diagnosis.[27]

- Spinal tap – Looks for misfolded alpha-synuclein proteins in cerebrospinal fluid, which is the fluid that surrounds the brain and spinal cord. This test involves a spinal tap (lumbar puncture), where a health care provider inserts a needle into the spinal canal to collect cerebrospinal fluid for testing.
- Skin biopsy – Another possible test involving a biopsy of surface nerve tissue. A biopsy includes collecting a small sample of the skin, including the nerves in the skin. The samples come from a spot on the back and two spots on the leg. Analyzing the samples can help determine if the alpha-synuclein protein has a certain kind of malfunction that could increase the risk of developing Parkinson's disease.

Parkinson's Disease Management and Treatment

For now, Parkinson's disease is not curable, but there are multiple ways to manage its symptoms. The treatments can also vary from person to person, depending on the specific symptoms and how well certain treatments work. Medications are the primary way to treat this condition.[28]

A secondary treatment option is surgery to implant a device that will deliver a mild electrical current to part of the brain (deep brain stimulation).[29] There are also experimental options, such

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show more detail than plain X-rays do. *See* Mayo Clinic, *CT Scan*, available at https://www.mayoclinic.org/tests-procedures/ct-scan/about/pac-20393675 (last visited Feb. 6, 2026).

[25] An MRI is a noninvasive medical imaging test that produces detailed images of almost every internal structure in the human body, including the organs, bones, muscles, and blood vessels. MRI scanners create images of the body using a large magnet and radio waves. No ionizing radiation is produced during an MRI exam, unlike X-rays. These images give a physician important information in diagnosing a medical condition and planning a course of treatment. *See* Johns Hopkins Medicine, *Magnetic Resonance Imaging (MRI)*, available at https://www.hopkinsmedicine.org/health/treatment-tests-and-therapies/magnetic-resonance-imaging-mri#:~:text=Magnetic%20resonance%20imaging%2C%20or%20MRI,large%20magnet%20and%20radio%20waves (last visited Feb. 6, 2026).

[26] A PET scan is an imaging test that can help reveal the metabolic or biochemical function of tissues and organs. The PET scan uses a radioactive drug called a tracer to show both typical and atypical metabolic activity. A PET scan can often detect the atypical metabolism of the tracer in diseases before the disease shows up on other imaging tests, such as a CT and an MRI. *See* Mayo Clinic, *Positron emission tomography scan*, available at https://www.mayoclinic.org/tests-procedures/pet-scan/about/pac-20385078 (last visited Feb. 6, 2026).

[27] Cleveland Clinic, *Parkinson's Disease*.

[28] *Id*.

[29] In years past, surgery was an option to intentionally damage and scar a part of the brain that was malfunctioning because of Parkinson's disease. Today, that same effect is possible using deep-brain stimulation, which uses an implanted device to deliver a mild electrical current to those same areas. The major advantage is that deep-brain stimulation is reversible, while intentional scarring damage is not. This treatment approach is almost always an option in later stages of Parkinson's disease when levodopa therapy becomes less effective, and in people who have a tremor that does not seem to respond to the usual medications. *See* Cleveland Clinic, *Parkinson's Disease*.

as stem cell-based treatments, however, availability often varies, and many are not an option for individuals with Parkinson's disease.[30]

Medications that do one or more of the following are used to treat Parkinson's disease:

- Adding dopamine – Medications like levodopa[31] can increase the available levels of dopamine in the brain. This medication is almost always effective, and when it does not work, that is usually a sign of some other form of parkinsonism[32] rather than Parkinson's disease. Long-term use of levodopa eventually leads to side effects that make it less effective.
- Simulating dopamine – Dopamine agonists are medications that have a dopamine-like effect. Dopamine is a neurotransmitter, causing cells to act in a certain way when a dopamine molecule latches onto them. Dopamine agonists can latch on and cause cells to behave the same way. These are more common in younger patients to delay starting levodopa.
- Dopamine metabolism blockers – The body has natural processes to break down neurotransmitters like dopamine. Medications that block the body from breaking down dopamine allow more dopamine to remain available to the brain. These medications are especially useful early on and can also help when combined with levodopa in later stages of Parkinson's disease.
- Levodopa metabolism inhibitors – These medications slow down how the body processes levodopa, helping it last longer. These medications may need careful use as they can have toxic effects and damage the liver. They are most often used to help as levodopa becomes less effective.
- Adenosine blockers – Medications that block how certain cells use adenosine (a molecule used in various forms throughout the body) can have a supportive effect when used alongside levodopa.
- Other medications are used to treat specific symptoms of Parkinson's disease.[33]

Parkinson's Disease Research in Florida

The Parkinson's Foundation designates the nation's top medical centers with specialized teams focused on Parkinson's disease clinical research and care as "Centers of Excellence."[34] Florida is home to three Parkinson's disease Centers of Excellence, including the Parkinson's Disease &

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[30] Stem cell transplants add new dopamine-using neurons into the brain to take over for damaged ones. Neuron-repair treatments try to repair damaged neurons and encourage new neurons to form. Gene therapies and gene-targeted treatments target specific mutations that cause Parkinson's disease. Some also boost the effectiveness of levodopa or other treatments. *See* Cleveland Clinic, *Parkinson's Disease*.

[31] Levodopa is the precursor to dopamine. Most commonly, clinicians use levodopa as a dopamine replacement agent for the treatment of Parkinson's disease. It is most effectively used to control bradykinetic symptoms apparent in Parkinson's disease. Levodopa is typically prescribed to a patient with Parkinson's disease once symptoms become more difficult to control with other anti-parkinsonism drugs. See National Institutes of Health, National Library of Medicine, National Center for Biotechnology Information, *Levodopa (L-Dopa)*, available at https://www.ncbi.nlm.nih.gov/books/NBK482140/#:~:text=Levodopa%20is%20the%20precursor%20to,symptoms%20apparent%20in%20Parkinson%20disease (last visited Feb. 6, 2026).

[32] "Parkinsonism" is an umbrella term that describes Parkinson's disease and conditions with similar symptoms. It can refer not only to Parkinson's disease but also to other conditions like multiple system atrophy or corticobasal degeneration. *See* Cleveland Clinic, *Parkinson's Disease*.

[33] Cleveland Clinic, *Parkinson's Disease*.

[34] Parkinson's Foundation, *Global Care Network*, available at https://www.parkinson.org/living-with-parkinsons/finding-care/global-care-network (last visited Feb. 6, 2026).

Movement Disorders Center[35] at USF, the University of Florida's Movement Disorders and Neurorestoration Program,[36, 37] and the University of Miami's Miller School of Medicine.[38] Comparatively, California is home to five Centers of Excellence, New York is home to four, and Texas is home to one.[39]

Parkinson's Disease Research Act

In 2025, the Legislature enacted the Parkinson's Disease Research Act (the Act), [40] thereby creating s. 1004.4353, F.S., in the Early Learning-20 Education Code, to establish within USF the Florida Institute for Parkinson's Disease (Institute) as a statewide resource for Parkinson's disease research and clinical care. The purpose of the Institute is to find a cure for Parkinson's disease and to improve the quality of life and health outcomes for those affected by Parkinson's disease by advancing knowledge, diagnosis, and treatment of Parkinson's disease through research, clinical care, education, and advocacy.

The Act also created s. 1004.4352, F.S., to establish the Consortium for Parkinson's Disease Research (Consortium) within USF to consist of public and private universities and academic medical centers.[41] The purpose of the Consortium is to conduct rigorous scientific research and disseminate such research. The Parkinson's Disease Research Board (Board) was also created under the Act to direct the operations of the Consortium.

The Act requires the Board to be composed of members representing each participating university or academic medical center,[42] appointed by the president or chief executive officer of each participant. Board members must have experience in a variety of scientific fields, including, but not limited to, neurology, psychology, nutrition, and genetics. Members are to be appointed to four-year terms and may be reappointed to serve additional terms. The Board chair is to be elected by the Board from among its members to serve a two-year term. The Board must meet at

[35] The USF's Parkinson's Disease & Movement Disorders Center is the only center in Florida primarily focused on Parkinson's disease research and treatment. The center currently offers multiple clinical trials to improve symptoms of early untreated Parkinson's disease, test innovative treatments, and study the disease's causes and progression. *See* USF Health, *Parkinson's Disease & Movement Disorders Center*, available at https://health.usf.edu/care/neurology/services-specialties/parkinsons (last visited Feb. 6, 2026).
[36] The University of Florida's (UF's) Movement Disorders and Neurorestoration Program operates within the UF's Norman Fixel Institute for Neurological Diseases and studies a variety of neurological disorders, including amyotrophic later sclerosis (ALS), dementia, Alzheimer's disease, and Parkinson's disease. See UFHealth, *About*, available at https://movementdisorders.ufhealth.org/about/ (last visited Feb. 6, 2026).
[37] The Program's Parkinson's disease research focuses on cognitive behavior and emotion, speech production, breathing and swallowing dysfunction, and development of deep brain stimulation. *See* UFHealth, *Clinical Research*, available at https://movementdisorders.ufhealth.org/research/clinical-research/ (last visited Apr. 3, 2025).
[38] Parkinson's Foundation, *Florida Chapter*, available at https://www.parkinson.org/florida/florida-chapter#florida-chapter (last visited Feb. 6, 2026).
[39] Parkinson's Foundation, *Global Care Network*, available at https://www.parkinson.org/living-with-parkinsons/finding-care/global-care-network (last visited Feb. 6, 2026).
[40] Chapter 2025-188, Laws of Fla.
[41] USF has housed the Consortium at the USF Morsani College of Medicine, according to the "inaugural" report, dated Oct. 15, 2025, submitted as required by s. 1004.4352(4)(e), F.S. (on file with the Senate Committee on Health Policy).
[42] *Id.* The Oct. 15, 2025, report proposes that the Board be composed of representatives of the USF Morsani College of Medicine, the University of Miami's Miller School of Medicine, the University of Florida's College of Medicine, the Michael J. Fox Foundation for Parkinson's Research, the Parkinson's Foundation, and a patient/family member representative.

least semiannually at the call of the chair or, in his or her absence or incapacity, the vice chair.[43] Four members constitute a quorum. A majority vote of the members present is required for all actions of the Board. The Board may prescribe, amend, or repeal a charter governing the manner in which it conducts its business. A Board member serves without compensation but is entitled to receive reimbursement for travel expenses by the Consortium or the organization he or she represents.

The Act requires the Consortium to be administered by a director, appointed by and to serve at the pleasure of the Board. The director must, subject to the approval of the Board:

- Propose a budget for the Consortium.
- Foster the collaboration of scientists, researchers, and other appropriate personnel in accordance with the Consortium's charter.
- Engage individuals in public and private university and academic medical center programs relevant to the Consortium's work to participate in the Consortium.
- Identify and prioritize the research to be conducted by the Consortium.
- Prepare a plan for Parkinson's disease research for submission to the Board.
- Apply for grants to obtain funding for research conducted by the Consortium.
- Perform other duties as determined by the Board.

The Act requires the Board to adopt the plan for Parkinson's disease research annually and to award funds to members of the Consortium to perform research consistent with the plan. The Board must issue a report to the Governor, the President of the Senate, and the Speaker of the House of Representatives on research projects, research findings, community outreach initiatives, and future plans for the Consortium by October 15 of each year.

Implementation of the Act's provisions relating to the Consortium and the Board is subject to legislative appropriation for such purpose contained in the annual General Appropriations Act (GAA). The GAA for Fiscal Year 2025-2026 did not include a specific appropriation for the Consortium or the Board.[44]

III. Effect of Proposed Changes:

The bill amends s. 1004.4352, F.S., in the Early Learning-20 Education Code, to require the Department of Health (DOH), subject to a specific appropriation, to contract with the Consortium to establish and maintain a Parkinson's Disease Registry to ensure that the Parkinson's disease data submitted by physicians for inclusion in the registry (see below) is maintained and available for research to advance therapies, improve patient outcomes, and find potential cures for Parkinson's disease. The bill provides that the contract must require the Consortium to use a nationally recognized platform to collect data from physicians.

The bill also amends the Education Code to requires that, beginning January 1, 2027, each allopathic physician licensed under ch. 458, F.S., or osteopathic physician licensed under

[43] *Id.* The Oct. 15, 2025, report indicates that the Consortium will hold an initial meeting in February or March 2026 to nominate Board members, review a proposed mission and vision, and gather input on the highest research priorities, and that the first meeting of the Board may be scheduled for the summer of 2026 to formalize a call for research proposals pending future appropriations.

[44] Chapter 2025-198, Laws of Fla.

ch. 459, F.S., who diagnoses or treats a patient with Parkinson's disease must report to the registry information, specified under DOH rule, which indicates patient demographics, diagnosis, stage of disease, medical history, laboratory data, the methods of diagnosis or treatment, and any other information the Parkinson's Disease Research Board recommends for inclusion in the registry. The bill requires the DOH, when adopting such rules, to consult with the Board, the Board of Medicine, and the Board of Osteopathic Medicine.

The bill requires a physician who diagnoses a patient with Parkinson's disease to notify the patient, orally and in writing, about the registry and the required reporting. If a patient does not want his or her personal identifying data to be included in the registry, the physician must certify in writing that the patient has been notified about the registry, provided information about the operation of the registry, and afforded the opportunity to ask questions, but wishes to opt-out of the registry. If a patient opts out, only deidentified personal health information relating to that patient may be submitted for inclusion in the registry.

The bill requires the Board to provide quarterly reports to the DOH on the data collected and requires the DOH, starting January 1, 2028, and annually thereafter, to submit a report to the Governor and the Legislature's presiding officers detailing the following:

- The incidence and prevalence of Parkinson's disease in this state, by county.
- Demographic information, including, but not limited to, patients' age, sex, and race.
- Any recommendations from the Board for legislative changes necessary for improving operation of the registry.

The bill requires the DOH to publish on its website information on Parkinson's disease, including ongoing research, available resources for persons diagnosed with Parkinson's disease, and the annual report described above.

The bill provides that a physician who, in good faith, complies with the bill's requirements is not liable for damages and may not be subject to disciplinary action solely for having submitted information to the registry as required by the bill.

The bill takes effect July 1, 2026.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None identified.

B. Public Records/Open Meetings Issues:

None identified.

C. Trust Funds Restrictions:

None identified.

D. State Tax or Fee Increases:

None identified.

E. Other Constitutional Issues:

The Florida Constitution provides that the Legislature creates the policies and laws of the state[45] and the executive branch executes the laws[46] and policies established by the Legislature. The Legislature is permitted to transfer subordinate functions "to permit administration of legislative policy *by an agency* with the expertise and flexibility to deal with complex and fluid conditions." (Emphasis added.)

However, the Legislature "may not delegate the power to enact a law or the right to exercise unrestricted discretion in applying the law."[47] The Florida Supreme Court has found that "statutes granting power to the executive branch 'must clearly announce adequate standards to guide ... in the execution of the powers delegated. The statute must so clearly define the power delegated that the [executive] is precluded from acting through whim, *showing favoritism, or exercising unbridled discretion*.' "[48] (Emphasis added.)

Under Florida's Administrative Procedure Act (APA), an agency must have both a general and a specific grant of rulemaking authority from the Legislature.[49] The general grant of rulemaking authority is usually broad, while the specific grant of rulemaking authority must provide specific standards and guidelines the agency must implement through rulemaking.[50] Additionally, administrative bodies or commissions, unless specifically created in the Constitution, are creatures of statute and derive only the powers specified therein.[51].

SB 1684, on lines 52-62, directs certain licensed physicians to report to the Parkinson's Disease Registry information specified by Department of Health (DOH) rule, and the rule is to include a list of items. The final item in the list is "any other information [the Parkinson's Disease Research Board] recommends for inclusion in the registry."

Under that language, the bill may be interpreted to require the DOH to adopt a rule requiring affected physicians to report any data that the Parkinson's Disease Research Board decides to recommend. Such a provision could be viewed as violating the State

[45] Article III, section 1 of the State Constitution vests the "legislative power of the state" in the Legislature. Legislative power is further explained by the courts in *O.M. v. Dep't of Children & Families*, 404 So. 3d 547, 552 (Fla. 3d DCA 2025); *Webb v. Hill*, 75 So. 2d 596, 605 (Fla. 1954); *State v. Barquet*, 262 So. 2d 431, 433 (Fla. 1972).
[46] The executive branch ensures that the "laws be faithfully executed, commission all officers of the state and counties, and transact all necessary business with the officers of government." FLA. CONST. art. IV, s. 4.
[47] *Bush v. Schiavo,* 885 So. 2d 321 (Fla. 2004).
[48] *Id.*
[49] Sections 120.52(8) and 120.536(1), F.S.
[50] *Sloban v. Florida Board of Pharmacy*, 982 So. 2d 26, 29-30 (Fla. 1st DCA 2008); *Board of Trustees of the Internal Improvement Trust Fund v. Day Cruise Association, Inc.*, 794 So. 2d 696, 704 (Fla. 1st DCA 2001).
[51] *Grove Isle, Ltd. v. State Dept of Environmental Regulation*, 454 So. 2d 571 (Fla. 1st DCA 1984). *See also*, *WHS Trucking LLC v. Reemployment Assistance Appeals Comm'n*, 183 So. 3d 460 (Fla. 1st DCA 2016).

Constitution's requirement that a statute must so clearly define the power delegated to an Executive Branch agency that the agency is precluded from acting through whim, showing favoritism, or exercising unbridled discretion.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None identified.

B. Private Sector Impact:

SB 1684 provides for the creation and maintenance of the Parkinson's Disease Registry if the Legislature provides an appropriation for that purpose. If such funds are appropriated:

- The bill's requirement for certain licensed physicians to report information to the registry could create some level of cost for those physicians since they will have to devote their time or their staff's time to fulfilling that required duty.
- The Consortium for Parkinson's Disease Research, through its contract with the Department of Health (DOH) that is required under the bill, may incur costs associated with creating and maintaining the registry.

C. Government Sector Impact:

The bill is subject to appropriation; therefore, the bill has no fiscal impact on state expenditures or revenues. The Department of Health (DOH) has not provided an estimate of the bill's operational or fiscal impact on the department, as of this writing. The DOH, through its contract with the Consortium, may incur costs associated with creating and maintaining the registry.

VI. Technical Deficiencies:

None.

VII. Related Issues:

The bill creates several statutory requirements for allopathic and osteopathic physicians, as well as liability protections for those physicians, within the Early Learning-20 Education Code. Such provisions relating to health care practitioners are typically housed within the practitioners' respective practice acts.

VIII. Statutes Affected:

This bill substantially amends section 1004.4352 of the Florida Statutes.

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.

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LEGISLATIVE ACTION

Senate . House

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The Appropriations Committee on Health and Human Services (Calatayud) recommended the following:

Senate Amendment (with title amendment)

Delete everything after the enacting clause and insert:

Section 1. Section 458.352, Florida Statutes, is created to read:

458.352 Parkinson's disease registry; reporting requirement.—

(1) Beginning January 1, 2027, each physician who diagnoses or treats a patient for Parkinson's disease shall report to the

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statewide Parkinson's disease registry, established pursuant to s. 1004.4352, information containing nationally recognized Parkinson's disease performance measures.

(2) A liability of any kind or character for damages or other relief may not arise or be enforced against a physician by reason of having provided such information to the statewide Parkinson's disease registry.

Section 2. Section 459.075, Florida Statutes, is created to read:

459.075 Parkinson's disease registry; reporting requirement.—

(1) Beginning January 1, 2027, each physician who diagnoses or treats a patient for Parkinson's disease shall report to the statewide Parkinson's disease registry, established pursuant to s. 1004.4352, information containing nationally recognized Parkinson's disease performance measures.

(2) A liability of any kind or character for damages or other relief may not arise or be enforced against a physician by reason of having provided such information to the statewide Parkinson's disease registry.

Section 3. Section 464.0124, Florida Statutes, is created to read:

464.0124 Parkinson's disease registry; advanced practice registered nurse reporting requirement.—

(1) Beginning January 1, 2027, each advanced practice registered nurse who diagnoses or treats a patient for Parkinson's disease shall report to the statewide Parkinson's disease registry, established pursuant to s. 1004.4352, information containing nationally recognized Parkinson's disease

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performance measures.

(2) A liability of any kind or character for damages or other relief may not arise or be enforced against an advanced practice registered nurse by reason of having provided such information to the statewide Parkinson's disease registry.

Section 4. Paragraphs (b) and (e) of subsection (4) of section 1004.4352, Florida Statutes, are amended, and subsection (5) is added to that section, to read:

1004.4352 Parkinson's disease research.—

(4) CONSORTIUM FOR PARKINSON'S DISEASE RESEARCH.—

(b) The Parkinson's Disease Research Board is established to direct the operations of the consortium. The board shall be composed of one member appointed by the President of the Senate, one member appointed by the Speaker of the House of Representatives, and members representing each participating university or academic medical center, appointed by the president or chief executive officer of each participating university or academic medical center. Board members, other than those appointed by the President of the Senate or the Speaker of the House of Representatives, must have experience as a movement disorder specialist and in informatics or population health research and Parkinson's disease research ~~in a variety of scientific fields, including, but not limited to, neurology, psychology, nutrition, and genetics~~. Members shall be appointed to 3-year ~~4-year~~ terms and may be reappointed to serve additional terms. The chair shall be elected by the board from among its members to serve a 2-year term. The board shall meet at least semiannually at the call of the chair or, in his or her absence or incapacity, the vice chair. Four members constitute a

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quorum. A majority vote of the members present is required for all actions of the board. The board may prescribe, amend, and repeal a charter governing the manner in which it conducts its business. Board members shall serve without compensation, but are entitled to receive reimbursement for travel expenses by the consortium or the organization he or she represents in accordance with s. 112.061.

(e) By October 15 of each year, the board shall issue a report to the Governor, the President of the Senate, and the Speaker of the House of Representatives on research projects, research findings, and community outreach initiatives conducted or funded by~~, and future plans for~~ the consortium. Beginning on October 15, 2028, and annually thereafter, the report must include a summary update on the incidence and prevalence of Parkinson's disease in this state by county, how many records have been included and reported to the registry, and demographic information, such as patients by age, gender, and race.

(5) PARKINSON'S DISEASE REGISTRY.—

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

(b) Physicians licensed under chapter 458 or chapter 459, pursuant to ss. 458.352 and 459.075, and advanced practice

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registered nurses licensed under chapter 464, pursuant to s. 464.0124, shall regularly report to the statewide Parkinson's disease registry information containing nationally recognized Parkinson's disease performance measures.

(c) Beginning January 1, 2028, the Institute for Parkinson's Disease at the University of South Florida shall create and maintain a public website dedicated solely to the Parkinson's disease registry which must include, at a minimum, downloadable annual reports on the incidence and prevalence of Parkinson's disease, information on the consortium, and other information as determined by the board. The website must be updated by January 1, 2029, and annually thereafter.

Section 5. This act shall take effect July 1, 2026.

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

And the title is amended as follows:

Delete everything before the enacting clause and insert:

A bill to be entitled

An act relating to the Parkinson's disease registry; creating ss. 458.352, 459.075, and 464.0124 F.S.; requiring physicians, osteopathic physicians, and advanced practice registered nurses, respectively, to report certain information to the Parkinson's disease registry; providing limited liability for physicians and advanced practice registered nurses under certain circumstances; amending s. 1004.4352, F.S.; revising the membership of the Parkinson's Disease Research Board; requiring that annual reports of the board

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include specified information beginning on a specified date; requiring the Institute for Parkinson's Disease at the University of South Florida, subject to appropriation, to establish and maintain a statewide Parkinson's disease registry for specified purposes; providing requirements for the registry; requiring certain physicians and advanced practice registered nurses to report specified information to the registry regularly; requiring the institute, beginning on a specified date, to create and maintain a public website dedicated solely to the registry; specifying requirements for the website; requiring that the website be updated by a specified date and annually thereafter; providing an effective date.

By Senator Calatayud

38-01287-26 20261684__

A bill to be entitled

An act relating to the Parkinson's Disease Registry; amending s. 1004.4352, F.S.; defining the term "department"; subject to a specific appropriation, requiring the Department of Health to contract with the Consortium for Parkinson's Disease Research within the University of South Florida for a specified purpose; requiring the department contract with the consortium to require use of a nationally recognized platform to collect data for the registry; beginning on a specified date, requiring physicians who diagnose or treat a patient with Parkinson's disease to report specified information to the registry; requiring the department to adopt certain rules in consultation with the Parkinson's Disease Research Board, the Board of Medicine, and the Board of Osteopathic Medicine; requiring physicians to notify patients orally and in writing of specified information before submitting reports to the registry; providing procedures for a patient to opt out of the registry; requiring the Parkinson's Disease Research Board to submit quarterly reports to the department; requiring the department to submit annual reports to the Governor and the Legislature; providing requirements for the reports; requiring the department to publish certain information and the annual reports on its website; providing physicians immunity from liability and disciplinary action under certain circumstances; providing an effective date.

38-01287-26 20261684__

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

Section 1. Subsection (3) of section 1004.4352, Florida Statutes, is amended, and subsection (5) is added to that section, to read:

1004.4352 Parkinson's disease research.—

(3) DEFINITIONS.—As used in this section, the term:

(a) "Board" means the Parkinson's Disease Research Board.

(b) "Consortium" means the Consortium for Parkinson's Disease Research.

(c) "Department" means the Department of Health.

(5) PARKINSON'S DISEASE REGISTRY.—Subject to a specific appropriation, the department shall contract with the consortium to establish and maintain a Parkinson's Disease Registry to ensure that the Parkinson's disease data required to be submitted under paragraph (a) is maintained and available for use for research to advance therapies, improve patient outcomes, and find potential cures for the disease. The department contract must require the consortium to use a nationally recognized platform to collect data from physicians as required in paragraph (a).

(a) Beginning January 1, 2027, each physician licensed under chapter 458 or chapter 459 who diagnoses or treats a patient with Parkinson's disease shall report to the registry information specified by the department, by rule, which indicates patient demographics, diagnosis, stage of disease, medical history, any laboratory data, the methods of diagnosis or treatment used, and any other information the board

recommends for inclusion in the registry. In adopting rules under this paragraph, the department shall consult with the board, the Board of Medicine, and the Board of Osteopathic Medicine.

(b) A physician who diagnoses a patient with Parkinson's disease shall notify the patient orally and in writing about the registry and the required reporting under this subsection. If a patient does not want his or her personal identifying information included in the registry, the physician must certify in writing that the patient has been notified of the registry, provided information about the operation of the registry, and afforded the opportunity to ask questions, but wishes to opt out of the registry. If a patient opts out of the registry, only deidentified personal health information may be submitted for inclusion in the registry.

(c) The board shall provide quarterly reports to the department on the data collected. By January 1, 2028, and annually thereafter, the department shall submit a report to the Governor, the President of the Senate, and the Speaker of the House of Representatives detailing all of the following:

1. The incidence and prevalence of Parkinson's disease in this state, by county.

2. Demographic information, including, but not limited to, patients' age, sex, and race.

3. Any recommendations from the board for legislative changes necessary for improving operation of the registry.

(d) The department shall publish on its website information on Parkinson's disease, including ongoing research, available resources for persons diagnosed with Parkinson's disease, and

the annual report prepared under paragraph (c).

(e) A physician who in good faith complies with the requirements of this subsection is not liable for damages and may not be subject to disciplinary action for the sole reason of having submitted information to the registry as required under paragraph (a).

Section 2. This act shall take effect July 1, 2026.

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 Appropriations Committee on Health and Human Services

BILL:	CS/SB 1686
INTRODUCER:	Health Policy Committee and Senator Calatayud
SUBJECT:	Public Records/Parkinson's Disease Registry
DATE:	February 17, 2026 REVISED:

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Brown	Brown	HP	**Fav/CS**
2.	Gerbrandt	McKnight	AHS	**Pre-meeting**
3.			FP	

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/SB 1686 creates a public records exemption for personal identifying information and records submitted to the Parkinson's Disease Registry, with exceptions.

The bill has no fiscal impact on state expenditures or revenues. **See Section V., Fiscal Impact Statement.**

The bill takes effect on the same date that SB 1684, or other similar legislation, takes effect if such legislation is adopted in the same legislative session or extension thereof.

II. Present Situation:

Access to Public Records - Generally

The State Constitution provides that the public has the right to inspect or copy records made or received in connection with official governmental business.[1] The right to inspect or copy applies to the official business of any public body, officer, or employee of the state, including all three branches of state government, local governmental entities, and any person acting on behalf of the government.[2]

[1] FLA. CONST. art. I, s. 24(a).
[2] *Id*. *See* also, *Sarasota Citizens for Responsible Gov't v. City of Sarasota*, 48 So. 3d 755, 762-763 (Fla. 2010).

Additional requirements and exemptions related to public records are found in various statutes and rules, depending on the branch of government involved. For instance, s. 11.0431, F.S., provides public access requirements for legislative records. Relevant exemptions are codified in s. 11.0431(2)-(3), F.S., and adopted in the rules of each house of the legislature.[3] Florida Rule of Judicial Administration 2.420 governs public access to judicial branch records.[4] Lastly, ch. 119, F.S., known as the Public Records Act, provides requirements for public records held by executive agencies.

Executive Agency Records – The Public Records Act

The Public Records Act provides that all state, county, and municipal records are open for personal inspection and copying by any person, and that providing access to public records is a duty of each agency.[5]

Section 119.011(12), F.S., defines "public records" to include:

> [a]ll documents, papers, letters, maps, books, tapes, photographs, films, sound recordings, data processing software, or other material, regardless of the physical form, characteristics, or means of transmission, made or received pursuant to law or ordinance or in connections with the transaction of official business by any agency.

The Florida Supreme Court has interpreted this definition to encompass all materials made or received by an agency in connection with official business that are used to "perpetuate, communicate, or formalize knowledge of some type."[6]

The Florida Statutes specify conditions under which public access to public records must be provided. The Public Records Act guarantees every person's right to inspect and copy any public record at any reasonable time, under reasonable conditions, and under supervision by the custodian of the public record.[7] A violation of the Public Records Act may result in civil or criminal liability.[8]

The Legislature may exempt public records from public access requirements by passing a general law by a two-thirds vote of both the House and the Senate.[9] The exemption must state

[3] *See* Rule 1.48, *Rules and Manual of the Florida Senate*, (2022-2024) and Rule 14.1, *Rules of the Florida House of Representatives*, Edition 2, (2022-2024).
[4] *State v. Wooten*, 260 So. 3d 1060 (Fla. 4th DCA 2018).
[5] Section 119.01(1), F.S. Section 119.011(2), F.S., defines "agency" as "any state, county, district, authority, or municipal officer, department, division, board, bureau, commission, or other separate unit of government created or established by law including, for the purposes of this chapter, the Commission on Ethics, the Public Service Commission, and the Office of Public Counsel, and any other public or private agency, person, partnership, corporation, or business entity acting on behalf of any public agency."
[6] *Shevin v. Byron, Harless, Schaffer, Reid and Assoc., Inc*., 379 So. 2d 633, 640 (Fla. 1980).
[7] Section 119.07(1)(a), F.S.
[8] Section 119.10, F.S. Public records laws are found throughout the Florida Statutes, as are the penalties for violating those laws.
[9] FLA. CONST. art. I, s. 24(c).

with specificity the public necessity justifying the exemption and must be no broader than necessary to accomplish the stated purpose of the exemption.[10]

General exemptions from the public records requirements are contained in the Public Records Act.[11] Specific exemptions often are placed in the substantive statutes relating to a particular agency or program.[12]

When creating a public records exemption, the Legislature may provide that a record is "exempt" or "confidential and exempt." There is a difference between records the Legislature has determined to be exempt from the Public Records Act and those which the Legislature has determined to be exempt from the Public Records Act *and confidential*.[13] Records designated as "confidential and exempt" are not subject to inspection by the public and may only be released under the circumstances defined by statute.[14] Records designated as "exempt" may be released at the discretion of the records custodian under certain circumstances.[15]

Open Government Sunset Review Act

The provisions of s. 119.15, F.S., known as the Open Government Sunset Review Act[16] (the Act), prescribe a legislative review process for newly created or substantially amended[17] public records or open meetings exemptions, with specified exceptions.[18] The Act requires the repeal of such exemption on October 2 of the fifth year after its creation or substantial amendment, unless the Legislature reenacts the exemption.[19]

The Act provides that a public records or open meetings exemption may be created or maintained only if it serves an identifiable public purpose and is no broader than is necessary.[20] An exemption serves an identifiable purpose if the Legislature finds that the purpose of the exemption outweighs open government policy and cannot be accomplished without the exemption, and it meets one of the following purposes:

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[10] FLA. CONST. art. I, s. 24(c). *See, e.g.*, *Halifax Hosp. Medical Center v. News-Journal Corp.,* 724 So. 2d 567 (Fla. 1999) (holding that a public meetings exemption was unconstitutional because the statement of public necessity did not define important terms and did not justify the breadth of the exemption); *Baker County Press, Inc. v. Baker County Medical Services, Inc.*, 870 So. 2d 189 (Fla. 1st DCA 2004) (holding that a statutory provision written to bring another party within an existing public records exemption is unconstitutional without a public necessity statement).

[11] *See, e.g.*, s. 119.071(1)(a), F.S. (exempting from public disclosure examination questions and answer sheets of examinations administered by a governmental agency for the purpose of licensure).

[12] *See, e.g.*, s. 213.053(2)(a), F.S. (exempting from public disclosure information contained in tax returns received by the Department of Revenue).

[13] *WFTV, Inc. v. The Sch. Bd. of Seminole County*, 874 So. 2d 48, 53 (Fla. 5th DCA 2004).

[14] *Id.*

[15] *Williams v. City of Minneola*, 575 So. 2d 683 (Fla. 5th DCA 1991).

[16] Section 119.15, F.S.

[17] An exemption is considered to be substantially amended if it is expanded to include more records or information or to include meetings as well as records. Section 119.15(4)(b), F.S.

[18] Section 119.15(2)(a) and (b), F.S., provides that exemptions required by federal law or applicable solely to the Legislature or the State Court System are not subject to the Open Government Sunset Review Act.

[19] Section 119.15(3), F.S.

[20] Section 119.15(6)(b), F.S.

- It allows the state or its political subdivisions to effectively and efficiently administer a governmental program, and administration would be significantly impaired without the exemption;[21]
- It protects sensitive, personal information, the release of which would be defamatory, cause unwarranted damage to the good name or reputation of the individual, or would jeopardize the individual's safety. If this public purpose is cited as the basis of an exemption, however, only personal identifying information is exempt;[22] or
- It protects information of a confidential nature concerning entities, such as trade or business secrets.[23]

The Act also requires specified questions to be considered during the review process.[24] In examining an exemption, the Act directs the Legislature to question the purpose and necessity of reenacting the exemption.

If the exemption is continued and expanded, then a public necessity statement and a two-thirds vote for passage are again required.[25] If the exemption is continued without substantive changes or if the exemption is continued and narrowed, then a public necessity statement and a two-thirds vote for passage are *not* required. If the Legislature allows an exemption to expire, the previously exempt records will remain exempt unless otherwise provided by law.[26]

Parkinson's Disease Research Act

In 2025, the Legislature enacted CS/CS/HB 1545, Engrossed 1,[27] which may be cited as the Parkinson's Disease Research Act, thereby creating s. 1004.4353, F.S., to establish within the University of South Florida (USF) the Florida Institute for Parkinson's Disease (Institute) as a statewide resource for Parkinson's disease research and clinical care. The purpose of the Institute is to find a cure for Parkinson's disease and to improve the quality of life and health outcomes for those affected by Parkinson's disease by advancing knowledge, diagnosis, and treatment of Parkinson's disease through research, clinical care, education, and advocacy.

The 2025 law also created s. 1004.4352, F.S., to establish the Consortium for Parkinson's Disease Research (Consortium) within USF to consist of public and private universities and academic medical centers. The purpose of the Consortium is to conduct rigorous scientific research and disseminate such research.

[21] Section 119.15(6)(b)1., F.S.
[22] Section 119.15(6)(b)2., F.S.
[23] Section 119.15(6)(b)3., F.S.
[24] Section 119.15(6)(a), F.S. The specified questions are:
- What specific records or meetings are affected by the exemption?
- Whom does the exemption uniquely affect, as opposed to the general public?
- What is the identifiable public purpose or goal of the exemption?
- Can the information contained in the records or discussed in the meeting be readily obtained by alternative means? If so, how?
- Is the record or meeting protected by another exemption?
- Are there multiple exemptions for the same type of record or meeting that it would be appropriate to merge?

[25] *See generally* s. 119.15, F.S.
[26] Section 119.15(7), F.S.
[27] Chapter 2025-188, Laws of Florida.

SB 1684, if enacted, will amend s. 1004.4352, F.S., to require the Department of Health (DOH), subject to a specific appropriation, to contract with the Consortium to establish and maintain a Parkinson's Disease Registry to ensure that the Parkinson's disease data submitted for inclusion in the registry is maintained and available for research to advance therapies, improve patient outcomes, and find potential cures for Parkinson's disease.

See the staff analysis of SB 1684 for more details about the Parkinson's Disease Research Act and the proposed Parkinson's Disease Registry.

III. Effect of Proposed Changes:

The bill provides that all records and personal identifying information relating to persons diagnosed with or treated for Parkinson's disease which are submitted to the Parkinson's Disease Registry under statutory provisions to be created under SB 1684, are confidential and exempt from the public records requirements of s. 119.07(1), F.S., and s. 24(a), Article I of the State Constitution, with the following exceptions:

- Release of such registry data may be made with the written consent of persons to whom the information applies.
- The Department of Health (DOH) or the Consortium may contact individuals for the purpose of epidemiological investigation and monitoring, provided information that is confidential under the bill is not further disclosed.
- The DOH may enter into a data-sharing agreement with any other governmental agency or entity for the purpose of medical or scientific research, provided such governmental agency or entity does not further disclose information that is confidential under the bill.

The bill provides legislative findings that the public records exemption it creates is a public necessity. The bill specifies that its provisions are subject to the Open Government Sunset Review Act in accordance with s. 119.15, F.S., and that such provisions shall stand repealed on Oct. 2, 2031, unless reviewed and saved from repeal through reenactment by the Legislature.

The bill provides that it takes effect on the same date that SB 1684, or other similar legislation, takes effect if such legislation is adopted in the same legislative session or extension thereof.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

Not applicable. The mandate restrictions do not apply because the bill does not require counties and municipalities to spend funds, reduce counties or municipalities' ability to raise revenue, or reduce the percentage of state tax shared with counties and municipalities.

B. Public Records/Open Meetings Issues:

Vote Requirement
Article I, s. 24(c) of the State Constitution requires a two-thirds vote of the members present and voting for final passage of a bill creating or expanding an exemption to the

public records disclosure requirements. This bill enacts a new exemption for certain records and personal identifying information relating to persons diagnosed with or treated for Parkinson's disease which is submitted to the Parkinson's Disease Registry and, thus, the bill requires a two-thirds vote of each house of the Legislature to be enacted.

Public Necessity Statement
Article I, s. 24(c) of the State Constitution requires a bill creating or expanding an exemption to the public records disclosure requirements to state with specificity the public necessity justifying the exemption. Section 2 of the bill contains a statement of public necessity for the exemption which provides that the DOH and the Consortium are unable to effectively implement the legislative purpose of the Parkinson's Disease Registry without access to these records and information, which include personal medical information, the disclosure of which would violate federal patient privacy laws. The statement further provides a legislative finding that it is a public necessity to make such records and information held by the DOH confidential and exempt to protect the privacy rights of persons diagnosed with and treated for Parkinson's disease in this state and to promote the effective administration of the department's epidemiological research and tracking activities.

Breadth of Exemption
Article I, section 24(c) of the State Constitution requires an exemption to the public records disclosure requirements to be no broader than necessary to accomplish the stated purpose of the law. The purpose of the proposed law is to protect personal medical information, the disclosure of which would violate federal patient privacy laws. This bill exempts records and personal identifying information relating to persons diagnosed with or treated for Parkinson's disease which is submitted to the Parkinson's Disease Registry. The records exempted in the bill are narrowly tailored to the most relevant information for accomplishing the bill's stated goals. Thus, the exemption does not appear to be broader than necessary to accomplish the purpose of the law.

C. Trust Funds Restrictions:

None identified.

D. State Tax or Fee Increases:

None identified.

E. Other Constitutional Issues:

None identified.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

The private sector may be subject to the cost associated with an agency's review and potential redactions of exempt records in response to a public records request.

C. Government Sector Impact:

The bill has no fiscal impact on state expenditures or revenues.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends section 1004.4352 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 February 11, 2026:
The CS correctly links the bill to SB 1684 by specifying that the bill takes effect on the same date that SB 1684, or other similar legislation, takes effect if such legislation is adopted in the same legislative session or extension thereof.

B. Amendments:

None.

By the Committee on Health Policy; and Senator Calatayud

588-02794-26 20261686c1

A bill to be entitled

An act relating to public records; amending s. 1004.4352, F.S.; providing an exemption from public records requirements for certain records and personal identifying information submitted to the Parkinson's Disease Registry; providing for future legislative review and repeal; providing a statement of public necessity; providing a contingent effective date.

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

Section 1. Paragraph (f) is added to subsection (5) of section 1004.4352, Florida Statutes, as created by SB 1684, 2026 Regular Session, to read:

1004.4352 Parkinson's disease research.—

(5) PARKINSON'S DISEASE REGISTRY.—Subject to a specific appropriation, the department shall contract with the consortium to establish and maintain a Parkinson's Disease Registry to ensure that the Parkinson's disease data required to be submitted under paragraph (a) is maintained and available for use for research to advance therapies, improve patient outcomes, and find potential cures for the disease. The department contract must require the consortium to use a nationally recognized platform to collect data from physicians as required in paragraph (a).

(f) All records and personal identifying information relating to persons diagnosed with or treated for Parkinson's disease which is submitted to the registry under this subsection are confidential and exempt from s. 119.07(1) and s. 24(a), Art.

588-02794-26 20261686c1

I of the State Constitution, except that:

1. Release may be made with the written consent of persons to whom the information applies.

2. The department or the consortium may contact individuals for the purpose of epidemiological investigation and monitoring, provided information that is confidential under this subsection is not further disclosed.

3. The department may enter into a data-sharing agreement with any other governmental agency or entity for the purpose of medical or scientific research, provided such governmental agency or entity does not further disclose information that is confidential under this subsection.

This paragraph is subject to the Open Government Sunset Review Act in accordance with s. 119.15 and shall stand repealed on October 2, 2031, unless reviewed and saved from repeal through reenactment by the Legislature.

Section 2. The Legislature finds that it is a public necessity that all records and personal identifying information relating to persons diagnosed with or treated for Parkinson's disease which is submitted to the Parkinson's Disease Registry pursuant to s. 1004.4352(5), Florida Statutes, be made confidential and exempt from s. 119.07(1), Florida Statutes, and s. 24(a), Article I of the State Constitution. The Department of Health and the University of South Florida's Consortium for Parkinson's Disease Research are unable to effectively implement the legislative purpose of the Parkinson's Disease Registry, created under s. s. 1004.4352(5), Florida Statutes, without access to these records and information, which include personal

medical information, the disclosure of which would violate federal patient privacy laws, including the Health Insurance Portability and Accountability Act of 1996. Therefore, the Legislature finds that it is a public necessity to make such records and information held by the department confidential and exempt to protect the privacy rights of persons diagnosed with and treated for Parkinson's disease in this state and promote the effective administration of the department's epidemiological research and tracking activities.

Section 3. This act shall take effect on the same date that SB 1684 or similar legislation takes effect, if such legislation is adopted in the same legislative session or an extension thereof and becomes a law.