

THE FLORIDA SENATE
2025 SUMMARY OF LEGISLATION PASSED
Committee on Health Policy

CS/HB 519 — Administration of Controlled Substances by Paramedics

by Health Professions & Programs Subcommittee and Reps. Bartleman, Melo, and others
(CS/SB 1224 by Health Policy Committee and Senator Harrell)

The bill amends s. 893.05, F.S., to allow a health care practitioner who is specified as an authorized prescriber of controlled substances, to cause a controlled substance to be administered, under his or her direction and supervision only, by a certified paramedic in the course of providing emergency services.

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

Vote: Senate 37-0; House 108-0

THE FLORIDA SENATE
2025 SUMMARY OF LEGISLATION PASSED
Committee on Health Policy

CS/HB 547 — Medical Debt

by Health Care Facilities & Systems Subcommittee and Rep. Partington (CS/CS/SB 656 by Rules Committee; Health Policy Committee; and Senator Rodriguez)

The bill amends billing and collection activities of hospitals and ambulatory surgical centers (ASC) in s. 395.3011, F.S., to:

- Expand the scope of “extraordinary collection action” to include actions taken in relation to obtaining payment for any bill of care, rather than only bills of care that are covered under a hospital’s or ASC’s financial assistance policy.
- Allow a hospital or ASC to sell a patient’s debt without the 30-day notice to the patient as required under current law if the debt:
 - Is not subject to interest or fees and the purchaser of the debt does not take any other extraordinary collection actions that the hospital or ASC could otherwise take; and
 - Is returned to the facility if the debt buyer determines that the debt qualifies for charity care under the facility’s financial assistance policy.

If approved by the Governor, or allowed to become law without the Governor’s signature, these provisions take effect July 1, 2025.

Vote: Senate 38-0; House 116-0

THE FLORIDA SENATE
2025 SUMMARY OF LEGISLATION PASSED
Committee on Health Policy

CS/HB 647 — Advanced Practice Registered Nurse Services

by Health Professions & Programs Subcommittee and Rep. Trabulsy and others (CS/SB 998 by Health Policy Committee and Senator Calatayud)

The bill provides that, in the absence of a funeral director, an advanced practice registered nurse (APRN) providing hospice care pursuant to a written protocol with a licensed physician may file a certificate of death or fetal death. The bill authorizes such an APRN to certify the cause of death and correct information on a permanent certificate of death or fetal death.

If approved by the Governor, or allowed to become law without the Governor's signature, these provisions take effect July 1, 2025.

Vote: Senate 38-0; House 111-0

THE FLORIDA SENATE
2025 SUMMARY OF LEGISLATION PASSED
Committee on Health Policy

CS/CS/SB 768 — Foreign Countries of Concern

by Judiciary Committee; Health Policy Committee; and Senator Calatayud

The bill prohibits Florida’s public health laboratories from using operational or research software used for genetic sequencing that is produced in or by a foreign country of concern, a state-owned enterprise of a foreign country of concern, or a company domiciled within a foreign country of concern. Foreign countries of concern include China, Russia, Iran, North Korea, Cuba, the Venezuelan regime of Nicolas Maduro, and Syria. Scrutinized companies may include those that boycott Israel or have prohibited operations in Cuba, Iran, Sudan, or Syria.

Preexisting law requires AHCA licensees (health care facilities and providers) to ensure that a person or entity possessing a controlling interest in the licensee does not also hold, either directly or indirectly, regardless of ownership structure, an interest in an entity that has a business relationship with a foreign country of concern or that is subject to s. 287.135, F.S., prohibiting contracting with scrutinized companies. The bill provides that a licensee’s failure to obtain assurances to ensure compliance with this requirement will no longer affect licensure or insurability, nor will it subject the licensee to civil or criminal liability, unless the licensee has actual knowledge that an indirect interest holder is a principal from a foreign country of concern and is not in compliance with the minimum licensure requirements. The bill also defines the term “indirect interest holder” as a person owning less than a five-percent interest in the licensee, generally.

If approved by the Governor, or allowed to become law without the Governor’s signature, these provisions take effect July 1, 2025.

Vote: Senate 37-0; House 114-0

THE FLORIDA SENATE
2025 SUMMARY OF LEGISLATION PASSED
Committee on Health Policy

CS/CS/HB 791 — Surrendered Infants

by Health & Human Services Committee; Health Care Facilities & Systems Subcommittee; and Rep. Cobb and others (SB 1690 by Senator McClain)

The bill (Chapter 2025-17, L.O.F.) statutory provisions relating to surrendered infants, revising the definition of “infant” and defining “infant safety device.”

The bill provides an additional method of lawful surrender by authorizing a hospital, an emergency medical services (EMS) station, or a fire station that is staffed 24 hours per day to use a qualifying infant safety device in order to accept surrendered infants.

The bill requires a hospital, an EMS station, or a fire station that uses an infant safety device to use the device’s surveillance system to monitor the inside of the infant safety device 24 hours per day, to physically check the device at least twice daily, and to test the device at least weekly to ensure the alarm system is in working order.

The bill requires that a participating fire station must use the dual alarm system of the infant safety device to dispatch immediately the nearest first responder to retrieve any infant left in the infant safety device in the case that all firefighter first responders are dispatched from the fire station for an emergency.

Existing provisions related to the presumption that the parent intended to surrender the infant, consented to appropriate medical treatment and care, and to termination of parental rights; the care and custodial processing of an infant upon lawful surrender; and the parent’s anonymity upon surrender, are extended by the bill to occasions when infants are surrendered in an infant safety device.

Lastly, the bill further provides technical and conforming changes, such as utilizing the term “surrendered” instead of “left,” or “child” instead of “minor.”

These provisions were approved by the Governor and take effect July 1, 2025.

Vote: Senate 33-4; House 106-0

THE FLORIDA SENATE
2025 SUMMARY OF LEGISLATION PASSED
Committee on Health Policy

CS/CS/SB 958 — Type 1 Diabetes Early Detection Program

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

The bill requires the Department of Health (DOH), in collaboration with school districts throughout the state, to develop Type 1 diabetes informational materials for the parents and guardians of students. Within 90 days after July 1, 2025, the DOH must develop materials related to the early detection of Type 1 diabetes and post the materials on its website to be available to each early learning coalition, school district, and charter school.

The bill requires the DOH to develop a standardized methodology for each early learning coalition, school district, and charter school for the notification of the parents or guardians of voluntary prekindergarten, kindergarten, and first-grade students. Parents and guardians must be notified of the availability of the Type 1 diabetes early detection materials by September 30, 2025, and annually thereafter.

The bill also requires the informational materials on Type 1 diabetes to include, at minimum:

- A description of Type 1 diabetes.
- A description of the risk factors and warning signs associated with Type 1 diabetes.
- A description of the process for screening students for early detection of Type 1 diabetes using a blood autoantibody test.
- A recommendation for further evaluation for students displaying warning signs associated with Type 1 diabetes or positive early detection screening results.

If approved by the Governor, or allowed to become law without the Governor's signature, these provisions take effect July 1, 2025.

Vote: Senate 37-0; House 115-0

THE FLORIDA SENATE
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Committee on Health Policy

CS/CS/HB 1089 — Newborn Screenings

by Health & Human Services Committee; Health Care Budget Subcommittee; and Reps. Booth, Anderson, and others (CS/SB 524 by Appropriations Committee on Health and Human Services and Senator Harrell)

The bill requires, subject to legislative appropriation, the Florida Department of Health to adopt and enforce rules requiring every newborn in the state to be screened for Duchenne Muscular Dystrophy at the appropriate age, beginning January 1, 2027.

If approved by the Governor, or allowed to become law without the Governor's signature, these provisions take effect July 1, 2025.

Vote: Senate 36-0; House 115-0

THE FLORIDA SENATE
2025 SUMMARY OF LEGISLATION PASSED
Committee on Health Policy

CS/CS/SB 1156 — Home Health Aide for Medically Fragile Children Program

by Fiscal Policy Committee; Health Policy Committee; and Senators Harrell and Sharief

The bill amends laws relating to the Home Health Aide for Medically Fragile Children (HHAMFC) program. Specifically, the bill:

- Specifies that the HHAMFC must complete an approved training program and the employing home health agency must provide validation of the HHAMFC prior to the aide providing services to an eligible relative. The employing home health agency must also provide training on HIV/AIDS and ensure that the HHAMFC holds and maintains a certification in cardiopulmonary resuscitation (CPR).
- Specifies that the training program must consist of at least 76 total hours of training with at least 40 hours of home health aide training, 20 hours of skills training tailored to the needs of the child, 16 hours of clinical training related to the child's needs, and training on HIV infections and CPR.
- Increases the Medicaid utilization cap from eight hours per day to 12 hours per day.
- Provides that the \$25 per hour Medicaid reimbursement rate is a minimum rate.
- Requires the Agency for Health Care Administration (AHCA) to seek federal approval to allow providers to receive reimbursement under the program and to disregard the income earned by a HHAMFC from the program when calculating eligibility for Medicaid.
- Requires Medicaid managed care plans to provide the AHCA with data necessary to assess the rate and extent of hospitalizations for children attended by HHAMFCs compared with those attended by a registered nurse or licensed practical nurse.
- Requires home health agencies to report an adverse incident within 48 hours of the incident, defines the term "adverse incident," and requires the AHCA to include data on adverse incidents occurring under the care of a HHAMFC in its required annual assessment of the HHAMFC program.
- Requires the AHCA to make all necessary requests and submissions to obtain federal approval and initiate any necessary rulemaking within 60 days of the act becoming law.

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

Vote: Senate 37-0; House 113-0

THE FLORIDA SENATE
2025 SUMMARY OF LEGISLATION PASSED
Committee on Health Policy

CS/HB 1195 — Fentanyl Testing

by Health Care Facilities & Systems Subcommittee and Reps. Harris, Bankson, and others
(CS/CS/SB 1346 by Judiciary Committee; Health Policy Committee; and Senators Polsky, Pizzo, and Berman)

The bill (Chapter 2025-19, L.O.F.) creates “Gage’s Law” to require a hospital or hospital-based off-campus emergency department treating an individual with emergency services and care to include testing for fentanyl if the hospital conducts a urine drug test to assist in diagnosing the individual’s condition. If the urine test is positive for fentanyl, the hospital must conduct a confirmation test. Additionally, the hospital must retain the results of the urine test and the confirmation test in the patient’s clinical record pursuant to the hospital’s record keeping practice.

These provisions were approved by the Governor and take effect July 1, 2025.

Vote: Senate 37-0; House 114-0

THE FLORIDA SENATE
2025 SUMMARY OF LEGISLATION PASSED
Committee on Health Policy

CS/CS/HB 1299 — Department of Health

by Health & Human Services Committee; Health Professions & Programs Subcommittee; and Rep. Yarkosky and others (CS/CS/CS/SB 1270 by Rules Committee; Appropriations Committee on Health and Human Services; Health Policy Committee; and Senator Collins)

The bill postpones until June 1, 2027, the scheduled repeal of the statutory definition of “messenger ribonucleic acid vaccine” (mRNA vaccine) to maintain statutory prohibitions against discrimination based on knowledge or belief of a person’s status relating to vaccination with any mRNA vaccine, including by governmental entities, business establishments, and educational institutions.

The bill defines “owner,” “manager,” and “employee” for purposes of background screening requirements applicable to medical marijuana treatment centers (MMTCs) and certified marijuana testing laboratories. The bill requires MMTCs to report any actual or attempted theft, diversion, or loss of marijuana to local law enforcement and to notify the Department of Health (DOH) by email.

The bill revises the Mobile Opportunity by Interstate Licensure Endorsement (MOBILE) Act by reducing the required duration of active practice for licensure-by-endorsement applicants from three years to two. It also establishes that reported conduct in the National Practitioner Data Bank does not disqualify an applicant from licensure under the MOBILE Act if the reported conduct would not constitute a violation of Florida law or rule. In such cases, the bill authorizes the applicable regulatory board, or the DOH if there is no board, to approve the application, approve it with restrictions or conditions, or deny it.

The bill updates the term “American Association of Physician Specialists” with the name of its official certifying body “American Board of Physician Specialties” in several different statutes relating to controlled substance prescribing, pain management clinics, and anesthesiologist assistants.

The bill modifies active practice requirements for the licensure of allopathic physicians by endorsement to provide that out-of-state applicants who would have satisfied the active practice requirements before the MOBILE Act’s adoption can continue to become licensed in Florida as M.D.s.

The bill revises the list of institutions at which the DOH is authorized to issue a medical faculty certificate to an individual who has been offered and has accepted a full-time faculty appointment to include Orlando College of Osteopathic Medicine, Lincoln Memorial University-DeBusk College of Osteopathic Medicine in Orange Park, Florida, and Loma Linda University School of Medicine - AdventHealth in Orlando, Florida.

The bill revises criteria for the issuance of temporary certificates for practice in areas of critical need by allopathic and osteopathic physician assistants. Under the bill, such temporary

certificates are limited to physician assistants who are licensed in a U.S. state or the District of Columbia, thereby excluding those licensed only in U.S. territories.

The bill corrects one material deviation and conforms provisions of the Physical Therapy Licensure Compact to the model language by defining the term “party state.”

If approved by the Governor, or allowed to become law without the Governor’s signature, these provisions take effect July 1, 2025, except for the provisions relating to mRNA vaccine which take effect upon the act becoming a law.

Vote: Senate 37-0; House 113-0

THE FLORIDA SENATE
2025 SUMMARY OF LEGISLATION PASSED
Committee on Health Policy

CS/HB 1353 — Home Health Care Services

by Health & Human Services Committee and Rep. Franklin and others (SB 1412 by Senator Calatayud)

The bill:

- Allows one administrator to manage up to five home health agencies (HHA) regardless of their location as long as the HHAs have identical controlling interests;
- Allows initial visits, service evaluation visits, and discharge visits to be conducted by individuals under contract with the HHA, as opposed to only by a direct employee of the HHA as under preexisting law; and
- Revises the requirements to participate in the “Excellence in Home Health Program” to allow all types of HHAs to participate regardless of payor type, patient population, or service designation.

If approved by the Governor, or allowed to become law without the Governor’s signature, these provisions take effect July 1, 2025.

Vote: Senate 37-0; House 115-0

THE FLORIDA SENATE
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Committee on Health Policy

CS/CS/CS/HB 1421 — Improving Screening for and Treatment of Blood Clots

By Health & Human Services Committee; Health Care Budget Subcommittee; Health Professions & Programs Subcommittee; and Rep. Black and others (CS/CS/SB 890 by Fiscal Policy Committee; Appropriations Committee on Health and Human Services; and Senators Yarborough, Berman, Gruters, and Rouson)

The bill creates the Emily Adkins Family Protection Act to improve screening for and treatment of blood clots. Specifically, the bill:

- Specifies that chronic critical illness and genetic predisposition for developing venous thromboembolisms (VTE) are chronic diseases.
- Requires specified training and protocols to assess and treat patients at risk of VTE when the patient is admitted to a hospital that has an emergency department or an ambulatory surgical center (ASC).
- Requires the Department of Health to contract with a private entity to establish and maintain a statewide VTE registry.
- Requires the Agency for Health Care Administration to provide a report to the Governor and the Legislature on the incidence of VTE.
- Requires each hospital that has an emergency department and each ASC to report certain information to the registry.
- Requires certified nursing assistants, when employed by a nursing home facility for a 12-month period or longer, to receive training on recognizing the signs and symptoms of VTE and techniques for providing an emergency response.
- Requires assisted living facilities to provide a pamphlet to residents upon admission containing information on VTE.

If approved by the Governor, or allowed to become law without the Governor's signature, these provisions take effect July 1, 2025.

Vote: Senate 36-0; House 110-0

THE FLORIDA SENATE
2025 SUMMARY OF LEGISLATION PASSED
Committee on Health Policy

CS/HB 1427 — Nursing Education Programs

by Health & Human Services Committee and Reps. Griffiths, Abbott, and others (CS/SB 1568 by Appropriations Committee on Health and Human Services and Senator Brodeur)

The bill establishes new requirements for nursing education programs seeking approval from the Board of Nursing (Board). These requirements include the adoption of standardized evaluation and admission criteria, the implementation of a comprehensive exit exam designed to prepare students for the National Council of State Boards of Nursing Licensing Examination (NCLEX), and the development of a remediation program.

The bill authorizes the Board to consider adverse actions taken against a nursing education program in another U.S. jurisdiction. It also requires program directors to notify the Board within 15 days of any such action. In response, the Board may approve the application, approve it with conditions, or deny it. However, the Board must deny an application if another U.S. regulatory body has terminated or revoked the applicant's authority to operate a nursing education program.

Program directors are subject to professional discipline relating to their nursing licenses under the bill if they fail to submit an annual report by November 1, or if they fail to appear before the Board and present a remediation plan within six months after the program has been placed on probation.

If an approved program's graduate NCLEX passage rate falls below 30 percent in a calendar year, the program must reimburse the full amount of tuition and fees paid by each student who failed to pass the NCLEX on their first attempt during that year.

The bill also authorizes the Department of Health to conduct onsite inspections at all regular hours of operation to ensure program compliance.

Additionally, the bill reduces the timeframe in which a nursing education program can fail to meet statutory requirements before being placed on probation, from two years to one year. It also shortens the maximum probationary period from three years to two years.

Finally, the bill removes the Board's authority to extend the deadline for professional nursing education programs to obtain accreditation.

If approved by the Governor, or allowed to become law without the Governor's signature, these provisions take effect July 1, 2025.

Vote: Senate 26-5; House 99-0

THE FLORIDA SENATE
2025 SUMMARY OF LEGISLATION PASSED
Committee on Health Policy

CS/CS/SB 1490 — Children’s Medical Services Program

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

The bill transfers the operation of the Children’s Medical Services (CMS) Managed Care Plan from the Department of Health (DOH) to the Agency for Health Care Administration (AHCA); however, the DOH will retain responsibility for clinical eligibility determinations and must provide ongoing consultation to the AHCA on services to children and youth with special health care needs.

The bill requires the AHCA to establish specific measures of access, quality, and costs of providing health care services to children and youth with special health care needs. The AHCA must contract with an independent evaluator to conduct an evaluation of the services provided, which must be submitted to the Governor, the President of the Senate, and the Speaker of the House of Representatives by January 15, 2028.

The bill repeals provisions related to the administration of CMS, as well as provisions that clarify instances in which it is not a standards of conduct violation for a physician who is involved with the DOH under certain circumstances to also be employed by the DOH to provide CMS services or services to assist in proceedings related to children.

The bill eliminates the Statewide CMS Network Advisory Council and CMS program technical advisory panels.

The bill also requires the AHCA to develop a plan to redesign the Florida Medicaid Model Waiver for home and community-based services to include children who receive private duty nursing services. The AHCA must submit a report to the Governor, the President of the Senate, and the Speaker of the House of Representatives by December 31, 2025, detailing certain aspects of the waiver redesign.

If approved by the Governor, or allowed to become law without the Governor’s signature, the bill takes effect upon becoming a law, except as otherwise expressly provided.

Vote: Senate 37-0; House 112-0

THE FLORIDA SENATE
2025 SUMMARY OF LEGISLATION PASSED
Committee on Health Policy

CS/CS/HB 1545 — Parkinson’s Disease

by Health Care Budget Subcommittee; Health Professions & Programs Subcommittee; and Rep. Busatta (CS/CS/SB 1800 by Appropriations Committee on Health and Human Services; Health Policy Committee; and Senators Calatayud and Rouson)

The bill establishes the Florida Institute for Parkinson’s Disease at the University of South Florida 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 bill also establishes the Parkinson’s Disease Research Board (Board) and the Consortium for Parkinson’s Disease Research (Consortium) within the University of South Florida. The Board is established to direct the operations of the Consortium, and the Consortium, which will consist of public and private universities and academic medical centers, is created to conduct rigorous scientific research and disseminate such research.

The bill requires the Board to adopt a 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 bill’s provisions relating to the Consortium and the Board is subject to legislative appropriation for such purpose contained in the annual General Appropriations Act.

If approved by the Governor, or allowed to become law without the Governor’s signature, these provisions take effect July 1, 2025.

Vote: Senate 38-0; House 112-0

THE FLORIDA SENATE
2025 SUMMARY OF LEGISLATION PASSED
Committee on Health Policy

CS/CS/SB 1546 — Background Screening of Athletic Coaches

by Rules Committee; Criminal Justice Committee; and Senator Grall

The bill amends s. 943.0438, F.S., to extend the implementation date for the requirement that current and prospective athletic coaches must pass a Level II background screening from January 1, 2025, to July 1, 2026.

If approved by the Governor, or allowed to become law without the Governor's signature, these provisions take effect July 1, 2025.

Vote: Senate 37-0; House 115-0

THE FLORIDA SENATE
2025 SUMMARY OF LEGISLATION PASSED
Committee on Health Policy

CS/CS/SB 1768 — Stem Cell Therapy

by Rules Committee; Health Policy Committee; and Senator Trumbull

The bill authorizes licensed physicians (medical doctors and doctors of osteopathic medicine) to perform stem cell therapies that have not been approved by the U.S. Food and Drug Administration (FDA), specifically for orthopedic conditions, wound care, or pain management. It sets forth standards for the retrieval, manufacture, storage, and use of stem cells, ensuring that stem cells used in these therapies are obtained from facilities that meet rigorous regulatory and accreditation requirements. The facilities must be registered with the FDA and 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. These facilities are also required to provide physicians with a post-thaw viability analysis report before the stem cells are used in treatments.

Before administering any stem cell therapy, the bill requires physicians to obtain signed informed consent from patients. This consent must clearly inform the patient of the nature and purpose of the proposed treatment, as well as the fact that the stem cell therapy has not been approved by the FDA. The patient must also be made aware of the anticipated results of the therapy, the recognized risks, complications, and potential benefits associated with the treatment, and alternative options, including non-treatment. Physicians are also required to encourage patients to consult with their primary care provider before proceeding with any stem cell therapy.

In addition, the bill mandates that physicians must include a specific notice in any advertisement for stem cell therapies that are not FDA-approved. This notice must be clearly legible and in a type size no smaller than the largest font size used in the advertisement.

The bill establishes criminal penalties and disciplinary actions for violations. Any physician who willfully performs or participates in treatments using human cells or tissues derived from a fetus or an embryo after an abortion commits a felony of the third degree. Additionally, physicians who are involved in the sale, manufacture, or distribution of computer products created using human cells, tissues, or cellular or tissue-based products in violation of the bill commit a felony of the third degree. These felonies are punishable as provided in ss. 775.082, 775.083, or 775.084, F.S.

Beyond criminal penalties, any violation of the provisions of the bill may subject the physician to disciplinary action by the Board of Medicine or the Board of Osteopathic Medicine, as applicable. The bill authorizes the Boards to adopt rules necessary to implement its provisions.

If approved by the Governor, or allowed to become law without the Governor's signature, these provisions take effect July 1, 2025.

Vote: Senate 37-0; House 112-0

THE FLORIDA SENATE
2025 SUMMARY OF LEGISLATION PASSED
Committee on Health Policy

CS/CS/SB 1808 — Refund of Overpayments Made by Patients

by Rules Committee; Health Policy Committee; and Senator Burton

The bill requires health care practitioners, facilities, providers, and anyone who accepts payment from insurance for services rendered by health care practitioners, to refund any overpayment made by the patient no later than 30 days after determining that the patient made an overpayment.

Under the bill, if a health care practitioner fails to timely refund an overpayment after he or she determines that an overpayment was made, the failure constitutes grounds for disciplinary action by the applicable board, or the Department of Health if there is no board.

Under the bill, if a facility or provider licensed by the Agency for Health Care Administration fails to timely refund an overpayment, the agency may impose an administrative penalty of up to \$500 on the licensee.

The bill's requirement to timely refund such an overpayment does not apply to overpayments made to providers by health insurers and health maintenance organizations, and the bill instead defers to existing law for such cases.

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

Vote: Senate 37-0; House 112-0

THE FLORIDA SENATE
2025 SUMMARY OF LEGISLATION PASSED
Committee on Health Policy

SB 7018 — OGSR/Parental Consent Requirements Before Terminating a Pregnancy

by Health Policy Committee and Senator Harrell

The bill saves an existing public records exemption from repeal under the Open Government Sunset Review Act. The exemption protects certain information that could be used to identify a minor who is petitioning for a judicial waiver of parental consent under the Parental Notice of and Consent for Abortion Act. The exemption was created in 2020 and was scheduled for repeal on October 2, 2025.

The exemption protects from disclosure any identifying information held by a circuit or appellate court, the Office of Criminal Conflict and Civil Regional Counsel, or the Justice Administrative Commission. These entities may possess the identifying information when the minor seeks a judicial waiver from a court, when the Office of Criminal Conflict and Civil Regional Counsel represents the minor in a court proceeding, or when the Justice Administrative Commission processes payments for a court-appointed private attorney who represents the minor.

The Open Government Sunset Review Act requires the Legislature to review each public record exemption five years after enactment. The bill removes the scheduled repeal date of the public records exemption so that the identifying information continues to be confidential and exempt from disclosure.

If approved by the Governor, or allowed to become law without the Governor's signature, these provisions take effect October 1, 2025.

Vote: Senate 36-0; House 115-0