

FLORIDA HOUSE OF REPRESENTATIVES

BILL ANALYSIS

This bill analysis was prepared by nonpartisan committee staff and does not constitute an official statement of legislative intent.

BILL #: [CS/HB 1229](#)

TITLE: Residential Homes for Medically or Technologically Dependent Children

SPONSOR(S): Oliver

COMPANION BILL: None

LINKED BILLS: None

RELATED BILLS: [SB 1438](#) (Harrell)

Committee References

[Health Care Facilities & Systems](#)

18 Y, 0 N, As CS

SUMMARY

Effect of the Bill:

The bill creates Medically Complex Children's Homes (MCC homes) to provide a family-centered residential option for medically complex children as an alternative to living in institutional settings such as hospitals and nursing homes. As a result, children currently residing in institutional settings, because they have no other option or are ineligible for residency in other residential settings, will be able to receive the constant medical care they need in a more comfortable and less costly setting.

The bill tasks the Agency for Health Care Administration with licensing and regulating MCC homes. The bill establishes criteria for resident eligibility and requires AHCA to adopt minimum licensure standards.

The bill provides licensure standards for:

- Resident eligibility;
- Provisional and conditional licenses;
- Visitation policies;
- Inspections; and
- Violations, fines, and penalties.

Fiscal or Economic Impact:

None

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ANALYSIS

EFFECT OF THE BILL:

Medically Complex Children's Homes

The bill creates Medically Complex Children's Homes (MCC homes) to provide a family-centered residential option for medically or technologically dependent children as an alternative to institutional care. Currently, residential options for medically complex children in Florida are limited to hospitals and [nursing homes](#). Other residential options for medically complex children do exist, including [group homes](#) and [medical foster homes](#), but an eligible child must also have an intellectual or developmental disability. Additionally, group homes and medical foster homes primarily provide [residential habilitation](#) services and are prohibited from being reimbursed for room and board.

STORAGE NAME: h1229.HFS

DATE: 2/13/2026

The bill will allow children residing in nursing homes, who are ineligible for residency in a group home or medical foster home, to receive the constant medical care they need in a more comfortable and less costly setting. MCC Homes can also serve as a hospital step-down for children with complex medical needs.

The bill tasks the Agency for Health Care Administration (AHCA) with licensing and regulating the homes. An MCC home may provide residential services to up to six medically or technologically dependent children who are not related to the owner or operator by blood, marriage, or adoption. (Section 3)

AHCA will have to apply for a federal waiver to amend the [Florida Medicaid Model Waiver](#) to authorize reimbursement for MCC Home providers.

Resident Eligibility Requirements

The bill establishes certain eligibility requirements for children to qualify for admission to a MCC home. To qualify, the child must: (Section 7)

- Be admitted from a facility in Florida providing a higher level of care, including a hospital or a skilled nursing facility, or must be admitted from the home of a parent or guardian whose primary residence is in Florida.
- Have a chronic debilitating disease or condition of one or more physiological or organ systems, which generally makes the child dependent upon 24-hour medical, nursing, or health supervision or intervention.
- For non-Medicaid recipients, have a written order by their attending physician.
- For Medicaid recipients, have a recommendation for placement by the Children's Multidisciplinary Assessment Team¹ of the Department of Health under s. 391.025, F.S.

MCC Home Licensure

Licensure Requirements

The bill requires an applicant for licensure as a MCC Home to follow the uniform licensing procedures in Chapter 408, Part II, which broadly applies to all facility and provider types regulated by AHCA and includes requirements relating to, among other things, the application process and background screening.

The bill requires AHCA to adopt rules to establish certain minimum standards for MCC Home licensure. The minimum licensure standards must include: (Section 6)

- Quality of care standards to ensure a safe and sanitary environment that is residential and non-institutional in design or nature and may allow for technological advances in safety, security, and the provision of care to residents;
- Quality of life standards to accommodate to the needs and preferences of residents;
- Individual medical, developmental, and family training service standards;
- Staffing standards, including the total number and qualifications of staff, which must be based on the age and acuity of the children residing in the home and must ensure there is a licensed nurse on duty in the home at all times;
- Physical environment standards including water supply, sewage disposal, food handling, and general hygiene to ensure sanitary conditions;
- Standards to develop programs, basic services, school services, and comprehensive plans of care to specify the medical, nursing, psychosocial, and developmental therapies for residents;

¹ The Children's Multidisciplinary Assessment Team assess the level of care of a child with special health care needs, with due consideration to medical and psychosocial factors to make a medically necessary determination of eligibility for Medicaid funded long-term care services. See Department of Health, Children's Multidisciplinary Assessment Team (CMAT), available at <https://www.floridahealth.gov/programs-and-services/childrens-health/childrens-medical-services/cmat/index.html> (last visited February 6, 2026).

- Standards for supportive services, including speech therapy, occupational therapy, physical therapy, social work, developmental services, child life services, psychological services, and transportation;
- Standards for maintaining medical records;
- Standards for the use of video cameras and electronic monitoring within the home, including areas where monitoring is required and areas where monitoring is permitted with the consent of the parent or guardian of the child;
- Standards for child bedrooms, including criteria for a private room and a shared room;
- Discharge and transfer planning standards for a child, which must be initiated at least 18 months before the child reaches the age of 21; and
- Resident assessment and admission standards.

The bill requires MCC Homes to obtain separate licenses if they are located on separate premises and operated under the same management. Additionally, the bill requires applicants for initial licensure to disclose to AHCA the location of the proposed MCC Home and include documentation, signed by the appropriate local government official, that states that the applicant is in compliance with local zoning requirements. (Section [5](#))

The bill exempts medical foster homes from MCC Home licensure. It is unclear if the intent is to allow them to act as licensed MCC Homes or to clarify that they are separately licensed entities. (Section [4](#))

The bill establishes standards for fire-safety, emergency preparedness, and construction. The bill requires MCC Homes to have permanent onsite generators and automatic fire sprinkler systems. The bill also requires MCC Homes to:

- Develop and submit a comprehensive emergency management plan to AHCA;
- Pass a fire-safety evacuation capability determination within six months of initial licensure;
- Pass annual fire inspections; and
- Comply with the building and construction standards contained in Chapter 553, F.S., and requirements for the physical standards of community residential care facilities in s. 633.206, F.S.

Provisional License

Once AHCA has adopted licensure rules, applicants for MCC Home licensure may begin applying for initial licensure. The bill requires initial licenses to be provisional until an applicant demonstrates to AHCA compliance with all licensure requirements. The bill requires AHCA to issue a provisional license lasting for up to six months to an applicant for initial licensure. A home with a provisional license must notify AHCA when it has admitted one or more residents. Upon such notification, AHCA will conduct an unannounced inspection to determine compliance with licensure requirements. If violations are found during the inspection, and AHCA finds that the facility has failed to correct the violations at a follow-up inspection, the licensee is prohibited from admitting any new children. AHCA is authorized to extend a provisional license for up to one month in order to complete a second follow-up inspection to determine if the licensee has corrected its violations. If AHCA determines that the home has still not corrected its violations, the licensee is required to create and implement a plan for the safe and orderly discharge of their residents. The bill authorizes AHCA to issue a standard license to a provisionally licensed provider if AHCA determines that the provider is in compliance with all requirements for licensure as a MCC Home. (Section [5](#))

The bill includes a grandfather provision to allow certain community residential group homes to continue providing residential care for medically complex children until AHCA adopts licensure rules. Specifically, the bill provides that a community residential group home with a license in good standing on June 30, 2026, who is providing residential care for medically complex children, is deemed to have satisfied the requirements for initial licensure as a MCC Home, if the group home shares common ownership with all of the following: (Section [4](#))

- A home health agency employing registered nurses or licensed practical nurses to provide private duty nursing services;
- A prescribed pediatric extended care center;
- A home medical equipment provider; and
- A health care clinic providing speech-language therapy, physical therapy, or occupational therapy.

The bill requires a community residential group home that meets the above criteria to apply for licensure as a MCC Home within 60 days of the date AHCA adopts licensure rules. (Section [4](#))

Conditional License

The bill authorizes AHCA to issue a conditional license to a provider with a standard license, for up to six months, if at the time of licensure renewal, AHCA finds that the provider has uncorrected violations for which they had an opportunity to correct. (Section [5](#))

Inspections

The bill requires AHCA to conduct initial licensure inspections, biennial licensure renewal inspections, and complaint-based inspections. The bill also requires MCC Homes to provide access to other state agencies to conduct inspections, including the Department of Health, the Department of Children and Families, and the State Fire Marshal to determine compliance with their respective regulations. (Section [5](#))

Violations, Fines, and Penalties

The bill establishes penalties for violations in accordance with the minimum and maximum allowable fine structures for each class of violation pursuant to s. 408.813, F.S. Specifically, the bill: (Section [9](#))

- For a class I violation, authorizes AHCA to issue a citation, regardless of correction, and impose administrative fines of \$500 for isolated violations, \$750 for patterned violations, and \$1,000 for widespread violations.
- For a class II violation, authorizes AHCA to impose administrative fines of \$400 for isolated violations, \$600 for patterned violations, and \$800 for widespread violations.
- For a class III violation, authorizes AHCA to impose administrative fines for uncorrected violations of \$200 for isolated violations, \$300 for patterned violations, and \$400 for widespread violations.
- For class IV violations, authorizes AHCA to impose administrative fines for uncorrected violations of at least \$100 but not more than \$200.

Additionally, the bill authorizes AHCA to impose an administrative fine of up to \$500 for an unclassified violation, including a violation for non-compliance with the background screening requirements provided in s. 408.809, F.S. (Section [9](#))

Visitation Policies

The bill requires MCC Homes to allow a resident to designate an essential caregiver who must be allowed in-person visitation for at least two hour per day regardless of the facility's visiting hours or any other restriction on visitation. An essential caregiver may be a family member, friend, guardian, or other individual designated by the resident. Further, the bill requires MCC Homes to establish visitation policies and procedures, which must address certain topics, and must allow in-person visitation in certain situations. (Section [14](#))

Miscellaneous Provisions

The bill exempts MCC Homes from nursing home licensure. MCC Homes will house residents with similar acuity levels as nursing homes, so this provision is intended to clarify that an MCC Home isn't required to have a nursing home license. (Sections [11](#) and [13](#))

The effective date of the bill is July 1, 2026. (Section [15](#))

RULEMAKING:

The bill requires AHCA to adopt rules to establish minimum licensure requirements for MCC homes.

Lawmaking is a legislative power; however, the Legislature may delegate a portion of such power to executive branch agencies to create rules that have the force of law. To exercise this delegated power, an agency must have a grant of rulemaking authority and a law to implement.

FISCAL OR ECONOMIC IMPACT:

STATE GOVERNMENT:

The bill will not require the allocation of increased funds. According to AHCA, the cost of adding this service is not expected to increase Medicaid funding. Additionally, AHCA will not need increased funding for staff to oversee and manage the program. AHCA indicates that they will need seven FTEs (\$1,064,123) to manage the program, but AHCA intends to repurpose vacant positions to support the program that otherwise would be paid for with 75% coming from federal certification matching funds and 25% coming from AHCA's Health Care Trust Fund.²

RELEVANT INFORMATION

SUBJECT OVERVIEW:

Nursing Homes

According to AHCA, there are 47 children currently living in nursing homes whose parents have expressed an interest in transitioning to the community.

Currently, there are three nursing homes that offer pediatric beds. There are 170 beds total between the three nursing homes. Currently, there are 126 children residing in those facilities, which means there are 44 available beds.

Nursing homes provide 24 hour a day care, case management, health monitoring, personal care, nutritional meals and special diets, physical, occupational, and speech therapy, social activities, and respite care for those who are ill or physically infirm. Nursing homes are regulated by the Agency for Health Care Administration (AHCA) under the Health Care Licensing Procedures Act (Act) in part II of chapter 408, F.S., which provides licensure requirements for all provider types regulated by AHCA, and part II of chapter 400, F.S., which includes unique provisions for nursing home licensure beyond the uniform criteria in the Act.

² Florida Agency for Health Care Administration, Agency Analysis of 2026 HB 1229 (Jan. 28, 2026).

[Residential Habilitation](#)

Residential habilitation services are home and community-based waiver services for individuals with IDD, including medically complex children, authorized through the 1915(c) Developmental Disabilities Individual Budgeting (iBudget) Waiver. The residential habilitation service provides supervision and training with the acquisition, retention, or improvement in skills related to ADLs, such as personal hygiene skills, homemaking skills, such as food preparation, vacuuming, and laundry, and the social and adaptive skills necessary to enable the individual to reside in the community.³

Florida Medicaid does not pay providers of residential habilitation services for room and board, the cost of facility maintenance, upkeep, and improvement, other than such costs for modifications or adaptations to a facility required to ensure the health and safety of residents, or to meet the requirements of the applicable life safety code.

Residential habilitation service providers include group homes and medical foster homes.

[Group Homes](#)

The Agency for Persons with Disabilities is responsible for licensure of group homes. A group home is a residential facility which provides a family living environment, including supervision and care necessary to meet the physical, emotional, and social needs of its residents. Group homes must have at least four residents, but may not have more than 15 residents. Group homes may serve individuals with intellectual or developmental disabilities and medically complex children, but they may not be reimbursed for room and board.

[Medical Foster Homes](#)

The Medical Foster Care (MFC) program enables Medicaid eligible children from birth through age 20 with medically-complex conditions whose parents cannot care for them in their own homes, to live and receive care in foster homes rather than in hospitals or other institutional settings. MFC homes are licensed by the Department of Children and Families. MFC homes may provide private duty nursing services and family home health aide services. Other authorized services include:

- Assistance with activities of daily living and instrumental activities of daily living;
- Coordination of care;
- Health care management and monitoring;
- Medication monitoring and administration;
- Monitoring resident vital signs;
- Participating in and coordinating all educational activities for the recipient;
- Providing transportation to all scheduled appointments and activities; and
- Performing skilled interventions to the extent that the services are medically necessary and the MFC provider has the requisite training to perform the necessary task.

MFC homes may serve individuals with intellectual or developmental disabilities and medically complex children, but they may not be reimbursed for room and board.

[Florida Medicaid](#)

Medicaid is the health care safety net for low-income Floridians. Medicaid is a partnership of the federal and state governments established to provide coverage for health services for eligible persons. The program is administered by AHCA and financed by federal and state funds. AHCA delegates certain functions to other state agencies,

³ S. 393.063, F.S.

including DCF, the Department of Health, the Agency for Persons with Disabilities (APD), and the Department of Elderly Affairs (DOEA).

The structure of each state's Medicaid program varies and what states must pay for is largely determined by the federal government, as a condition of receiving federal funds.⁴ Federal law sets the amount, scope, and duration of services offered in the program, among other requirements. The federal government sets the minimum mandatory populations to be included in every state Medicaid program. The federal government also sets the minimum mandatory benefits to be covered in every state Medicaid program. These benefits include physician services, hospital services, home health services, and family planning.⁵ States can add benefits, with federal approval. Florida has added many optional benefits, including prescription drugs, adult dental services, and dialysis.⁶

States have some flexibility in the provision of Medicaid services. Section 1915(b) of the Social Security Act provides authority for the Secretary of the U.S. Department of Health and Human Services (HHS) to waive requirements to the extent that he or she "finds it to be cost-effective and efficient and not inconsistent with the purposes of this title." Section 1115 of the Social Security Act allows states to implement demonstrations of innovative service delivery systems that improve care, increase efficiency, and reduce costs. These laws allow HHS to waive federal requirements to expand populations or services, or to try new ways of service delivery.

Florida operates under a Section 1115 waiver to use a comprehensive managed care delivery model for primary and acute care services, the Statewide Medicaid Managed Care (SMMC) Managed Medical Assistance (MMA) program. Florida also has a waiver under Sections 1915(b) and (c) of the Social Security Act to operate the SMMC Long-Term Care (LTC) program, Familial Dysautonomia (FD) waiver, Developmental Disabilities Individual Budgeting (iBudget) waiver, Intellectual and Developmental Disabilities (IDD) Pilot Program, and the Medicaid Model Waiver.⁷

Medicaid Eligibility

Medicaid eligibility in Florida is determined either by DCF or the Social Security Administration (SSA) for Supplemental Security Income (SSI) recipients.⁸ Since Medicaid is designed for low-income individuals, Medicaid eligibility is based on an evaluation of the individual's income and assets.

Section 1614(3) of the Social Security Act provides that an individual shall be considered to be disabled if they are unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than twelve months. Further, an individual under the age of 18 shall be considered disabled if that individual has a medically determinable physical or mental impairment, which results in marked and severe functional limitations, and which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months.

Under Florida's Medicaid State Plan, permanent and total disability is a physical or mental condition of major significance which is expected to continue throughout the lifetime of an individual and is not expected to be removed or substantially improved by medical treatment. It is expected to continue for a prolonged period of disability and the eventual prognosis may be indefinite. Total disability exists when the permanent impairment, or combination of permanent impairments, substantially precludes the individual from engaging in a useful occupation.

⁴ Title 42 U.S.C. §§ 1396-1396w-5; Title 42 C.F.R. Part 430-456 (§§ 430.0-456.725) (2016).

⁵ S. [409.905, F.S.](#)

⁶ S. [409.906, F.S.](#)

⁷ S. [409.964, F.S.](#)

⁸ Florida Department of Children and Families, *Medicaid Eligibility*, available at <https://www.myflfamilies.com/medicaid#ME> (last visited Jan. 22, 2026).

DCF uses the same criteria that the SSA uses to determine disability. If SSA determines an individual is disabled, DCF adopts their disability decision. If an individual does not have a disability decision from SSA, then DCF must obtain a disability determination based on the individual's circumstances.⁹

To be eligible for Medicaid under 1915(c) waivers, the individual must be determined to need the level of care provided by a hospital, nursing home, or intermediate care facility for the developmentally disabled.¹⁰ The clinical level of care is determined during an initial evaluation and the individual must be reevaluated at least annually.¹¹

Federal regulations require DCF make a redetermination of eligibility without requiring information from the individual if it is possible to make a redetermination based on reliable information contained in the individual's account or obtained from another state agency or federal agency.¹² If DCF is unable to verify the individual's eligibility, they send the recipient a renewal notice, electronically and by mail, requesting the required information to make an eligibility determination.¹³

Financial Eligibility

To be determined financially eligible for SSI, a person's countable income¹⁴ and resources¹⁵ must be within certain limits established in federal law. SSI considers, or counts, most types of income, including earned and unearned income. Earned income includes wages, net earnings from self-employment, and other work-related compensation. Unearned income is all other income, such as Social Security, veterans' benefits, periodic annuity or pension payments, and cash or shelter provided by others.¹⁶

Generally, the higher an individual's countable income, the lower the individual's SSI payment. In 2025, the maximum monthly SSI payment, known as the Federal Benefit Rate (FBR), was \$967 per month for an individual and \$1,450 per month for a couple if both people are SSI eligible.¹⁷ The FBR is adjusted annually for inflation by the same cost-of-living adjustment applied to Social Security benefits. In 2026, the FBR is \$994 for an individual and \$1,491 for a couple.¹⁸

Income Disregards

Section 1902(r)(2)(A) of the Social Security Act allows states to adopt less restrictive income and/or resource methodologies. Typically, less restrictive methodologies adopted by states involve disregarding a certain amount or type of income or resources in determining Medicaid applicants' and beneficiaries' countable income or

⁹ Florida Department of Children and Families, *Notification of Disability Information and Request Form*, on file with the Human Services Subcommittee.

¹⁰ 42 C.F.R., § 441.301(b).

¹¹ 42 C.F.R., § 441.302(c).

¹² 42 C.F.R., § 435.916.

¹³ Florida Department of Children and Families, *Florida's Medicaid Redetermination Plan*, p. 13-14, available at <https://www.myflfamilies.com/sites/default/files/2025-03/Florida%E2%80%99s%20Medicaid%20Redetermination%20Plan.pdf> (last visited Jan. 22, 2026).

¹⁴ Countable income is the amount left over after eliminating from consideration all items that are not income (anything received during a calendar month and can be used to meet food and shelter needs, be it cash or in kind) and applying all appropriate exclusions to the items that are not income. Countable income is determined on a calendar month basis. See Social Security Administration, *Countable Income for SSI Program*, available at: <https://www.ssa.gov/oact/cola/countableincome.html> (last visited Jan. 22, 2026).

¹⁵ Resources are things an individual owns, such as cash, bank accounts, stocks, mutual funds, U.S. savings bonds, land, life insurance, personal property, vehicles, anything else owned which could be changed to cash and used for food or shelter, and deemed resources. Sometimes, the SSA "deems" a portion of the resources of a spouse, parent, parent's spouse, sponsor of a noncitizen, or sponsor's spouse as belonging to the person who applies for SSI. See Social Security Administration, *Understanding Supplemental Security Income SSI Resources – 2025 Edition*, available at: <https://www.ssa.gov/ssi/text-resources-ussi.htm> (last visited Jan. 22, 2026).

¹⁶ Congress.gov, *Supplemental Security Income (SSI)*, available at <https://www.congress.gov/crs-product/IF10482> (last visited Jan. 22, 2026).

¹⁷ *Id.*

¹⁸ Social Security Administration, *SSI Federal Payment Amounts for 2026*, available at <https://www.ssa.gov/oact/cola/SSI.html> (last visited Jan. 22, 2026).

resources.¹⁹ An income disregard is income that is not counted towards Medicaid's income limit.²⁰ Federal law authorizes states to target and tailor income and resource disregards at individuals who are eligible for, or seeking coverage of, HCBS services.²¹

Model Waiver

The Medicaid Model Waiver is a Section 1915(c) waiver, administered by AHCA, that authorizes Florida to provide HCBS to eligible children to delay or prevent institutionalization for the purpose of maintaining stable health while living at home or in their community. Specifically, this waiver covers respite care, environmental accessibility adaptations, and transition case management services to children 20 years of age or younger who are:²²

- Determined disabled using criteria established by the Social Security Administration;
- At risk for hospitalization as determined by the Children's Multidisciplinary Assessment Team²³ within DOH; and
- Diagnosed as having degenerative spinocerebellar disease, or deemed medically fragile and have resided in a skilled nursing facility for at least 60 consecutive days.

As of January 1, 2026, there are 4 enrollees in the Medicaid Model Waiver.²⁴

Visitation Policies

Current law in s. 408.823, F.S., requires hospitals, nursing homes, hospices, and intermediate care facilities for the developmentally disabled to establish visitation policies and procedures, which must address the following topics:

- Infection control and education;
- Screening, personal protective equipment, and other infection control protocols for visitors;
- Permissible length of visits and number of visitors, which must meet or exceed the current standards for nursing homes and ALFs; and
- Designation of a person responsible for ensuring that staff adhere to the policies and procedures.

Section 408.823, F.S., also requires a facility's visitation policies and procedures to allow in-person visitation in certain situations, including when a resident:

- Is in an end-of-life situation;
- Was living with his or her family before recently being admitted to the provider's facility and is struggling with the change in environment and lack of physical family support;
- Is making one or more major medical decisions;
- Is experiencing emotional distress, or grieving the loss of a friend or family member who recently died;
- Needs cueing or encouragement to eat or drink that was previously provided by a family member or caregiver;
- Used to talk and interact with others is seldom speaking;

¹⁹ Centers for Medicare and Medicaid Services SMD# 21-004, *RE: State Flexibilities to Determine Financial Eligibility for Individuals in Need of Home and Community-Based Services*, (Dec. 7, 2021), available at <https://www.medicaid.gov/Federal-Policy-Guidance/Downloads/smd21004.pdf> (last visited Jan. 22, 2026).

²⁰ American Council on Aging, *Income Disregards: When One's Income Does Not Count Against Medicaid's Income Limit*, available at <https://www.medicaidplanningassistance.org/income-disregards-exclusions-deductions/> (last visited Jan. 22, 2026).

²¹ 42 U.S.C. § 1396a (1965).

²² Agency for Health Care Administration, *Model Waiver*, available at <https://ahca.myflorida.com/medicaid/home-and-community-based-settings-rule/model-waiver> (last visited Jan. 22, 2026).

²³ The Children's Multidisciplinary Assessment Team assess the level of care of a child with special health care needs, with due consideration to medical and psychosocial factors to make a medically necessary determination of eligibility for Medicaid funded long-term care services. See Department of Health, *Children's Multidisciplinary Assessment Team (CMAT)*, available at <https://www.floridahealth.gov/programs-and-services/childrens-health/childrens-medical-services/cmat/index.html> (last visited Jan. 22, 2026).

²⁴ Email from Jim Browne, Deputy Chief of Staff, Agency for Health Care Administration, Waiver Enrollment Numbers, (January 13, 2026).

- Is receiving pediatric care; and
- Is admitted to a hospital for childbirth, including labor and delivery.

BILL HISTORY

COMMITTEE REFERENCE	ACTION	DATE	STAFF DIRECTOR/ POLICY CHIEF	ANALYSIS PREPARED BY
Health Care Facilities & Systems Subcommittee	18 Y, 0 N, As CS	2/12/2026	Lloyd	Guzzo
THE CHANGES ADOPTED BY THE COMMITTEE:	<ul style="list-style-type: none"> • Removed section 10 from the bill, which consolidated background screenings under the Care Provider Background Screening Clearinghouse at AHCA. These provisions were unrelated to the rest of the bill and are currently included in CS/HB 1069. 			

THIS BILL ANALYSIS HAS BEEN UPDATED TO INCORPORATE ALL OF THE CHANGES DESCRIBED ABOVE.
