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/CS/CS/HB 1443 **TITLE:** Parkinson's Disease Registry **SPONSOR(S):** Busatta	**COMPANION BILL:** SB 1684 (Calatayud) **LINKED BILLS:** CS/HB 1445 Busatta **RELATED BILLS:** SB 1684 (Calatayud)

Committee References

Health Professions & Programs	➤	Health Care Budget	➤	Health & Human Services
18 Y, 0 N, As CS		13 Y, 0 N, As CS		23 Y, 0 N, As CS

SUMMARY

Effect of the Bill:

CS/CS/CS/HB 1443 requires the Florida Institute for Parkinson's Disease (Institute) within the University of South Florida (USF) to establish a statewide Parkinson's disease registry. The bill requires physicians and advanced practice registered nurses who diagnose or treat a patient with Parkinson's disease or atypical parkinsonism to report nationally recognized performance measures to the registry beginning January 1, 2027, and grants them liability protection for doing so. The Parkinson's Disease Research Board (Board) must submit annual reports on the registry data to the Governor, President of the Senate, and the Speaker of the House of Representatives beginning October 15, 2028.

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

The bill requires the President of the Senate and the Speaker of the House of Representatives to each appoint one member to the Board, and requires other members to have experience as a movement disorder specialist and in informatics or population health research and Parkinson's disease research. The bill changes Board member terms from four years to three years.

Fiscal or Economic Impact:

The bill has a negative fiscal impact on the Institute related to the creating and maintaining of the Parkinson's disease registry and website. This impact is subject to a specific appropriation.

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ANALYSIS

EFFECT OF THE BILL:

Parkinson's Disease Research Board

The bill requires the Florida Institute for Parkinson's Disease (Institute) within the University of South Florida (USF) to establish a Parkinson's disease registry, requires practitioners to report data to this registry, adds members to the Parkinson Disease Research Board (Board) and adjusts Board membership requirements, modifies the content of the Board's annual report, and requires the Institute to create and maintain a public website for the registry.

Parkinson's Disease Registry

The bill requires the Institute to establish and maintain a statewide Parkinson's disease registry. The Institute is required to use nationally recognized guidelines to collect Parkinson's disease and atypical parkinsonism performance measures from physicians and regularly report such data. Such performance measures must be maintained by the registry and made available for use to improve or modify the Parkinson's disease and atypical parkinsonism care systems, ensure compliance with standards and nationally recognized guidelines, and monitor patient outcomes. (Section 4)

Practitioner Data Reporting

The bill requires, beginning January 1, 2027 (Section 1), allopathic (MD) and osteopathic (DO)[1] physicians (Section 2), as well as advanced practice registered nurses[2] (Section 3) who diagnose or treat a patient with Parkinson's disease or atypical parkinsonism to regularly report information containing nationally recognized Parkinson's disease or atypical parkinsonism performance measures to the registry. The bill grants liability protection from damages or any other relief for practitioners who provide information to the registry.

Parkinson's Research Board Annual Report

Beginning October 15, 2028, the bill requires the annual report that the Parkinson's Disease Research Board submits on October 15 to include a summary update on the incidence and prevalence of Parkinson's disease and atypical parkinsonismin the state by county, how many records are included, and demographic information such as patients by age, gender and race. (Section 4)

Parkinson's Disease Registry Website

The bill requires, beginning January 1, 2028, the Institute to create and maintain a public website for the Parkinson's Disease Registry, which must include annual reports, information on the consortium, and any other information as determined by the board. The Board must establish the website (beginning January 1, 2028) and update it annually. (Section 4)

Parkinson's Disease Research Board Membership

The bill adds two new members to the Board, one appointed by the President of the Senate and one appointed by the Speaker of the House of Representatives. (Section 4) The bill requires that 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, in informatics or population health research and Parkinson's disease research. The bill also changes board members' terms from four years to three years. (Section 4)

The bill is effective July 1, 2026.

FISCAL OR ECONOMIC IMPACT:

STATE GOVERNMENT:

Creation and maintenance of the registry will have a significant negative fiscal impact on the Institute within USF. The bill makes registry implementation subject to a specific appropriation. The House proposed Fiscal Year 2026-2027 General Appropriations Act appropriates $6,000,000 in recurring general revenue funds to USF for this purpose.[3]

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[1] Chapter 458, F.S., establishes the requirements for licensure as an allopathic physician while chapter 459, F.S., establishes the requirement for licensure as an osteopathic physician.

[2] Chapter 464, F.S., establishes the requirements for licensure of advanced practice registered nurses.

[3] House proposed Fiscal Year 2026-2027 General Appropriations Act, PCB-BUC 26-01, Item 152.

RELEVANT INFORMATION

SUBJECT OVERVIEW:

Parkinson's Disease

Parkinson's disease is a progressive neurological disorder that impacts an individual's nervous system and causes unintended and slow movements, such as tremors, stiffness, and difficulty with balance.[4] Individuals with Parkinson's disease may have trouble walking, talking, and completing day-to-day tasks.

The exact cause of Parkinson's disease is unknown.[5] However, some studies have shown that Parkinson's disease is partially caused by damaged or dead neurons within the *substantia nigra*, which is an area of the brain that controls movement.[6] The neurons in this area produce dopamine that send signals to parts of the body to complete movements. However, neurons reduce their dopamine production when they become damaged or die, resulting in limited movement control. Neurons may become damaged from buildup of protein particles, called Lewy Bodies, that are not properly disposed of within brain cells.

Some studies have also indicated that Parkinson's disease may be genetic. About 10 to 15 percent of Parkinson's disease is caused by genetics.[7] Seven genes are linked to causing or increasing the risk of being diagnosed with Parkinson's disease.[8] However, additional genes and environmental factors largely impact whether a genetic code leads to a diagnosis. Genetic testing is a recent development in Parkinson's disease research, and research on genetic origins is underdeveloped.

There is no cure for Parkinson's disease;[9] however, treatments and therapies can relieve some symptoms.[10] Most treatments focus on restoring dopamine in the brain through prescription medicines.[11] Individuals who cannot manage their symptoms through medication may seek relief through deep brain stimulation.[12] Deep brain stimulation requires surgical implants in a patient's brain and chest to stimulate affected parts of the brain with electrodes.

Approximately one million Americans are affected by Parkinson's disease, with an estimated 90,000 new diagnoses each year.[13] Florida has the highest percentage of state population with Parkinson's disease in the United States, with the disease impacting about 79,990 Floridians.[14] The primary risk factor is age, with Parkinson's disease risk increasing around ages 65-years and older.[15] About 21 percent of Floridian's population is 65-years or older, the second highest in the U.S.[16]

Atypical Parkinsonism

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[4] National Institute of Neurological Disorders and Stroke, *Parkinson's Disease* (Mar. 5, 2025), available at https://www.ninds.nih.gov/health-information/disorders/parkinsons-disease (last visited Feb. 2, 2026).

[5] National Institute on Aging, *Parkinson's Disease: Causes, Symptoms, and Treatments* (April 14, 2022), available at https://www.nia.nih.gov/health/parkinsons-disease/parkinsons-disease-causes-symptoms-and-treatments (last visited Feb. 2, 2026).

[6] *Id.*

[7] Parkinson's Foundation, *Statistics*, available at https://www.parkinson.org/understanding-parkinsons/statistics (last visited Feb. 2, 2026).

[8] National Human Genome Research Institute, *About Parkinson's Disease*, available at About Parkinson's Disease (last visited Feb. 2, 2026)

[9] *Supra* note 2.

[10] *Id.*

[11] Roger A. Barker and Thomas B Stoker, *Recent developments in the treatment of Parkinson's Disease* (Jul. 31, 2020), available at https://pmc.ncbi.nlm.nih.gov/articles/PMC7400683/ (last visited Feb. 2, 2026).

[12] *Supra* note 2.

[13] *Supra* note 5.

[14] Parkinson's Association of Southwest Florida, *Florida Parkinson Rate*, available at https://parkinsonassociationswfl.org/parkinson-disease-in-florida.html (last visited Feb. 2, 2026).

[15] *Supra* note 5.

[16] Population Reference Bureau, *States Ranked by Percent of Population* (2020), available at https://www.prb.org/resources/which-us-states-are-the-oldest/ (last visited Feb. 2, 2026).

Atypical parkinsonism refers to a group of progressive neurodegenerative disorders that share certain motor symptoms with Parkinson's disease, including rigidity, bradykinesia, tremor, and impaired balance, but differ in underlying pathology, clinical progression, and response to treatment.[17] These disorders commonly include progressive supranuclear palsy (PSP), multiple system atrophy (MSA), corticobasal degeneration (CBD).

Unlike Parkinson's disease, atypical parkinsonian syndromes frequently present with early "red flag" features such as rapid disease progression, early and frequent falls, abnormal eye movements, prominent autonomic dysfunction, cerebellar signs, early cognitive impairment, and poor or absent response to levodopa therapy. [18] Disease progression is typically faster than in Parkinson's disease, often resulting in earlier functional decline and loss of independence. [19]

Pathologically, atypical parkinsonian disorders are associated with abnormal accumulation of proteins within brain cells. These protein abnormalities contribute to degeneration in multiple brain regions beyond the substantia nigra, producing broader neurologic impairment than is generally observed in Parkinson's disease. [20]

The precise cause of atypical parkinsonism remains unknown. Diagnosis is primarily clinical, as there are currently no definitive blood tests or single diagnostic biomarkers, although neuroimaging and emerging biomarker research may assist in evaluation.[21]

There is no cure for atypical parkinsonism. Although some individuals may initially respond to dopaminergic medications such as levodopa, the response is often limited or short-lived compared to Parkinson's disease. [22] Treatment therefore focuses on symptom management through a multidisciplinary approach that may include physical therapy, occupational therapy, speech therapy, and supportive medical care.[23]

Atypical parkinsonian syndromes are rare and collectively account for approximately 5 to 7 percent of all cases of parkinsonism.[24] The prevalence of PSP and MSA is generally less than 10 per 100,000 persons, while CBD is typically less than 5 per 100,000.[25] Survival following symptom onset is generally less than 10 years across atypical parkinsonian disorders.[26]

Florida Institute for Parkinson's Disease

In 2025, the legislature created the Florida Institute for Parkinson's Disease within the University of South Florida (USF) as a statewide resource for Parkinson's disease 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.

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[17] Johns Hopkins Medicine, *Atypical Parkinsonian Disorders,* available at https://www.hopkinsmedicine.org/health/conditions-and-diseases/parkinsons-disease/atypical-parkinsonian-disorders (last visited Jan. 24, 2026); Penn Medicine, *Atypical Parkinsonism Syndromes*, available at https://www.pennmedicine.org/conditions/atypical-parkinsonism-syndromes (last visited Jan. 24, 2026).

[18] Nikolaus R. McFarland. *Diagnostic Approach to Atypical Parkinsonian Syndromes.* Available at https://pmc.ncbi.nlm.nih.gov/articles/PMC5567217/ (last visited Jan. 24, 2026).

[19] *Id.*

[20] *Id.*

[21] *Id.*

[22] *Supra* note 17.

[23] *Supra* note 19.

[24] Raymond Y. Lo. *Epidemiology of Atypical Parkinsonian Syndromes.* Available at https://pubmed.ncbi.nlm.nih.gov/35465274/ (last visited Jan. 24, 2026)

[25] *Id.*

[26] *Id.*

Consortium for Parkinson's Disease Research

In 2025, the legislature created the Consortium for Parkinson's Disease Research (Consortium) within the University of South Florida (USF) comprised of public and private universities, and academic medical centers.[27] The purpose of the Consortium is to conduct and disseminate research on the causes, mechanisms, and potential treatments for Parkinson's Disease as well as the prevalence of Parkinson's Disease in first responders.[28]

Parkinson's Disease Research Board

In 2025, the legislature established the Parkinson's Disease Research Board to direct the Consortium's operations. Each year, the Board must adopt a Parkinson's disease research plan. The Board may adopt the Consortium's recommendation or create its own plan, provided it describes how the Consortium's research will contribute to knowledge of Parkinson's disease's causes, mechanisms, and treatments and the prevalence of Parkinson's disease in first responders.[29]

The Board consists of members representing participating universities or academic medical centers. Each president or chief executive of the participating university or academic medical center appoints a member. Members serve a three-year term and may be reappointed.[30] Board members are prohibited from being compensated for their role. However, reimbursement for travel expenses, provided the costs are authorized, necessarily incurred, and follow the rates of per diem requirements in s. 112.061, F.S. is permitted.[31]

The Board may create, amend, and repeal a charter to govern itself. The Board must select a chair from among its members who will serve a two-year term. All of the Board's actions require a majority vote of present members. The Board must meet at least semiannually, and four members constitute a quorum.[32]

The Board must submit an annual report to the Governor, President of the Senate, and the Speaker of the House by October 15 of each year describing the Consortium's current research projects and findings, community outreach initiatives, and future research programs.[33] USF issued the first report on October 15, 2025, which detailed the Consortium's mission purpose is to prioritize high-impact areas of Parkinson's disease research and disseminate the findings to improve the lives and outcomes of patients and families affected by Parkinson's disease. The report provided potential priority research projects, including the investigation of ways to reduce hazard exposure for certain high-risk populations, such as first responders, addressing tremors, and further research into pathological processes. The report also provided a prospective Board structure and potential appointees which includes, in addition to a Parkinson's disease patient or family member of a patient, a representative from:[34]

- The USF Morsani College of Medicine, who shall serve as the initial chair;
- 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; and
- The Parkinson's Foundation.

As of January, 2026, a Board has not been appointed and USF is in the process of identifying the individuals that will serve on the Board.[35]

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[27] Ch. 2025-188, L.O.F.
[28] Section 1004.4352, F.S.
[29] *Id.*
[30] *Id.*
[31] *Id.*
[32] *Id.*
[33] *Id.*
[34] University of South Florida, *HB 1545 Parkinson's Research (October 15, 2025),* on file with the Health Professions and Programs Subcommittee.
[35] Correspondence from Lauren Hartmann, Assistant Vice President of Government Relations, University of South Florida, HB 1443 Parkinson's Disease Registry, dated Jan. 27, 2026, on file with the Health Professions and Programs Subcommittee.

Disease Registries

A disease registry is a centralized database for the collection of information of specific diseases.[36] Such information is collected from a patient and clinical perspective and can inform every stage of the therapy development process.[37] There is no national Parkinson's Disease registry, but several states have created state-specific registries.[38] Florida does not currently operate a Parkinson's Disease registry.

RECENT LEGISLATION:

YEAR	BILL #/SUBJECT	HOUSE/*SENATE* SPONSOR(S)	OTHER INFORMATION
2025	CS/CS/HB 1545 - Parkinson's Disease	Busatta/ *Calatayud*	Approved by Governor.
2025	HB 1547 - Pub. Rec./Parkinson's Disease Research Program Registry	Busatta/ *Calatayud*	Died in House.

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[36] National Institutes of Health, *Disease Registries*, available at https://www.nihlibrary.nih.gov/resources/subject-guides/health-data-resources/disease-registries (last visited Feb. 2, 2026).

[37] National Institutes of Health National Center for Advancing Translational Sciences, *Toolkit for Patient-Focused Therapy Development – Patient Registries*, available at https://toolkit.ncats.nih.gov/module/discovery/starting-a-patient-registry-natural-history-study-database/patient-registries/ (last visited Feb. 2, 2026).

[38] American Parkinson Disease Association, *How many people have Parkinson's disease?,* available at https://www.apdaparkinson.org/article/parkinsons-disease-registries/ (last visited Feb. 2, 2026). Fourteen states currently have Parkinson's disease registries (California, Connecticut, Delaware, Maryland, Missouri, Nebraska, New York, Nevada, Ohio, South Carolina, Utah, Virginia, Washington, and West Virginia).

BILL HISTORY

COMMITTEE REFERENCE	ACTION	DATE	STAFF DIRECTOR/ POLICY CHIEF	ANALYSIS PREPARED BY
Health Professions & Programs Subcommittee	18 Y, 0 N, As CS	1/29/2026	McElroy	Augustine
THE CHANGES ADOPTED BY THE COMMITTEE:				
Health Care Budget Subcommittee	13 Y, 0 N, As CS	2/5/2026	Clark	Day
THE CHANGES ADOPTED BY THE COMMITTEE:	• Requires the Florida Institute for Parkinson's Disease within the University of South Florida to establish and maintain a statewide Parkinson's disease registry. • Requires Board members, other than those appointed by the President of the Senate or the Speaker of the House of Representatives, to have experience as a movement disorder specialist, informatics or population health research and Parkinson's disease research. • Requires physicians and advanced practice registered nurses to regularly report nationally recognized Parkinson's disease performance measures to the registry. • Requires the Institute to create and maintain a public website dedicated to the Registry beginning Jan 1, 2028, to be updated every year. • Requires the Board's annual report that is due each October 15 to now include a summary update on the incidence and prevalence of Parkinson's disease in the state by county, how many records are included, and demographic information, beginning October 15, 2028.			
Health & Human Services Committee	23 Y, 0 N, As CS	2/18/2026	Calamas	Augustine
THE CHANGES ADOPTED BY THE COMMITTEE:	Required information on "atypical parkinsonism" to be included in the registry, practitioner reporting, Board report and registry website.			

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