

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

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

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

BILL: CS/SB 1684

INTRODUCER: Appropriations Committee on Health and Human Services and Senator Calatayud

SUBJECT: Parkinson's Disease Registry

DATE: February 23, 2026

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	<u>Brown</u>	<u>Brown</u>	<u>HP</u>	Favorable
2.	<u>Gerbrandt</u>	<u>McKnight</u>	<u>AHS</u>	Fav/CS
3.	<u>Brown</u>	<u>Siples</u>	<u>FP</u>	Favorable

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/SB 1684 amends s. 1004.4352, F.S., to require the Florida Institute for Parkinson's Disease (Institute) at the University of South Florida (USF), subject to an appropriation, to establish and maintain a statewide Parkinson's disease registry.

The bill requires allopathic and osteopathic physicians and advanced practice registered nurses (APRN) licensed in Florida who diagnose or treat a patient for Parkinson's disease to regularly report to the registry information containing nationally recognized Parkinson's disease performance measures.¹ The bill provides physicians and APRN's with immunity from certain liabilities for having submitted information to the registry as required by the bill.

The bill revises the membership of the Parkinson's Disease Research Board (Board) to include one member appointed by each of the Legislature's presiding officers and changes the membership duration of all members from four years to three years. The bill also revises the contents of the Board's annual report to the Governor and the presiding officers.

The creation of the registry is subject to appropriation; therefore, the bill has no fiscal impact on state expenditures or revenues. **See Section V., Fiscal Impact Statement.**

¹ CS/SB 1684 is linked to CS/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 CS/SB 1684 are confidential and exempt from public records requirements.

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

II. Present Situation:

Parkinson's Disease

Parkinson's disease is a movement disorder of the nervous system² 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.

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, *supra* note 3.

- 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

⁷ *Id.*

⁸ *Id.*

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%20i n%20motor%20control> (last visited Feb. 6, 2026).

¹⁰ Cleveland Clinic, *supra* note 4.

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, *supra* note 3.

¹⁵ *Id.*

¹⁶ Cleveland Clinic, *supra* note 4.

- 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

¹⁷ Mayo Clinic, *supra* note 3.

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, *supra* note 4.

²³ *Id.*

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

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, *supra* note 4.

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 levodopa³¹ 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 parkinsonism³² rather than Parkinson's disease. Long-term use of levodopa eventually leads to side effects that make it less effective.
- Stimulating 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 &

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, *supra* note 4.

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. *See*: Cleveland Clinic, *supra* note 4.

³³ Cleveland Clinic, *supra* note 4.

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 Center³⁵ 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:

Parkinson's Disease Registry

The bill creates s. 1004.4352(5), F.S., within the Parkinson's Disease Research Act, to require the Florida Institute for Parkinson's Disease at USF, subject to a specific appropriation, to establish and maintain a Parkinson's disease registry to ensure that the Parkinson's disease performance measures required to be submitted to the registry 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.

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.

The bill also places into s. 1004.4352, F.S., the requirement for physicians licensed under ch. 458, F.S., pursuant to s. 458.352, F.S. (which is created by the bill), physicians licensed under ch. 459, F.S., pursuant to s. 459.075, F.S. (which is created by the bill), and APRNs licensed under ch. 464, F.S., pursuant to s. 464.0124, F.S. (which is created by the bill), to regularly report to the statewide Parkinson's disease registry information containing nationally recognized Parkinson's disease performance measures.

Health Care Practitioner Requirements and Liability Protections

The bill creates s. 458.352, F.S., within the Medical Practice Act, to require each allopathic physician who diagnoses or treats a patient for Parkinson's disease to report to the registry, beginning January 1, 2027, information containing nationally recognized Parkinson's disease performance measures. The bill provides that a liability of any kind or character for damages or other relief may not arise or be enforced against an allopathic physician by reason of having provided such information to the statewide Parkinson's disease registry.

The bill further creates s. 459.075, F.S., within the Osteopathic Medicine Practice Act, and s. 464.0124, F.S., within the Nurse Practice Act, to establish provisions for osteopathic physicians and APRNs, respectively, that are identical to those created under s. 458.352, F.S., for allopathic physicians.

Public Website

The bill requires, beginning January 1, 2028, the Institute to create and maintain a public website dedicated solely to the 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 January 1, 2029, and annually thereafter.

Parkinson's Disease Research Board

The bill revises the composition of the Board to include one member appointed by the President of the Senate and one member appointed by the Speaker of the House of Representatives. The bill decreases Board membership duration from four years to three years and revises the type of experience that Board members must have in order to be eligible for membership, as follows:

- The bill eliminates the requirement for Board members to have experience in a variety of scientific fields, including, but not limited to, neurology, psychology, nutrition, and genetics.
- Instead, the bill requires that Board members, other than those appointed by the Legislature's presiding officers, must have experience as a movement disorder specialist and in informatics or population health research and Parkinson's disease research.

The bill revises the contents of the Board's annual report to eliminate "future plans for the Consortium" as a required element and require that, 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.

The bill 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.

E. Other Constitutional Issues:

Article III, Section 6, of the Florida Constitution requires that “every law shall embrace but one subject and matter properly connected therewith, and the subject shall be briefly expressed in the title.”

CS/SB 1684’s title indicates the bill is “an act relating to the Parkinson’s disease registry.” While the bill does create the registry, subject to a specific appropriation, the bill also contains other provisions unrelated to the registry that are not subject to an appropriation, such as provisions to revise the membership of the Parkinson’s Disease Research Board, the qualifications for a person to be eligible for Board membership, and the duration of a Board member’s term. Since the Board has duties unrelated to the existence of the registry, and given the bill’s title, the bill might be viewed as being in conflict with the Florida Constitution’s requirements relating to single subject.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None identified.

B. Private Sector Impact:

CS/SB 1684 provides for the creation and maintenance of the Parkinson’s Disease Registry if the Legislature provides a specific appropriation. If such funds are appropriated, the bill’s requirement for certain licensed physicians and APRNs to report information to the registry could create some level of cost for those practitioners since they will have to devote their time or their staff’s time to fulfilling that required duty.

C. Government Sector Impact:

The creation of the registry is subject to a specific appropriation; therefore, the bill's provisions relating to the registry have no fiscal impact on state expenditures or revenues, nor do the bill's other provisions.

As of this writing:

- SB 2500 (the Senate's proposed General Appropriations Act for State Fiscal Year 2026-2027) does not include a specific appropriation for the Institute, the Consortium, the Board, or the registry.
- HB 5001 (the House of Representatives' proposed General Appropriations Act for State Fiscal Year 2026-2027) contains the following proviso: "From the funds provided in Specific Appropriation 152, \$6,000,000 in recurring funds from the General Revenue Fund is provided to the Florida Institute for Parkinson's Disease at the University of South Florida established pursuant to section 1004.4353, Florida Statutes."⁴⁵

VI. Technical Deficiencies:

None.

VII. Related Issues:

On lines 29-68, the bill creates requirements in the Medical Practice Act, the Osteopathic Medicine Practice Act, and the Nurse Practice Act for allopathic physicians, osteopathic physicians, and APRNs who diagnose or treat a patient for Parkinson's disease to report to the registry "information containing nationally recognized Parkinson's disease performance measures." The intent of the bill is unclear in terms of exactly what information these health care practitioners are required to report, how the information must be reported, and how often it must be reported. It may be advisable for the bill to be amended to provide more specificity.

In addition to the provisions above, the bill, on lines 120-125, creates a nearly identical requirement within the Education Code for allopathic physicians, osteopathic physicians, and APRNs to "regularly" report to the registry. This provision may be redundant and unnecessary.

VIII. Statutes Affected:

This bill substantially amends section 1004.4352 of the Florida Statutes.

This bill creates the following sections of the Florida Statutes: 458.352, 459.075, and 464.0124.

⁴⁵ Florida House of Representatives, *HB 5001: General Appropriations Act*, Feb. 16, 2026. See: Proviso under Specific Appropriation 152, p. 54, available at: <https://www.flsenate.gov/Session/Bill/2026/5001/BillText/Filed/PDF> (last visited Feb. 21, 2026).

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 Appropriations Committee on Health and Human Services on February 18, 2026:

The committee substitute:

- Amends the Medical Practice Act, the Osteopathic Medicine Practice Act, and the Nurse Practice Act to place the bill’s requirements and liability protections for physicians and APRNs into those practice acts.
- Gives the Legislature’s presiding officers one appointment each to the membership of the Parkinson’s Disease Research Board and decreases Board membership duration from four years to three years.
- Revises the contents of the Board’s annual report to 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.
- Removes the underlying bill’s requirement for the Department of Health to contract with the Consortium for the creation of the Parkinson’s disease registry and instead gives the creation and maintenance duties directly to the USF Institute for Parkinson’s Disease, subject to a specific appropriation.
- Changes the underlying bill’s purposes for the registry by removing the requirement for the registry’s data to be available for “research to advance therapies, improve patient outcomes, and find potential cures.” Instead, the CS provides that the data must be available 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. **Amendments:**

None.