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 Health Policy

BILL:	SB 1684
INTRODUCER:	Senator Calatayud
SUBJECT:	Parkinson's Disease Registry
DATE:	February 10, 2026
REVISED:	

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Brown	Brown	HP	**Favorable**
2.			AHS	
3.			FP	

I. Summary:

SB 1684 amends s. 1004.4352, F.S., to require the Department of Health (DOH), subject to a specific appropriation, to contract with the Consortium for Parkinson's Disease Research, housed at the University of South Florida (USF) under the Parkinson's Disease Research Act of 2025, for the establishment and maintenance of a Parkinson's Disease Registry to ensure that the Parkinson's disease data submitted by physicians for inclusion in the registry is maintained and available for research to advance therapies, improve patient outcomes, and find potential cures for Parkinson's disease.

The bill also requires that, beginning January 1, 2027, each allopathic or osteopathic physician licensed in Florida who diagnoses or treats a patient with Parkinson's disease must report to the registry information specified under DOH rule which indicates patient demographics, diagnosis, stage of disease, medical history, laboratory data, the methods of diagnosis or treatment, and any other information the Parkinson's Disease Research Board recommends for inclusion in the registry. The bill creates disclosure requirements pertaining to the registry and the ability for patients to opt-out of having their personal identifying information included in the registry.[1]

The bill creates reporting requirements relating to the registry and provides physicians with immunity from certain liabilities for having submitted information to the registry as required by the bill.

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

[1] SB 1684 is linked to SB 1686. The latter bill provides that all records and personal identifying information of persons diagnosed with or treated for Parkinson's disease which is submitted to the registry under SB 1684 are confidential and exempt from public records requirements.

II. Present Situation:

Parkinson's Disease

Parkinson's disease is a movement disorder of the nervous system[2] that worsens over time. Although Parkinson's disease cannot be cured, medications may help control and improve symptoms.[3]

Parkinson's disease is very common overall, ranking second among age-related degenerative brain diseases. It is also the most common motor (movement-related) brain disease. Experts estimate that it affects at least one percent of people over the age of 60 worldwide.[4]

Parkinson's disease is not fatal, but the symptoms and effects are often contributing factors to death. The average life expectancy for Parkinson's disease in 1967 was a little under 10 years after a patient's diagnosis. Since then, that expectancy has increased by about 55 percent, rising to more than 14.5 years. That, combined with the fact that Parkinson's diagnosis is much more likely after age 60, means this condition does not often affect the life expectancy by more than a few years.[5]

Parkinson's Disease Symptoms & Complications

Parkinson's disease symptoms can be different for everyone. Early symptoms may be mild and may go unnoticed. Symptoms often begin on one side of the body, then affect both sides as the disease progresses. Symptoms are usually worse on one side than the other.[6]

Parkinson's disease symptoms may include:[7]

- 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, also known as a pill-rolling tremor. 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] *Supra* note 2.

[7] *Id*.

- 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.

Individuals with Parkinson's disease may have treatable complications, including:[8]

- 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.

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]

---

[8] 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).

[9] The basal ganglia are a cluster of nuclei found deep to the neocortex of the brain. It has a multitude of functions associated with reward and cognition but is primarily involved in motor control. In particular, the basal ganglia are considered to be a gate-keeping mechanism for the initiation of motor movement, effectively choosing which actions to allow and which actions to inhibit. See National Institutes of Health, National Library of Medicine, National Center for Biotechnology Information, *Neuroanatomy, Basal Ganglia, available at https://www.ncbi.nlm.nih.gov/books/NBK537141/#:~:text=The%20basal%20ganglia%20is%20a,primarily%20involved%20in%20motor%20control.* (last visited Feb. 6, 2026).

[10] Cleveland Clinic, *Parkinson's Disease, available at* https://my.clevelandclinic.org/health/diseases/8525-parkinsons-disease-an-overview#symptoms-and-causes (last visited Feb. 6, 2026).

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:[14]

- 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.

Many changes occur in the brains of individuals with Parkinson's disease. Researchers are studying the changes which include:[15]

- 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.

Parkinson's Disease Risk Factors

Risk factors for Parkinson's disease include:[16]

- 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.

---

[11] 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).
[12] *Id*.
[13] *Id*.
[14] 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).
[15] *Id*.
[16] *Id*.

- 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.[17]
- Sex – Men are more likely to develop Parkinson's disease than women.
- Exposure to toxins – Ongoing exposure to herbicides and pesticides may slightly increase the risk of developing Parkinson's disease.

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 – 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]

---

[17] 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).
[18] *Id*.
[19] Statins are drugs that can lower cholesterol. *See* Mayo Clinic, *Statins: Are these cholesterol-lowering drugs right for you?, available at* https://www.mayoclinic.org/diseases-conditions/high-blood-cholesterol/in-depth/statins/art-20045772#:~:text=Statins%20are%20drugs%20that%20can,of%20heart%20disease%20and%20stroke. (last visited Feb. 6, 2026).
[20] National Institutes of Health, National Cancer Institute, *Biomarker Testing for Cancer Treatment, available at* https://www.cancer.gov/about-cancer/treatment/types/biomarker-testing-cancer-treatment (last visited Feb. 6, 2026).
[21] Parkinson's Foundation, *Parkinson's Biomarkers, available at* https://www.parkinson.org/understanding-parkinsons/getting-diagnosed/biomarkers (last visited Feb. 6, 2026).
[22] Cleveland Clinic, *Parkinson's Disease, available at* https://my.clevelandclinic.org/health/diseases/8525-parkinsons-disease-an-overview#symptoms-and-causes (last visited Feb. 6, 2026).

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]
- 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]

---

[23] 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).

[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 show more detail than plain X-rays do. *See* Mayo Clinic, *CT Scan, available at* https://www.mayoclinic.org/tests-procedures/ct-scan/about/pac-20393675 (last visited Feb. 6, 2026).

[25] An MRI is a noninvasive medical imaging test that produces detailed images of almost every internal structure in the human body, including the organs, bones, muscles, and blood vessels. MRI scanners create images of the body using a large magnet and radio waves. No ionizing radiation is produced during an MRI exam, unlike X-rays. These images give a physician important information in diagnosing a medical condition and planning a course of treatment. *See* Johns Hopkins Medicine, *Magnetic Resonance Imaging (MRI), available at* https://www.hopkinsmedicine.org/health/treatment-tests-and-therapies/magnetic-resonance-imaging-mri#:~:text=Magnetic%20resonance%20imaging%2C%20or%20MRI,large%20magnet%20and%20radio%20waves. (last visited Feb. 6, 2026).

[26] A PET scan is an imaging test that can help reveal the metabolic or biochemical function of tissues and organs. The PET scan uses a radioactive drug called a tracer to show both typical and atypical metabolic activity. A PET scan can often detect the atypical metabolism of the tracer in diseases before the disease shows up on other imaging tests, such as a CT and an MRI. *See* Mayo Clinic, *Positron emission tomography scan, available at* https://www.mayoclinic.org/tests-procedures/pet-scan/about/pac-20385078 (last visited Feb. 6, 2026).

[27] Cleveland Clinic, *Parkinson's Disease, available at* https://my.clevelandclinic.org/health/diseases/8525-parkinsons-disease-an-overview#symptoms-and-causes (last visited Feb. 6, 2026).

[28] 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).

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 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:[31]

- Adding dopamine – Medications like levodopa[32] can increase the available levels of dopamine in the brain. This medication is almost always effective, and when it does not work, that is usually a sign of some other form of parkinsonism[33] rather than Parkinson's disease. Long-term use of levodopa eventually leads to side effects that make it less effective.
- Simulating dopamine – Dopamine agonists are medications that have a dopamine-like effect. Dopamine is a neurotransmitter, causing cells to act in a certain way when a dopamine molecule latches onto them. Dopamine agonists can latch on and cause cells to behave the same way. These are more common in younger patients to delay starting levodopa.
- Dopamine metabolism blockers – The body has natural processes to break down neurotransmitters like dopamine. Medications that block the body from breaking down dopamine allow more dopamine to remain available to the brain. These medications are especially useful early on and can also help when combined with levodopa in later stages of Parkinson's disease.
- Levodopa metabolism inhibitors – These medications slow down how the body processes levodopa, helping it last longer. These medications may need careful use as they can have toxic effects and damage the liver. They are most often used to help as levodopa becomes less effective.
- Adenosine blockers – Medications that block how certain cells use adenosine (a molecule used in various forms throughout the body) can have a supportive effect when used alongside levodopa.

---

[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, available at* https://my.clevelandclinic.org/health/diseases/8525-parkinsons-disease-an-overview#symptoms-and-causes (last visited Feb. 6, 2026).

[30] Stem cell transplants add new dopamine-using neurons into the brain to take over for damaged ones. Neuron-repair treatments try to repair damaged neurons and encourage new neurons to form. Gene therapies and gene-targeted treatments target specific mutations that cause Parkinson's disease. Some also boost the effectiveness of levodopa or other treatments. *See* Cleveland Clinic, *Parkinson's Disease, available at* https://my.clevelandclinic.org/health/diseases/8525-parkinsons-disease-an-overview#symptoms-and-causes (last visited Feb. 6, 2026).

[31] *Supra* note 27.

[32] 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).

[33] "Parkinsonism" is an umbrella term that describes Parkinson's disease and conditions with similar symptoms. It can refer not only to Parkinson's disease but also to other conditions like multiple system atrophy or corticobasal degeneration. *See* Cleveland Clinic, *Parkinson's Disease, available at* https://my.clevelandclinic.org/health/diseases/8525-parkinsons-disease-an-overview#symptoms-and-causes (last visited Feb. 6, 2026).

- Other medications are used to treat specific symptoms of Parkinson's disease.

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 & Movement Disorders Center[35] at USF, the University of Florida's Movement Disorders and Neurorestoration Program,[36, 37] and the University of Miami's Miller School of Medicine.[38] Comparatively, California is home to five Centers of Excellence, New York is home to four, and Texas is home to one.[39]

Parkinson's Disease Research Act

In 2025, the Legislature enacted CS/CS/HB 1545, Engrossed 1,[40] which may be cited as the Parkinson's Disease Research Act (the Act), 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.

---

[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).

[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 Florida.

[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.)

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 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 the current state fiscal year did not include a specific appropriation for the Consortium or the Board.

[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.

[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.

III. Effect of Proposed Changes:

Section 1 of the bill amends s. 1004.4352, F.S., in the Early Learning-20 Education Code, to require the Department of Health (DOH), subject to a specific appropriation, to contract with the Consortium to establish and maintain a Parkinson's Disease Registry to ensure that the Parkinson's disease data submitted by physicians for inclusion in the registry (see below) is maintained and available for research to advance therapies, improve patient outcomes, and find potential cures for Parkinson's disease. The bill provides that the contract must require the Consortium to use a nationally recognized platform to collect data from physicians.

The bill also amends the Education Code to require that, beginning January 1, 2027, each allopathic physician licensed under ch. 458, F.S., or osteopathic physician licensed under ch. 459, F.S., who diagnoses or treats a patient with Parkinson's disease must report to the registry information, specified under DOH rule, which indicates patient demographics, diagnosis, stage of disease, medical history, laboratory data, the methods of diagnosis or treatment, and any other information the Board recommends for inclusion in the registry. The bill requires the DOH, when adopting such rules, to consult with the Board, the Board of Medicine, and the Board of Osteopathic Medicine.

The bill requires a physician who diagnoses a patient with Parkinson's disease to notify the patient, orally and in writing, about the registry and the required reporting. If a patient does not want his or her personal identifying data to be included in the registry, the physician must certify in writing that the patient has been notified about the registry, provided information about the operation of the registry, and afforded the opportunity to ask questions, but wishes to opt-out of the registry. If a patient opts-out, only deidentified personal health information relating to that patient may be submitted for inclusion in the registry.

The bill requires the Board to provide quarterly reports to the DOH on the data collected and requires the DOH, starting January 1, 2028, and annually thereafter, to submit a report to the Governor and the Legislature's presiding officers detailing the following:

- The incidence and prevalence of Parkinson's disease in this state, by county.
- Demographic information, including, but not limited to, patients' age, sex, and race.
- Any recommendations from the Board for legislative changes necessary for improving operation of the registry.

The bill requires the DOH to publish on its website information on Parkinson's disease, including ongoing research, available resources for persons diagnosed with Parkinson's disease, and the annual report described above.

The bill provides that a physician who, in good faith, complies with the bill's requirements is not liable for damages and may not be subject to disciplinary action solely for having submitted information to the registry as required by the bill.

Section 2 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:

The Florida Constitution provides that the Legislature creates the policies and laws of the state[44] and the executive branch executes the laws[45] and policies established by the Legislature. The Legislature is permitted to transfer subordinate functions "to permit administration of legislative policy *by an agency* with the expertise and flexibility to deal with complex and fluid conditions." (Emphasis added.)

However, the Legislature "may not delegate the power to enact a law or the right to exercise unrestricted discretion in applying the law."[46] The Florida Supreme Court has found that "statutes granting power to the executive branch 'must clearly announce adequate standards to guide ... in the execution of the powers delegated. The statute must so clearly define the power delegated that the [executive] is precluded from acting through whim, *showing favoritism, or exercising unbridled discretion*.' "[47] (Emphasis added.)

Under Florida's Administrative Procedure Act (APA), an agency must have both a general and a specific grant of rulemaking authority from the Legislature.[48] The general grant of rulemaking authority is usually broad, while the specific grant of rulemaking authority must provide specific standards and guidelines the agency must implement through rulemaking.[49] Additionally, administrative bodies or commissions, unless

[44] Article III, section 1 of the State Constitution vests the "legislative power of the state" in the Legislature. Legislative power is further explained by the courts in *O.M. v. Dep't of Children & Families*, 404 So. 3d 547, 552 (Fla. 3d DCA 2025); *Webb v. Hill*, 75 So. 2d 596, 605 (Fla. 1954); *State v. Barquet*, 262 So. 2d 431, 433 (Fla. 1972).
[45] The executive branch ensures that the "laws be faithfully executed, commission all officers of the state and counties, and transact all necessary business with the officers of government." FLA. CONST. art. IV, s. 4.
[46] *Bush v. Schiavo,* 885 So. 2d 321 (Fla. 2004).
[47] *Id.*
[48] Sections 120.52(8) and 120.536(1), F.S.
[49] *Sloban v. Florida Board of Pharmacy*, 982 So. 2d 26, 29-30 (Fla. 1st DCA 2008); *Board of Trustees of the Internal Improvement Trust Fund v. Day Cruise Association, Inc.*, 794 So. 2d 696, 704 (Fla. 1st DCA 2001).

specifically created in the Constitution, are creatures of statute and derive only the powers specified therein.[50].

SB 1684, on lines 52-62, directs certain licensed physicians to report to the Parkinson's Disease Registry information specified by DOH rule, and the rule is to include a list of items. The final item in the list is "any other information [the Parkinson's Disease Research Board] recommends for inclusion in the registry."

Under that language, the bill may be interpreted to require the DOH to adopt a rule requiring affected physicians to report any data that the Parkinson's Disease Research Board decides to recommend. Such a provision could be viewed as violating the State Constitution's requirement that a statute must so clearly define the power delegated to an Executive Branch agency that the agency is precluded from acting through whim, showing favoritism, or exercising unbridled discretion.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None identified.

B. Private Sector Impact:

SB 1684 provides for the creation and maintenance of the Parkinson's Disease Registry if the Legislature provides an appropriation for that purpose. If such funds are appropriated:

- The bill's requirement for certain licensed physicians to report information to the registry could create some level of cost for those physicians since they will have to devote their time or their staff's time to fulfilling that required duty.
- The Consortium for Parkinson's Disease Research, through its contract with the DOH that is required under the bill, may incur costs associated with creating and maintaining the registry.

C. Government Sector Impact:

If funding is appropriated and the Parkinson's Disease Registry is created and implemented, the DOH, through its contract with the Consortium that is required under the bill, may incur costs associated with creating and maintaining the registry. The DOH has not provided an estimate of the bill's operational or fiscal impact on the department, as of this writing.

VI. Technical Deficiencies:

None.

[50] *Grove Isle, Ltd. v. State Dept of Environmental Regulation*, 454 So. 2d 571 (Fla. 1st DCA 1984). *See also*, *WHS Trucking LLC v. Reemployment Assistance Appeals Comm'n*, 183 So. 3d 460 (Fla. 1st DCA 2016).

VII. Related Issues:

The bill creates several statutory requirements for allopathic and osteopathic physicians, as well as liability protections for those physicians, within the Early Learning-20 Education Code. Such provisions relating to health care practitioners are typically housed within the practitioners' respective practice acts.

VIII. Statutes Affected:

This bill substantially amends section 1004.4352 of the Florida Statutes.

IX. Additional Information:

A. Committee Substitute – Statement of Changes:

(Summarizing differences between the Committee Substitute and the prior version of the bill.)

None.

B. Amendments:

None.

This Senate Bill Analysis does not reflect the intent or official position of the bill's introducer or the Florida Senate.