

# 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 #:** [HB 173](#)

**TITLE:** Parental Rights

**SPONSOR(S):** Kendall

**COMPANION BILL:** [SB 166](#) (Grall)

**LINKED BILLS:** None

**RELATED BILLS:** None

### Committee References

[Health & Human Services](#)

19 Y, 7 N

[Judiciary](#)

15 Y, 4 N

[Education & Employment](#)

## SUMMARY

### Effect of the Bill:

The bill expands the express rights of a parent relating to child's health care and health records. The bill grants additional rights to parents relating to surveys and questionnaires intended for their child and requires a parent's express consent prior to the use of a biofeedback device on their minor child.

The bill removes or limits several provisions of law which currently allow for minors to receive specified health care services or treatment without parental consent relating to:

- Family planning services;
- Treatment for sexually transmissible diseases;
- Voluntary mental health services; and
- Voluntary substance abuse services.

### Fiscal or Economic Impact:

The Department of Health (DOH) may experience a significant negative fiscal impact due to the provisions of the bill related to the DOH Family Planning program.

*See Fiscal or Economic Impact.*

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## ANALYSIS

### **EFFECT OF THE BILL:**

#### **Parental Rights**

##### Parental Rights Relating to Health Care

HB 173 expands the rights of parents enumerated under the "Parent's Bill of Rights" ([PBR](#)), particularly those rights of a parent as related to their minor child's health care, and access to health records.

##### *Health Care Decisions*

The bill significantly limits the circumstances in which a minor is able to receive health care without first obtaining express parental consent for such care or services. The bill removes the exception in current law<sup>1</sup> which allows for a minor to access health care without parental consent where otherwise expressly authorized by law. By removing this exception, the bill prohibits health care practitioners, or an individual employed by such a practitioner, from

<sup>1</sup> See, [s. 1014.04\(1\)\(e\), F.S.](#), and, [s. 1014.06\(1\), F.S.](#)

providing, soliciting, or arranging to provide health care services, including involuntary services, or prescribing medicinal drugs to a minor child without first obtaining written parental consent, unless the practitioner is providing health care services under an exception provided in [s. 1014.04\(1\)\(e\), F.S.](#), or by court order. (Section [11](#)).

Under the bill, a parent's right to make health care decisions on behalf of their minor child may only be limited in the following specified circumstances:

- The parent is the subject of an investigation of a crime committed against the minor child;
- The minor child has been maintained in an out-of-home placement by the Department of Children and Families (DCF), and DCF has the child examined for injury, illness, and communicable diseases and to determine the need for immunization;
- The minor child has had the disability of nonage/minority removed pursuant to [ss. 743.01, F.S.](#),<sup>2</sup> [743.015, F.S.](#),<sup>3</sup> [743.06, F.S.](#),<sup>4</sup> 743.065, F.S.,<sup>5</sup> [743.066, F.S.](#),<sup>6</sup> or [744.067, F.S.](#),<sup>7</sup> and is therefore able to make some or all health care decisions independently;
- The parent cannot be located and another person authorized to make health care decisions pursuant to [s. 743.0645, F.S.](#), is available to consent;<sup>8</sup>
- The minor child is receiving emergency medical care under [s. 743.064, F.S.](#),<sup>9</sup> involuntary services under [s. 394.463, F.S.](#),<sup>10</sup> or [s. 397.675, F.S.](#),<sup>11</sup> or immediate, onsite behavioral health crisis services provided by a [mobile response team](#) (MRT);
- Circumstances exist which satisfy the requirement of law for a parent's implied consent to medical care and treatment of the child as provided in [s. 383.50, F.S.](#),<sup>12</sup> or
- A court order provides otherwise. (Section [10](#)).

#### *Medical Records*

The bill expands a parent's express right to access and review all medical records of their child by specifying that a parent's access to such records may only be limited if the parent is the subject of an investigation of a crime committed against the minor child and a law enforcement agency or official requests that the information not be released. (Section [10](#)).

#### *DNA Collection*

The bill also narrows the circumstances in which a record of a minor child's blood or deoxyribonucleic acid (DNA) may be created, stored, or shared without a parent's written consent only as required under [s. 943.325, F.S.](#), and [s.](#)

<sup>2</sup> [S. 743.01, F.S.](#), removes the disability for nonage for a minor who is married or has been married.

<sup>3</sup> [S. 743.015, F.S.](#), authorizes a circuit court to remove the disability of nonage of a minor age 16 or older upon a petition filed by the minor's natural or legal guardian.

<sup>4</sup> [S. 743.06, F.S.](#), removes the disability of nonage for a minor who is 17 years for the purpose of donating blood.

<sup>5</sup> [S. 743.065, F.S.](#), allows an unwed, pregnant minor to consent to medical or surgical care or services related to her pregnancy or for her child by a hospital, clinic, or by a physician licensed under ch. 458, F.S., or ch. 459, F.S.

<sup>6</sup> [S. 743.066, F.S.](#), removes the disability of nonage of a minor who has been adjudicated as an adult and is in the custody or under the supervision of the Department of Corrections.

<sup>7</sup> [S. 743.067\(5\), F.S.](#), allows certified unaccompanied homeless youth to consent to medical care, dental care, and behavioral health care services. A "certified unaccompanied homeless youth," is an individual who is 16 years of age or older and is not in the physical custody of a parent or guardian, including a youth who has run away from home, who has been forced to leave his or her home, or whose parents have left the area and left the youth behind.

<sup>8</sup> [S. 743.0645, F.S.](#), such persons include a child's health care surrogate designated under [s. 765.2035, F.S.](#), the stepparent, grandparent, adult brother or sister, or an adult aunt or uncle.

<sup>9</sup> [S. 743.064, F.S.](#), allows for a physician to provide emergency medical care or treatment to a minor if, within a reasonable degree of medical certainty, delay in initiation or provision of emergency medical care or treatment would endanger the health or physical well-being of the minor. This section also allows for pre-hospital treatment by emergency medical technicians and paramedics.

<sup>10</sup> [S. 394.463, F.S.](#), allows for involuntary mental health examination and stabilization under the Baker Act.

<sup>11</sup> [S. 397.675, F.S.](#), allows for involuntary substance abuse assessment, stabilization, and treatment under the Marchman Act.

<sup>12</sup> [S. 383.50, F.S.](#), relates to the medical treatment of a surrendered infant.

943.326, F.S., which relate to Florida's DNA database and sexual offense evidence kits, or as authorized pursuant to a court order. (Section 10).

## Exceptions to Parental Consent Requirements

The bill removes exceptions throughout current law that allow minors in specific circumstances to consent independently to health care services in order to conform with the parental rights granted by the bill.

### Family Planning

The bill restricts the circumstances in which physicians,<sup>13</sup> and DOH through its Family Planning Program, are able to provide maternal health and contraceptive information and services of a nonsurgical nature to minors without parental consent by eliminating the existing exception which allows these services to be provided to a minor without parental consent if a physician determines that the minor will suffer probable health hazards if the services are withheld.

Under the bill, a minor would be able to access family planning services without parental consent if the minor:

- Is married;
- Is a parent; or
- Is pregnant. (Section 1)

Florida's comprehensive family planning program is funded by both state funds and Federal Title X funds. Until 2021, the federal government maintained longstanding guidance to Title X grantees prohibiting the requirement of parental consent for, or even notifying a parent about, the provision of Title X family planning services to their minor children.<sup>14</sup> In 2021, the federal government adopted a rule expressly prohibiting Title X grantees from requiring parental consent or notification of services sought by, or provided to, their minor children.<sup>15</sup>

The pre-2021 guidance was challenged in federal court based on a Texas law which required parental consent for a minor to obtain contraceptives.<sup>16</sup> The trial court held that Title X did not preempt the Texas law, and also vacated the 2021 regulation (which had been adopted during the pendency of the case).<sup>17</sup> On appeal, the court upheld the trial court's holding on lack of preemption, but found that the trial court erred in vacating the regulation.<sup>18</sup>

In response to this case, the federal Health and Human Service Office of Population Affairs issued guidance stating that it would not enforce the regulation in Texas or any of the other states located within the jurisdiction of the 5th Circuit Court of Appeals, but would enforce it in other states.<sup>19</sup> Florida is not within the jurisdiction of the 5th Circuit Court of Appeals.

### Sexually Transmissible Diseases

<sup>13</sup> Limited to allopathic physicians licensed under ch. 458, F.S., or osteopathic physicians licensed under ch. 459, F.S.

<sup>14</sup> See *Deanda v. Becerra* 96 F.4<sup>th</sup> 750 (5<sup>th</sup> Cir. 2024).

<sup>15</sup> 42 C.F.R. § 59.2(b).

<sup>16</sup> *Deanda v. Becerra* 96 F.4<sup>th</sup> 750 (5<sup>th</sup> Cir. 2024).

<sup>17</sup> *Deanda v. Becerra* 645 F.Supp.3d 600 (N.D. TX 2022); 2022 WL 17843038 (finding, "there is nothing in 42 U.S.C. § 300(a) that purports to preempt state laws requiring parental consent or notification before distributing contraceptive drugs or devices to minors" and holding the 2021 rule to be "not in accordance with law, [...] contrary to constitutional right, power, privilege, or immunity, [...] [and] in excess of statutory ... authority").

<sup>18</sup> *Deanda v. Becerra* 96 F.4<sup>th</sup> 750 (5<sup>th</sup> Cir. 2024). The court found that the regulation was promulgated after the lawsuit was filed in the trial, the plaintiff did not challenge the rule under the Administrative Procedure Act and the trial court's order did not address the regulation's validity or preemptive force.

<sup>19</sup> *OPA Program Policy Notice: 2024-01—Clarification Regarding Confidential Services to Adolescents under the Title X Program*, Health and Human Service Office of Population Affairs, March 22, 2024, available at <https://opa.hhs.gov/grant-programs/title-x-service-grants/about-title-x-service-grants/program-policy-notices/opa-program-policy-notice-2024-01-clarification-regarding-confidential-services-to-adolescents-under-the-title-x-program> (last viewed January 25, 2026).

The bill limits a minor's access to health care related to sexually transmissible diseases (STDs). Under the bill, a physician or nurse is authorized to examine and provide a diagnosis to a minor for an STD without parental involvement, but is prohibited from providing treatment to the minor without obtaining a parent's consent. (Section [2](#)).

### Outpatient Mental Health Treatment

The bill repeals the existing section of law which provides minors age 13 or older with the right to access [outpatient crisis intervention services](#) and treatment. This eliminates the exception in current law which allows a minor age 13 years or older who is experiencing an emotional crisis to such a degree that the minor perceives a need for professional assistance, the minor has the right to request, consent to, and receive limited mental health diagnostic and evaluative services, as well as outpatient crisis intervention services, provided by a licensed mental health professional or in a mental health facility licensed by the state.<sup>20</sup> (Sections [3](#) & [4](#)).

### Mobile Response Teams

The bill prohibits a [Mobile Response Team](#) (MRT) from providing any services to a minor after the immediate, onsite behavioral health crisis services without first obtaining consent from the child's parent or guardian. The bill specifies that consent from a parent or guardian is required for the referral to community services, care coordination, or the provision of any additional evidence-based services subsequent to the crisis event. (Section [5](#)).

### Voluntary Admissions to Substance Abuse Treatment

The bill deletes provisions in current law that allow for a minor to seek and receive [voluntary substance abuse treatment](#) without parental involvement. (Sections [6](#), [7](#) & [8](#)).

### Surveys and Questionnaires

The bill expands the requirement for school boards to notify and obtain parental consent with respect to student well-being or health screening forms for students in grades kindergarten through 12<sup>th</sup> grade and requires parental permission prior to the administration of such forms.<sup>21</sup> (Section [9](#)).

The bill establishes a parent's express right to review, inspect, and consent to any survey or questionnaire prior to being given to their child. The state, any of its political subdivisions, and any other governmental entity or institution may not interfere with a parent's right to review, inspect, and consent to any survey or questionnaire that could reveal information related to any of the following:

- Political affiliations or beliefs of the child or the child's family;
- Mental or psychological problems of the child or the child's family;
- Sexual behavior or attitudes;
- Illegal, antisocial, self-incriminating, or demeaning behavior;
- Critical appraisal of any other individual with whom the child has a close family relationship;
- Legally recognized privileged or analogous relationships, such as those of lawyers, physicians, and ministers;
- Religious practices, affiliations, or beliefs of the child or child's parent; or
- Income.<sup>22</sup>

<sup>20</sup> See, [s. 394.4784, F.S.](#)

<sup>21</sup> See, [s. 1001.42\(8\), F.S.](#)

<sup>22</sup> Other than as required by law to determine eligibility for participation in a program or for receiving financial assistance under such program.

Furthermore, the bill gives parents the right to know, at the time consent is provided, the purpose of the survey or questionnaire, how the data will be used, the extent to which data will be shared and redislosed, and to whom the data will be shared and redislosed. The bill specifies that this right does not apply to a parent who does not have the legal right to make health care decisions for their child. (Section [10](#)).

### Biofeedback Devices

The bill establishes a parent's express right to consent prior to the use of a [biofeedback device](#) on their minor child. The bill classifies the use of a biofeedback device as a "health care service" and requires express written permission from a parent or guardian before such a device may be used on a minor child. The bill defines a "biofeedback device" as an instrument or sensor used to measure bodily functions, such as heart rate variability, brain waves, or breathing rate for the purpose of improving performance. The bill requires all results from a biofeedback device be shared with the child's parent or guardian and otherwise held as a confidential medical record. (Section [10](#))

The bill re-enacts portions of [s. 408.813, F.S.](#), and [s. 456.072, F.S.](#), to maintain the validity of cross-references to the PBR. (Sections [12](#) and [13](#)).

The bill provides an effective date of July 1, 2026. (Section [14](#)).

### **RULEMAKING:**

The implementation of the bill would necessitate updates to existing DOH rules, for which DOH has sufficient rulemaking authority under current law.

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

### **FISCAL OR ECONOMIC IMPACT:**

#### **STATE GOVERNMENT:**

DOH receives over \$11.1 million in federal Title X funding for family planning services, with 8 full-time positions in the State Health Office and 536 employees at county health departments (fully or partly) funded by Title X grants.<sup>23</sup> If the bill passes, DOH will seek a waiver of the federal rule prohibiting parental consent or notice in order to maintain Title X funding.<sup>24</sup>

## **RELEVANT INFORMATION**

### **SUBJECT OVERVIEW:**

#### **Parental Rights in Florida**

Florida law protects a broad set of parental rights, ensuring that parents retain authority over education, healthcare, and other key decisions affecting their children.<sup>25</sup>

In 2021,<sup>26</sup> the Legislature established the Parent's Bill of Rights ([PBR](#)) which enumerates parental rights with respect to a minor child for education, health care, and criminal justice procedures.<sup>27</sup> The PBR expressly prohibits

<sup>23</sup> Department of Health, *2026 Agency Legislative Bill Analysis for SB 166* (2026). On file with the Health & Human Services Committee.

<sup>24</sup> *Id.*

<sup>25</sup> S. [1014.04\(1\), F.S.](#)

<sup>26</sup> Ch. 2021-199, L.O.F.

the state, its political subdivisions, any other governmental entities and any other institutions from infringing upon the fundamental right of a parent to direct the upbringing, education, health care, and mental health of his or her minor child without demonstrating a compelling state interest for such actions.<sup>28</sup>

The PBR enumerates several rights of a parent, including:<sup>29</sup>

- The right to direct the education and care of his or her minor child;
- The right to direct the upbringing and the moral or religious training of the minor child;
- The right to access and review all school records relating to the minor child;
- The right to make health care decisions for his or her minor child, unless otherwise prohibited by law; and
- The right to access and review all medical records of the minor child, unless prohibited by law or if the parent is the subject of an investigation of a crime committed against the minor child and a law enforcement agency or official requests that the information not be released.

The PBR is not exhaustive but, unless required by law, the rights of a parent of a minor child in Florida may not be limited or denied.<sup>30</sup> To this end, any employee of the state, or any of its political subdivisions, or any governmental entity, may be subject to disciplinary action if they encourage or coerce a minor child to withhold information from his or her parent.<sup>31</sup>

The PBR specifies that it does not:<sup>32</sup>

- Authorize a parent of a minor child in this state to engage in conduct that is unlawful or to abuse or neglect his or her minor child in violation of general law;
- Condone, authorize, approve, or apply to a parental action or decision that would end life;
- Prohibit a court of competent jurisdiction, law enforcement officer, or employees of a government agency that is responsible for child welfare from acting in his or her official capacity within the reasonable and prudent scope of his or her authority;
- Prohibit a court of competent jurisdiction from issuing an order that is otherwise permitted by law; or
- Apply to abortion, which is governed by chapter 390, F.S.<sup>33</sup>

Florida parents also possess the right to examine and provide consent before a school district may administer a student well-being questionnaire or health screening form to a student in kindergarten through grade 3.<sup>34</sup>

### Constitutionality of Parental Rights and Privacy

Pursuant to Article I, section 23 of the Florida Constitution, “every natural person has the right to be let alone and free from governmental intrusion into the person’s private life” except as otherwise provided or limited by the state Constitution. The Florida Supreme Court has interpreted this constitutional provision to protect a parent’s fundamental right to raise his or her children except in cases where the child is threatened with harm.<sup>35</sup>

### **Parental Rights Relating to their Child’s Health Care**

<sup>27</sup> Ch. 1014, F.S.

<sup>28</sup> S. [1014.03, F.S.](#)

<sup>29</sup> S. [1014.04\(1\), F.S.](#)

<sup>30</sup> S. [1014.04\(4\), F.S.](#)

<sup>31</sup> S. [1014.04\(3\), F.S.](#)

<sup>32</sup> S. [1014.04\(2\), F.S.](#)

<sup>33</sup> S. [1014.06, F.S.](#)

<sup>34</sup> S. [1001.42\(8\), F.S.](#)

<sup>35</sup> *Beagle v. Beagle*, 678 So. 2d 1271, 1275-1276 (Fla. 1996)(holding that in Florida, an individual’s fundamental liberty interest in parenting . . . is specifically protected by our [state constitutional] privacy policy;” *See also Planned Parenthood of Southwest and Central Fla. v. Florida*, 384 So. 3d 67, 74 (Fla. 2024)(wherein the Court explicitly declined to reconsider its previous rulings with respect to the privacy clause and its application to the right to parent in the state).

Parents have broad authority to make health care decisions for their minor children including access to medical records and control over medical services and personal health data.<sup>36</sup> The PBR grants parents the right to:

- Make health care decisions for his or her minor child, unless otherwise prohibited by law;
- Access and review all medical records, unless prohibited by law or the parent is under investigation for a crime against the child and law enforcement has requested records not be released;
- Consent in writing before a biometric scan of his or her minor child is made, shared, or stored; and
- Consent in writing before any record of his or her minor child's blood or deoxyribonucleic acid (DNA) is created, stored, or shared, except as required by general law or authorized pursuant to a court order.<sup>37</sup>

Health care practitioners<sup>38</sup> are prohibited from providing, soliciting, or arranging to provide health care services or prescribe medicinal drugs to a minor child without written parental consent, unless otherwise authorized by law. Health care providers<sup>39</sup> may not allow a medical procedure to be performed on a minor child without written parental consent, unless otherwise authorized by law or by a court order.<sup>40</sup>

#### Enforcement of Parental Consent Requirements

Health care practitioners<sup>41</sup> are subject to disciplinary action for violations of professional standards or statutory requirements, including the failure to comply with parental consent requirements.<sup>42</sup> The Department of Health (DOH) investigates complaints against practitioners, facilitates the legal response when necessary, and then recommends a course of action to the appropriate professional regulatory board. The professional regulatory board ultimately determines the disciplinary action to be taken against practitioners.<sup>43</sup> For professions that have no board, DOH determines the action and discipline to take against a practitioner and issues the final orders.<sup>44</sup> DOH is responsible for ensuring that licensees comply with the terms and penalties imposed by the boards.<sup>45</sup> If a case is appealed, DOH defends the board's (or DOH's) final actions before the appropriate appellate court.<sup>46</sup>

A health care practitioner who has violated parental consent requirements may be subject to disciplinary action, including the following penalties:<sup>47</sup>

- Suspension or permanent revocation of a license;
- Administrative fines up to \$10,000 per violation;
- Practice restrictions, including limitations on work settings or the type of services the practitioner may provide;

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<sup>36</sup> S. [1014.04\(1\), F.S.](#)

<sup>37</sup> S. [1014.04\(1\), F.S.](#)

<sup>38</sup> A health care practitioner is any person licensed to practice a health care profession regulated under the Department of Health. The term includes physicians, nurses, pharmacists, mental health professionals, and other medical providers. See, [s. 456.001\(4\), F.S.](#)

<sup>39</sup> The term "provider" under Florida law refers to any facility, agency, or service that is regulated by the Agency for Health Care Administration and requires licensure to provide services. Licensed providers include, but are not limited to, hospitals, nursing homes, home medical equipment providers, and health care clinics. See, [ss. 408.802, F.S.](#), and [408.803, F.S.](#)

<sup>40</sup> S. [1014.06\(1\), F.S.](#)

<sup>41</sup> A health care practitioner is any person licensed to practice a health care profession regulated under the Department of Health. The term includes physicians, nurses, pharmacists, mental health professionals, and other health care professionals licensed under the Department of Health. See, [s. 456.001\(4\), F.S.](#)

<sup>42</sup> S. [456.072\(1\), F.S.](#)

<sup>43</sup> S. [456.072, F.S.](#); See also, Department of Health, *A Quick Guide to the Mqa Disciplinary Process: Probable Cause Panels*. Available at <https://www.floridahealth.gov/wp-content/uploads/2025/08/a-quick-guide-to-the-mqa-disciplinary-process.pdf> (last visited January 24, 2026)

<sup>44</sup> *Id.* Professions which do not have a board include naturopathy, nursing assistants, midwifery, respiratory therapy, dietetics and nutrition, electrolysis, medical physicists, and school psychologists.

<sup>45</sup> *Id.*

<sup>46</sup> *Id.*

<sup>47</sup> S. [456.072\(2\), F.S.](#)

- Probationary conditions, such as mandated supervision, continuing education, or corrective actions;
- Issuance of a reprimand or letter of concern; or
- Requirement to refund fees billed to a patient or third-party payer.

Additionally, the Agency for Health Care Administration may penalize providers<sup>48</sup> that fail to comply with parental consent requirements, up to \$500 per offense.<sup>49</sup>

### Court-Ordered Limitations of Parental Rights

In certain circumstances, a parent may be legally prohibited from making health care decisions for their minor child, including:

- Termination or Restriction of Parental Rights – A parent loses medical decision-making authority if a court terminates their rights due to abuse, neglect, or abandonment. In such cases, a legal guardian, foster parent, or the Department of Children and Families (DCF) assumes this role;<sup>50</sup>
- Court Orders for Abuse, Neglect, or Domestic Violence – A court may issue a protective order restricting a parent's ability to make medical decisions;<sup>51</sup>
- Incapacity or Unfitness of the Parent – A parent deemed legally incapacitated, such as due to severe mental illness or substance abuse, may lose decision-making authority, which transfers to a court-appointed guardian;<sup>52</sup> and
- Court-Ordered Medical Treatment – A court may override parental consent if a parent refuses life-saving or medically necessary treatment for their child.<sup>53</sup>

These legal provisions ensure that minors receive necessary medical treatment when a parent is legally prohibited from providing consent.

### **Express Exceptions to Parental Rights in Current Law**

#### Family Planning

##### *Federal Law/Title X*

Title X of the Public Health Service Act establishes a grant program for family planning services.<sup>54</sup> Family planning services are a broad range of medically approved services, including Food and Drug Administration-approved contraceptive products and natural family planning methods, for clients who want to prevent pregnancy and space births, pregnancy testing and counseling, assistance to achieve pregnancy, basic infertility services, sexually transmitted infection services, and other preconception health services.<sup>55</sup> In 2021, the federal government adopted a rule expressly prohibiting Title X grantees from requiring parental consent or notification of services sought by, or provided to, their minor children.<sup>56</sup>

##### *Florida Family Planning Program*

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<sup>48</sup> The term "provider" under Florida law refers to any facility, agency, or service that is regulated by the Agency for Health Care Administration and requires licensure to provide services. Licensed providers include, but are not limited to, hospitals, nursing homes, home medical equipment providers, and health care clinics. *See, ss. 408.802, F.S., and 408.803, F.S.*

<sup>49</sup> S. [408.813\(3\), F.S.](#)

<sup>50</sup> S. [39.806, F.S.](#)

<sup>51</sup> S. [741.30, F.S.](#)

<sup>52</sup> S. [744.3215, F.S.](#)

<sup>53</sup> S. [39.407\(2\), F.S.](#)

<sup>54</sup> 42 U.S.C. s. 300.

<sup>55</sup> 42 C.F.R. § 59.2.

<sup>56</sup> 42 C.F.R. § 59.2(b).

Current law requires DOH to establish a comprehensive family planning program which must include, at a minimum:<sup>57</sup>

- Comprehensive family planning education and counseling programs;
- Prescription for and provision of all medically recognized methods of contraception;
- Medical evaluation, including cytological examination and other appropriate laboratory studies;
- Treatment of physical complications other than pregnancy resulting from the use of contraceptive methods;
- Provision of services at locations and times readily available to the population served; and
- Emphasis and stress on services for postpartum mothers.

DOH's [Family Planning Program](#) provides comprehensive family planning services to people of reproductive age on a voluntary basis statewide through county health departments (CHDs). Family planning services provided through this program include abstinence counseling, reproductive health information, breast and cervical cancer screenings, access to U.S. Food and Drug Administration (FDA) approved methods of contraception and supplies, pregnancy testing and counseling, basic infertility services, screening for sexually transmitted diseases, including human immunodeficiency virus (HIV) counseling, testing, and referral, physical examinations, screening for hypertension, and related preventive health services.<sup>58</sup>

The Family Planning Program is supported by the Title X federal grant,<sup>59</sup> as well as State General Revenue, which are distributed by DOH to each CHD for the provision of services. The Family Planning Program received approximately \$9,245,455 for FY 2024-2025 in General Revenue for client services. Funding from Title X for FY 2024-2025 was \$11,698,312. The Department received \$11,145,570 in Title X funding for FY 2025-2026.<sup>60</sup>

Current law allows a minor may receive family planning services of a nonsurgical nature from a licensed physician<sup>61</sup> or through the Family Planning Program and without the consent of a parent or legal guardian if the minor:<sup>62</sup>

- Is married;
- Is a parent;
- Is pregnant; or
- May, in the opinion of the physician, suffer probable health hazards if such services are not provided.

## Mental Health

### [Outpatient Crisis Intervention Services](#)

Current law establishes a right for minors age 13 years or older to access outpatient crisis intervention services and treatment under specific circumstances. A minor age 13 years or older who is experiencing an emotional crisis to such a degree that the minor perceives a need for professional assistance, the minor has the right to request, consent to, and receive mental health diagnostic and evaluative services, as well as outpatient crisis intervention services, provided by a licensed mental health professional or in a mental health facility licensed by the state.

<sup>57</sup> S. [381.0051, F.S.](#)

<sup>58</sup> Department of Health, *2026 Agency Legislative Bill Analysis for SB 166* (2026). On file with the Health & Human Services Committee.

<sup>59</sup> 42 C.F.R. § 59

<sup>60</sup> Department of Health, *2026 Agency Legislative Bill Analysis for SB 166* (2026). On file with the Health & Human Services Committee.

<sup>61</sup> This is limited to physicians licensed under [ch. 458](#) or ch. [459, F.S.](#)

<sup>62</sup> S. [381.0051, F.S.](#)

Diagnostic and evaluative services provided under this section are intended to determine the severity of the problem and the potential for harm to the person or others if further professional services are not provided. Intervention services may include psychotherapy, group therapy, counseling, or other forms of verbal therapy. Services may not include medication and other somatic methods, aversive stimuli, or substantial deprivation. Additionally, services may not exceed two visits during any 1-week period in response to a crisis situation before parental consent is required for further services, and may include parental participation when determined to be appropriate by the mental health professional or facility.<sup>63</sup>

While minors in such circumstances are provided the right to request, consent to, and receive the above mental health services, licensed mental health professionals are not obligated to provide services to minors afforded this right to access such mental health services.<sup>64</sup>

#### *Behavioral Health Mobile Response Teams*

Mobile Response Teams (MRTs) are a critical component of the behavioral health crisis response system, providing assistance 24 hours, seven days a week for emergency behavioral health care to individuals experiencing emotional or behavioral health crisis in all 67 Florida counties. MRTs are established in law with the intention of providing onsite behavioral health crisis services to children, adolescents, and young adults ages 18 to 25 who:<sup>65</sup>

- Have an emotional disturbance;
- Are experiencing an acute mental or emotional crisis;
- Are experiencing escalating emotional or behavioral reactions and symptoms that impact their ability to function typically within the family, living situation, or community environment; or
- Are served by the child welfare system and are experiencing or are at high risk of placement instability.

MRTs provide readily available crisis care in a community-based setting and increase opportunities to stabilize individuals in the least restrictive setting to avoid the need for jail or hospital/emergency department utilization.<sup>66</sup> MRTs respond to the location of the crisis situation to provide assistance and meet the level of need of individuals in crisis, providing triage, de-escalation, screening, assessment and referral services, including care coordination, to connect people to ongoing help for their behavioral health needs.<sup>67</sup>

During FY 2023 – 2024, MRTs received more than 31,500 calls to support individuals and maintained an 80% diversion rate from involuntary Baker Act examinations.<sup>68</sup> Historically, MRTs generally focused on youth and young adults under 25 years old but most teams have now increased their capacity to serve individuals of all ages.<sup>69</sup> Telehealth can be used to provide direct services to individuals via video-conferencing systems, mobile phones, and remote monitoring.<sup>70</sup> It can also be used to provide assessments and follow-up consultation as well as initial triage to determine if an in-person visit is needed to respond to the crisis call.<sup>71</sup>

<sup>63</sup> S. 394.4784

<sup>64</sup> [S. 394.4784\(4\), F.S.](#)

<sup>65</sup> [S. 394.495\(7\), F.S.](#)

<sup>66</sup> Department of Children and Families, *Mobile Response Teams Framework* (2018). Available at <https://myflfamilies.com/sites/default/files/2022-12/Mobile%20Response%20Framework.pdf> (last visited January 24, 2026).

<sup>67</sup> [S. 394.495\(7\), F.S.](#)

<sup>68</sup> DCF, *Triennial Master Plan Annual Update Delivery of Substance Abuse and Mental Health Services*. Available at <https://www.myflfamilies.com/sites/default/files/2024-12/FY23-24%20SAMH%20Services%20Plan%20Triennial%20State%20and%20Region.pdf>

<https://www.myflfamilies.com/sites/default/files/2023-06/Substance%20Abuse%20and%20Mental%20Health%20Services%20Triennial%20State%20and%20Regional%20Master%20Plan%202023-2025.pdf> (last visited January 24, 2026).

<sup>69</sup> *Id.*

<sup>70</sup> *Supra*, note 66.

<sup>71</sup> *Id.*

Current law requires MRTs to have protocols for obtaining informed consent, but does not expressly address parental consent for the care of minors.<sup>72</sup>

### Substance Abuse Treatment

A substance use disorder (SUD) is a complex medical condition in which there is an uncontrolled continued use of a substance or substances despite the harmful consequences and long-lasting changes to the brain.<sup>73</sup> A SUD is considered both a complex brain disorder and a mental illness. Approximately, 48.5 million people in the U.S. aged 12 and older had a SUD in 2023.<sup>74</sup> The use of alcohol, tobacco, cannabis, stimulants, hallucinogens, and opioids are the most common causes of SUDs in the U.S.<sup>75</sup>

The Department of Children and Families (DCF) administers a statewide system of safety-net services for substance abuse and mental health (SAMH) prevention, treatment, and recovery. DCF provides substance abuse treatment through a community-based provider system that offers detoxification, treatment, and recovery support for adolescents and adults affected by substance misuse, abuse or dependence:<sup>76</sup>

- **Detoxification Services:** Detoxification services use medical and clinical procedures to assist individuals and adults as they withdraw from the physiological and psychological effects of substance abuse.<sup>77</sup>
- **Treatment Services:** Treatment services<sup>78</sup> include a wide array of assessment, counseling, case management, and support services that are designed to help individuals who have lost their abilities to control their substance use on their own and require formal, structured intervention and support. Some of these services may also be offered to the family members of the individual in treatment.<sup>79</sup>
- **Recovery Support:** Recovery support services, including transitional housing, life skills training, parenting skills, and peer-based individual and group counseling, are offered during and following treatment to further assist individuals in their development of the knowledge and skills necessary to maintain their recovery.<sup>80</sup>

Current law removes the disability of minority for individuals under the age of 18 for the purpose of obtaining voluntary substance abuse impairment services from a licensed service provider.<sup>81</sup> In such circumstances, a minor has the authority to consent to the disclosure of their substance abuse treatment records<sup>82</sup> and the parent or guardian of the minor is not liable for the costs of the services provided to the minor.<sup>83</sup>

### Biofeedback Devices

<sup>72</sup> [S. 394.495\(7\), F.S.](#)

<sup>73</sup> American Psychiatric Association, *What is a Substance Use Disorder?* Available at <https://www.psychiatry.org/patients-families/addiction-substance-use-disorders/what-is-a-substance-use-disorder> and Substance Use Disorder Defined by NIDA and SAMHSA, *What is Drug Addiction.* Available at <https://wyoleg.gov/InterimCommittee/2020/10-20201105Handoutfor6JtMHSCraig11.4.20.pdf> (last visited January 24, 2026).

<sup>74</sup> SAMHSA, *Key Substance Use and Mental Health Indicators in the United States: Results from the 2023 National Survey on Drug Use and Health.* Available at <https://www.samhsa.gov/data/sites/default/files/reports/rpt47095/National%20Report/National%20Report/2023-nsduh-annual-national.pdf> (last visited on January 24, 2026).

<sup>75</sup> The Rural Health Information Hub, *Defining Substance Abuse and Substance Use Disorders.* Available at <https://www.ruralhealthinfo.org/toolkits/substance-abuse/1/definition> (last visited January 24, 2026).

<sup>76</sup> Department of Children and Families. Available at *Treatment for Substance Abuse* <https://www.myflfamilies.com/services/samh/treatment> (last visited January 24, 2026).

<sup>77</sup> *Id.*

<sup>78</sup> *Id.* Research indicates that persons who successfully complete substance abuse treatment have better post-treatment outcomes related to future abstinence, reduced use, less involvement in the criminal justice system, reduced involvement in the child protection system, employment, increased earnings, and better health.

<sup>79</sup> Department of Children and Families, *Treatment for Substance Abuse.* Available at <https://www.myflfamilies.com/services/samh/treatment> (last visited January 24, 2026).

<sup>80</sup> *Id.*

<sup>81</sup> [S. 397.601, F.S.](#)

<sup>82</sup> [S. 397.431, F.S.](#)

<sup>83</sup> [S. 397.501, F.S.](#)

Biofeedback is a technique that involves the use of real-time measurements of physiological processes such as heart rate, muscle tension, or brainwave activity to enable the user to learn how to consciously regulate these bodily responses.<sup>84</sup>

### Biofeedback Applications

A wide variety of possible uses for biofeedback techniques in educational settings have been discussed by educators and researchers since the 1970s.<sup>85</sup> Biofeedback has been shown to be an effective tool for enhancing student performance, managing stress, and addressing behavioral and learning challenges in some circumstances.<sup>86</sup> Several studies suggest that biofeedback techniques can aid in improving attention regulation and behavioral outcomes for children with attention-related conditions, as well as reducing anxiety in children with generalized anxiety disorder.<sup>87</sup> Biofeedback devices are also marketed for non-clinical educational applications. Some products, such as wearable biofeedback tools and neurofeedback headsets, claim to help students improve focus and emotional regulation.<sup>88</sup>

### Regulation of Biofeedback Devices in Florida

Florida law regulates certain biofeedback applications under the practice of psychology and the practice of school psychology, as defined in the Psychological Services Act.<sup>89</sup> The law includes biofeedback as one of the scientific and applied psychological principles, methods, and procedures used for modifying human behavior and treating mental, nervous, psychological, and emotional disorders.<sup>90</sup> The use of biofeedback for psychological purposes is restricted to psychologists appropriately trained in its use.<sup>91</sup>

Additionally, school psychologists are authorized to provide psychoeducational, developmental, and behavioral interventions in school settings.<sup>92</sup> The practice of school psychology includes counseling, behavior techniques, environmental management, and group processes—services that may overlap with certain biofeedback applications.<sup>93</sup>

Neurofeedback, a subset of biofeedback that specifically targets brainwave activity, is regulated by the Board of Occupational Therapy Practice.<sup>94</sup> Practitioners using neurofeedback for clinical purposes must complete at least 16 hours of didactic instruction and five supervised treatments in a clinical setting.<sup>95</sup>

<sup>84</sup> Mayo Clinic, *Biofeedback Basics*. Available at <https://www.mayoclinic.org/tests-procedures/biofeedback/about/pac-20384664> (last visited January 24, 2026). *See also*, Rodrigues, R.N.G., Tucci, A.M. & de Barros Viana, M. *The Use of Biofeedback on Students: a Systematic Review* (2022). Trends in Psychol. 30, 345–366. <https://doi.org/10.1007/s43076-021-00109-8>

<sup>85</sup> *See*, Peper, E. (1979). *The Possible Uses of Biofeedback in Education*. In: Peper, E., Ancoli, S., Quinn, M. (eds) *Mind/Body Integration*. Springer, Boston, MA. [https://doi.org/10.1007/978-1-4613-2898-8\\_7](https://doi.org/10.1007/978-1-4613-2898-8_7)

<sup>86</sup> Arizeta, A. et al., *Reducing Anxiety and Improving Academic Performance Through a Biofeedback Relaxation Training Program*. (2017). Applied Psychophysiology and Biofeedback, 42(3). DOI: [10.1007/s10484-017-9367-z](https://doi.org/10.1007/s10484-017-9367-z). Available at <https://www.researchgate.net/publication/317660383> *Reducing Anxiety and Improving Academic Performance Through a Biofeedback Relaxation Training Program* (last visited January 24, 2026).

<sup>87</sup> Salama, A., Abdel-Latif, S., Omar, T., El Wafa, H., *Neurofeedback Training and Cognitive Behavior Therapy for Treatment of Generalized Anxiety Disorder in Children and Adolescents: A Comparative Study* (2022). International Society of NeuroRegulation and Research (ISNR), 9(1), DOI: <https://doi.org/10.15540/nr.9.1.29>. Available at <https://www.neuroregulation.org/article/view/22435> (last visited January 24, 2026); *see also*, Luo, X., Zhang, L., Xia, L., & Zhou, X., *Efficacy Of Behavior Modification Training Combined With Electroencephalographic Biofeedback Therapy For Attention Deficit Hyperactivity Disorder In Children: A Randomized Controlled Trial* (2023). Child Adolescent Psychology, DOI=10.3389/frcha.2023.1235310. Available at <https://www.frontiersin.org/journals/child-and-adolescent-psychiatry/articles/10.3389/frcha.2023.1235310/full> (last visited January 24, 2026).

<sup>88</sup> Biofeedback & Neurofeedback Therapy, *Biofeedback for Academic Success*. Available at <https://biofeedback-neurofeedback-therapy.com/biofeedback-for-academic-success/> (last visited January 24, 2026).

<sup>89</sup> *Ss. 490.001, F.S.*, and *490.003, F.S.*

<sup>90</sup> *S. 490.003(4), F.S.*

<sup>91</sup> *S. 490.003(4)(b), F.S.*

<sup>92</sup> *S. 490.003(5), F.S.*

<sup>93</sup> *S. 490.003(5), F.S.*

<sup>94</sup> Florida Board of Occupational Therapy, *Regulations on Neurofeedback Devices*. Available at

<https://floridasoccupationaltherapy.gov/prescription-devices-modalities-certification-faqs/> (last visited January 24, 2026).

<sup>95</sup> Rule 64B11-4.001(3), F.A.C.

Biofeedback devices marketed for educational or non-clinical applications are not specifically addressed under Florida law. While some biofeedback tools are designed for licensed professionals, others are sold directly to consumers, including educators and students.<sup>96</sup>

## **Statewide DNA Database**

Deoxyribonucleic acid (DNA) is hereditary material existing in the cells of all living organisms. A DNA profile may be created by testing the DNA in a person's cells. Similar to fingerprints, a person's DNA profile is a unique identifier, except for identical twins, who have the exact same DNA profile. DNA evidence may be collected from any biological material, such as hair, teeth, bones, skin cells, blood, semen, saliva, urine, feces, and other bodily substances.<sup>97</sup>

Florida's statewide DNA database was established in 1989<sup>98</sup> to assist law enforcement agencies in the identification and detection of individuals in criminal investigations and the identification and location of missing and unidentified persons. The Florida Department of Law Enforcement (FDLE) administers the statewide DNA database, which is capable of classifying, matching, and storing analyses of DNA and other biological molecules and related data.<sup>99</sup>

### **DNA Sample Collection and Analysis**

Multiple agencies share the responsibility of collecting DNA samples<sup>100</sup> from qualifying offenders, including the Florida Department of Corrections (DOC), the Florida Department of Juvenile Justice (DJJ), sheriffs' offices, and county correctional facilities.<sup>101</sup> Qualifying offenders include both juveniles and adults who are:

- Committed to a county jail;
- Committed to or under the supervision of DOC or DJJ;
- Convicted of specified misdemeanor offenses; or
- Convicted of or arrested for any felony offense or attempted felony offense.<sup>102</sup>

A qualifying offender is required to submit a DNA sample for inclusion in the statewide database if they are:

- Arrested or incarcerated in Florida; or
- On probation, community control, parole, conditional release, control release, or any other type of court-ordered supervision.<sup>103</sup>

An arrested offender must submit a DNA sample at the time he or she is booked into a jail, correctional facility, or juvenile facility.<sup>104</sup> When an offender is received into DOC's custody, reception center staff reviews the statewide database to determine if a DNA sample is already on file for that offender. If no sample is currently on file, a DNA

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<sup>96</sup> Mayo Clinic, *Biofeedback: What is it and how does it work?* Available at <https://www.mayoclinic.org/tests-procedures/biofeedback/about/pac-20384664> (last visited January 24, 2026); MindBody Devices, *Biofeedback Devices*. Available at <https://mindbodydevices.com/biofeedback-devices/> (last visited January 24, 2026); Biofeedback & Neurofeedback Therapy, *Biofeedback for Academic Success*. Available at <https://biofeedback-neurofeedback-therapy.com/biofeedback-for-academic-success/> (last visited January 24, 2026).

<sup>97</sup> FindLaw, *How DNA Evidence Works*, <https://criminal.findlaw.com/criminal-procedure/how-dna-evidence-works.html> (last visited January 24, 2026).

<sup>98</sup> Ch. 89-335, Laws of Fla.

<sup>99</sup> S. [943.325\(4\), F.S.](#)

<sup>100</sup> "DNA sample" means a buccal or other approved biological specimen capable of undergoing DNA analysis. [S. 943.325\(2\)\(f\), F.S.](#)

<sup>101</sup> Florida Department of Law Enforcement (FDLE), *DNA Database*, <https://www.fdle.state.fl.us/Forensics/Disciplines/DNA-Database> (last visited January 24, 2026).

<sup>102</sup> S. [943.325\(2\)\(g\), F.S.](#)

<sup>103</sup> S. [943.325\(7\), F.S.](#)

<sup>104</sup> S. [943.325\(7\)\(b\), F.S.](#)

sample is taken and forwarded to FDLE. If FDLE notifies DOC that a submitted DNA sample was rejected, a new DNA sample is taken and re-submitted to FDLE.<sup>105</sup>

The statewide database may contain DNA data obtained from the following types of biological samples:

- Crime scene samples.
- Samples required by law to be obtained from qualifying offenders.
- Samples lawfully obtained during the course of a criminal investigation, including those from deceased victims or deceased suspects.
- Samples from unidentified human remains.
- Samples from persons reported missing.
- Samples voluntarily contributed by relatives of missing persons.
- Other samples approved by FDLE.<sup>106</sup>

## Sexual Offense Evidence

In Florida, a victim of certain sexual offenses may have a forensic physical examination conducted by a healthcare provider without cost to the victim, or the victim's parent or guardian if the victim is a minor, regardless of whether the victim participates in the criminal justice system or cooperates with law enforcement.<sup>107</sup> A sexual assault kit (SAK), sometimes referred to as a "rape kit," is a medical kit used to collect evidence from a sexual assault victim's body and clothing during a forensic physical examination. A SAK typically contains standardized items including swabs, tubes, glass slides, containers, and plastic bags used to collect and preserve bodily fluids, hair, and fibers that may contain the perpetrator's DNA or other forensic evidence.<sup>108</sup> SAKs collected from reporting victims are submitted by law enforcement agencies to crime laboratories for DNA analysis and resulting DNA profiles are uploaded to local, state, and federal DNA databases to determine whether a match identifying the perpetrator can be made.

According to protocols developed by the Florida Department of Legal Affairs (DLA), healthcare providers conducting a forensic physical examination should complete a Sexual Assault Kit Form for Healthcare Providers (SAK form).<sup>109</sup> The SAK form includes an exam consent form, applicable to both reporting and non-reporting victims, that requires the victim to indicate that he or she consents to a forensic physical examination for the preservation of evidence of a sexual offense. If a victim chooses to make a report to law enforcement, a separate form authorizing the release of collected evidence and report to law enforcement must be signed by the victim. All consent forms must be retained by the rape crisis center<sup>110</sup> or medical facility conducting the examination.

Under s. 943.326, F.S., DNA evidence collected from a non-reporting victim must be retained for a minimum of 50 years.<sup>111</sup> Further, DNA evidence not contained in a SAK and collected from a reporting victim must be retained until the prosecuting agency authorizes its destruction.<sup>112</sup>

<sup>105</sup> DOC, Agency Analysis of 2024 Senate Bill 524, p. 2 (Jan. 19, 2023). On file with the House Judiciary Committee.

<sup>106</sup> S. 943.325(6), F.S.

<sup>107</sup> S. 960.28, F.S. (The Crime Victims' Services Office of the Department of Legal Affairs pays for medical expenses connected with an initial forensic physical examination of a victim of sexual battery or a lewd or lascivious offense).

<sup>108</sup> The White House, Office of the Press Secretary, *Fact Sheet: Investments to Reduce The National Rape Kit Backlog And Combat Violence Against Women* (2015) <https://obamawhitehouse.archives.gov/the-press-office/2015/03/16/fact-sheet-investments-reduce-national-rape-kit-backlog-and-combat-viole> (last visited January 24, 2026).

<sup>109</sup> Florida Department of Legal Affairs (DLA), Division of Victim Services and Criminal Justice Programs, *Adult and Child Sexual Assault Protocols: Initial Forensic Physical Examination* (2015), pp. 12-13, [https://myfloridalegal.com/webfiles.nsf/WF/JFAO-77TKCT/\\$file/ACSP.pdf](https://myfloridalegal.com/webfiles.nsf/WF/JFAO-77TKCT/$file/ACSP.pdf) (last visited January 24, 2026).

<sup>110</sup> A "rape crisis center" is any public or private agency that offers assistance to victims of sexual assault or sexual battery and their families.

<sup>111</sup> S. 943.326(3)(b), F.S.

<sup>112</sup> S. 943.326(3)(a), F.S.

**RECENT LEGISLATION:**

YEAR	BILL #/SUBJECT	HOUSE/SENATE SPONSOR(S)	OTHER INFORMATION
2025	<a href="#">CS/CS/HB 1505</a> - Parental Rights	Plakon, Kendall/ <i>Grall</i>	Died in Senate

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**BILL HISTORY**

COMMITTEE REFERENCE	ACTION	DATE	STAFF DIRECTOR/ POLICY CHIEF	ANALYSIS PREPARED BY
<a href="#">Health &amp; Human Services Committee</a>	19 Y, 7 N	1/28/2026	Calamas	Osborne
<a href="#">Judiciary Committee</a>	15 Y, 4 N	2/10/2026	Kramer	Mathews
<a href="#">Education &amp; Employment Committee</a>				