

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 Appropriations Committee on Health and Human Services

BILL: CS/SB 196

INTRODUCER: Health Policy Committee and Senator Sharief and others

SUBJECT: Uterine Fibroid Research Database

DATE: February 17, 2026

REVISED: _____

ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1. <u>Smith</u>	<u>Brown</u>	<u>HP</u>	Fav/CS
2. <u>Gerbrandt</u>	<u>McKnight</u>	<u>AHS</u>	Pre-meeting
3. _____	_____	<u>FP</u>	_____

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/SB 196 removes the prohibition against including personal identifying information in the uterine fibroid research database. Under current law, the Department of Health (DOH) is unable to effectively implement the legislative purpose of the uterine fibroid research database without identified information being submitted to the database.

The bill has a significant, negative fiscal impact on the DOH, which can likely be absorbed within existing resources. **See Section V., Fiscal Impact Statement.**

The bill provides that it will take effect on the same date that SB 864, or similar legislation, takes effect if enacted in the same legislative session or extension thereof.

II. Present Situation:

Uterine Fibroids¹

Uterine fibroids are tumors inside the uterus that grow on the muscular walls of the uterus. They are almost always benign (not cancerous). Fibroids can grow as a single tumor, or there can be multiple tumors, as small as an apple seed or as big as a grapefruit. Between 20 and 80 percent of women will have uterine fibroids before they turn 50. The Department of Health (DOH) reports,

¹ Department of Health, *Diseases & Conditions: Uterine Fibroids*, available at <http://floridahealth.gov/diseases-and-conditions/disease/uterine-fibroids/> (last visited Feb. 2, 2026).

“Black women are three times more likely to be diagnosed with fibroids than white women. They are also more likely to get them at a younger age and experience more severe symptoms.”

Most fibroids happen in women of reproductive age, and they can complicate getting or staying pregnant. The exact cause of uterine fibroids is unknown, but the hormones estrogen and progesterone play a role. Many women never have symptoms, but some do. Symptoms include abnormal bleeding, pelvic discomfort, pelvic pain, bladder problems, and bowel problems.

Fibroids may be treated depending on the impact they have on the affected woman’s life. Treatment may include hormonal contraceptives or surgeries removing fibroids themselves (myomectomy) or the whole uterus (hysterectomy). Additionally, a uterine artery embolization (UAE) can be an alternative to major surgery for some women, stopping blood flow to the fibroids, which causes them to die (and shrink) over time.

Uterine Fibroid Research Database

In 2022, the Legislature created s. 381.9312, F.S., requiring the DOH to develop and maintain an electronic uterine fibroid research database to encourage research on the diagnosis and treatment of uterine fibroids and to ensure women are provided relevant information and health care necessary to prevent and treat uterine fibroids.² The statute requires the database to include, at a minimum, the incidence and prevalence of women diagnosed with uterine fibroids in the state, demographic attributes of women diagnosed with uterine fibroids, and treatments and procedures used by health care providers.³ Health care providers who diagnose or treat a woman with uterine fibroids must submit information to the DOH for inclusion in the database in a form and manner adopted by rule.⁴ No such rule has been adopted and the database remains only partially implemented.

Current law prohibits the database from including any personal identifying information of women diagnosed with or treated for uterine fibroids.⁵ As a result, the DOH cannot collect personal health information for purposes such as deduplication and matching.⁶ Without the ability to collect personal health information to deduplicate records and match individuals across submissions, the DOH indicates that accurately analyzing and understanding uterine fibroids in Florida’s population is not achievable.⁷ The DOH cannot presently reliably determine the number of women with the condition or assess treatment outcomes.^{8,9}

² Section 381.9312(2)(a), F.S.

³ *Id.*

⁴ Section 381.9312(2)(b), F.S.

⁵ Section 381.9312(2)(c), F.S.

⁶ Department of Health, *HB 196 Legislative Bill Analysis* (received Jan. 28, 2026) (on file with the Senate Committee on Health Policy).

⁷ *Id.*

⁸ *Id.*

⁹ Chapter 2022-50, Laws of Florida, provided funding to the DOH to implement the database. Because the DOH was prohibited from using identified uterine fibroid data, the DOH could analyze the prevalence of uterine fibroids in Florida’s population, and therefore, chose not to develop the database and funding reverted back to the General Revenue Fund.

Notwithstanding the statutory restriction on personal identifying information in the database, the DOH reports it employs a defense-in-depth security approach with multiple security layers to protect the deidentified data in the uterine fibroid research database.¹⁰

III. Effect of Proposed Changes:

Section 1 amends s. 381.9312, F.S., which currently establishes the uterine fibroid research database, to delete a prohibition on the inclusion of any personal identifying information of women diagnosed with or treated for uterine fibroids in the database.

Section 2 provides an effective date of the same date that SB 864 or similar legislation takes effect if such legislation is adopted in the same legislative session or an extension thereof and becomes a law. The bill provides an effective date of July 1, 2026.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None identified.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

None.

¹⁰ *Id.*

C. Government Sector Impact:

The bill has a significant, negative fiscal impact on the Department of Health (DOH). The DOH has sufficient cash in the Administrative Trust Fund to absorb the fiscal impact. According to the DOH, implementing the database will require \$994,502, of that \$5,913 is nonrecurring, in the following categories:

- Other Personal Services: \$123,372/Recurring.
- Expense: \$7,559/Recurring \$5,913/Nonrecurring.
- Contracted Services: \$857,559/Recurring as follows:
 - Database maintenance and enhancements: \$491,960.
 - Application System Developer: \$261,040 (\$130/hr x 2008/hrs).
 - Business Analyst: \$230,920 (\$115/hr x 2008/hrs).
 - Cloud-based storage: \$95,500.
 - Licensing: \$19,900.
 - Provider and Patient outreach and marketing: \$250,199.
- Human Resources: \$99/Recurring.¹¹

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends section 381.9312 of the Florida Statutes.

IX. Additional Information:**A. Committee Substitute – Statement of Substantial Changes:**

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

CS by Health Policy on February 11, 2026:

The CS provides an effective date contingent on SB 864 or similar legislation becoming a law. The CS deletes a provision in the underlying bill that would have required, by reference, the DOH to add uterine fibroids to the list of reportable diseases maintained under s. 381.0031(4), F.S.

B. Amendments:

None.

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

¹¹ Department of Health, *HB 196 Legislative Bill Analysis* (received Jan. 28, 2026) (on file with the Senate Committee on Health Policy).