

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 Rules

BILL: CS/CS/SB 54

INTRODUCER: Appropriations Committee on Criminal and Civil Justice Committee; Criminal Justice Committee; and Senator Sharief and others

SUBJECT: Use of Substances Affecting Cognitive Function

DATE: February 9, 2026

REVISED: _____

ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1. <u>Cellon</u>	<u>Stokes</u>	<u>CJ</u>	<u>Fav/CS</u>
2. <u>Kolich</u>	<u>Harkness</u>	<u>ACJ</u>	<u>Fav/CS</u>
3. <u>Cellon</u>	<u>Kruse</u>	<u>RC</u>	<u>Favorable</u>

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/CS/SB 54 creates s. 406.139, F.S., to mandate district medical examiners perform toxicology screenings for psychotropic drugs and intoxicating substances on decedents suspected of being a violent offender. The bill creates additional responsibilities for district medical examiners related to the autopsies of decedents who are violent offenders.

Any findings related to the use of intoxicating substances or psychotropic drugs must be reported by the district medical examiner to the Department of Law Enforcement. Any findings related to the use of psychotropic drugs and the prescribing facility must also be reported to the Department of Health and the Agency for Health Care Administration.

Section 456.057, F.S., is amended to require the release of certain records to a law enforcement agency, upon request, for the purpose of investigating a violent offender. The records must include any medical records that may be relevant to the mental or psychological state of the suspected person; records related to the prescription or use of psychotropic drugs; or records related to the prescription or use of any drugs or substances that may contribute to a person's mental or psychological state.

The bill amends s. 1006.07, F.S., to require the district school safety specialist, or his or her designee, to provide the necessary training and resources to school district staff on the adverse

effects of psychotropic drugs and intoxicating substances as those terms are defined by the bill in s. 406.139, F.S.

The bill amends s. 1006.12, F.S., to require each safe-school officer to complete training on the adverse effects of psychotropic drugs and intoxicating substances as those terms are defined in s. 406.139, F.S.

The bill will have an indeterminate negative fiscal impact on the local district medical examiners. See Section V. Fiscal Impact Statement.

The bill takes effect on July 1, 2026.

II. Present Situation:

Psychotropic Medications

Psychotropic medication is defined under Florida law as any drug or compound used to treat mental or emotional disorders affecting the mind, behavior, intellectual functions, perception, moods, or emotions and includes antipsychotic, antidepressant, antimanic, and antianxiety drugs.¹

Generally, medications used to treat mental illness affect neurotransmitters, which are chemicals that carry messages in the nervous system. Weak or overactive neurotransmitters may produce unnecessary chemical reactions that lead to a mental health condition.² Psychotropic medications include antidepressants, anti-anxiety medications, stimulants, antipsychotics, and mood stabilizers.³

There are various common side effects of psychotropic medications. Individuals may have different treatments responses and side effects to various medications, and there is no single dosage that works for everyone. The following includes common side effects for each listed category of drug:

- Antidepressants: Nausea, diarrhea, sexual dysfunction, insomnia, drop in blood pressure when standing, sedation, dry mouth, constipation, urinary retention, weight gain, dizziness, blurred vision and fatigue.⁴
- Anti-anxiety: Drowsiness, impaired coordination, memory impairment, and dry mouth.⁵
- Stimulants: Loss of appetite, sleep problems, and mood swings.⁶
- Antipsychotics: Drowsiness, restlessness, muscle spasms, tremor, dry mouth, blurring vision, constipation, dizziness/lightheadedness, and weight gain.⁷

¹ Section 916.12, F.S.

² WebMD, *What are Psychotropic Medications?* April 13, 2025. Available at <https://www.webmd.com/mental-health/what-are-psychotropic-medications> (last visited December 4, 2025).

³ *Id.*

⁴ PsychCentral, *Common Side Effects of Psychiatric Medications*. Available at <https://psychcentral.com/lib/common-side-effects-of-psychiatric-medications#1> (last visited December 4, 2025). Side effects listed are for selective serotonin reuptake inhibitors and tricyclics, commonly prescribed for depression.

⁵ *Id.* Side effects listed are for Benzodiazepines.

⁶ *Id.*

⁷ *Id.*

In 2004, the FDA issued a black box warning that antidepressants could increase the risk of suicidal thinking and behavior in teens. This warning was subsequent to an analysis of nearly 400 clinical trials of antidepressants, which found that individuals under the age of 18 who were taking antidepressants had more suicidal thoughts and behavior. Specifically, four percent of minors taking antidepressants had suicidal thoughts and behaviors while two percent of those in the placebo group had suicidal thoughts or behaviors.⁸

On February 13, 2025, President Trump signed the executive order establishing the President's Make America Healthy Again Commission. Part of the assessment and strategy of the commission is to "assess the prevalence of and threat posed by the prescription of selective serotonin reuptake inhibitors, antipsychotics, mood stabilizers, stimulants, and weight loss drugs."⁹

In response to the executive order, various associations and organizations¹⁰ wrote a joint statement in response to federal concerns about psychotropic medication safety.¹¹ The joint statement provides that psychiatric medications are safe, effective, and can be lifesaving if they are taken properly- as directed- under the care of an appropriately licensed healthcare professional. The medications can significantly improve quality of life for children with mental health conditions, including those at imminent risk of suicide. Further, the statement provides that following the FDA black box warning, suicide rates increased, by as much as 60 percent in untreated youth with major depression. Additionally, post-mortem toxicology studies suggest that many suicide victims with known mental health conditions do not have detectable levels of psychotropic medication in their system.¹²

There have been few studies on the links between psychotropic medication and violence. One such study assessed the risk of violent crime during periods on compared to off SSRI treatment within individuals.¹³ This study found that "SSRI treatment was associated with an increased hazard of violent crime across age categories, in a cohort of SSRI users where 2.7 percent went on to commit violent crimes. The hazard was possibly elevated throughout on-treatment periods, and for up to 12 weeks after treatment discontinuation, thought more research is necessary to confirm these findings."¹⁴ The study went on to note that because the vast majority of individuals

⁸ Stanford Medicine: News Center, Antidepressants for kids and teens: What the science says, July 28, 2025, available at <https://med.stanford.edu/news/insights/2025/07/antidepressants-for-kids-and-teens--what-the-science-says.html> (last visited January 8, 2026).

⁹ The White House: Presidential actions, *Establishing the President's Make America Healthy Again Commission*, February 13, 2025, available at <https://www.whitehouse.gov/presidential-actions/2025/02/establishing-the-presidents-make-america-healthy-again-commission/> (last visited January 8, 2026).

¹⁰ American Psychiatric Association, *Joint Statement on Federal Concerns About Psychotropic Medication Safety*, March 21, 2025, available at <https://www.psychiatry.org/news-room/news-releases/joint-statement-on-federal-concerns-about-psychotr> (last visited January 8, 2025), such associations and organizations include: American Society for Clinical Psychopharmacology, American College of Neuropsychopharmacology, American Academy of Child & Adolescent Psychiatry, American Psychiatric Association, National Network of Depression Centers, Society of Biological Psychiatry.

¹¹ American Psychiatric Association, *Joint Statement on Federal Concerns About Psychotropic Medication Safety*, March 21, 2025, available at <https://www.psychiatry.org/news-room/news-releases/joint-statement-on-federal-concerns-about-psychotr> (last visited January 8, 2026).

¹² *Id.*

¹³ European Neuropsychopharmacology, *Associations between selective serotonin reuptake inhibitors and violent crime in adolescents, young, and older adults- Swedish register-based study*, Lagerberg, T., et. al., (2020) Vol. 36, pg. 1-9.

¹⁴ *Id.* at pg. 6.

taking SSRI's will not commit violent crime, the results should not be used as reason to withhold treatment from those who may benefit from them, especially because causality is unclear.¹⁵

Another study assessed the patterns of aggressive and violent behavior in patients prescribed antipsychotics. This study concluded that polypharmacy is common in patients in different treatment settings, and that the prescription of antipsychotics “has an important role in preventing and managing aggressive and violent behavior in people with severe mental disorders, and clozapine has a special role in the clinical management of patients with an history of aggressive and violent behaviors: Finally, patient compliance is also of paramount importance to prevent and effectively treat aggressive and violent behaviors.”¹⁶

Obtaining Medical Information

Generally, a person's medical records are protected. However, under certain circumstances, medical records may become relevant to a criminal investigation, and certain entities may access such information. For example, medical examiners may have access to a decedent's past records, or law enforcement may request access to medical records or request a blood draw of a suspect if they have probable cause and get a warrant.

Access to Medical Records Generally (HIPAA)

The federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) governs the use and disclosure of protected health information (PHI) by covered entities, including most health care providers, health plans, and health care clearinghouses. The HIPAA Privacy Rule, codified at 45 C.F.R. Part 164, Subpart E, establishes national standards to protect individuals' medical records and other personal health information and requires appropriate safeguards to ensure patient privacy.

Under the Privacy Rule, a covered entity generally may not disclose PHI without the patient's written authorization unless the disclosure is otherwise permitted or required by law. One such permissible disclosure is for law enforcement purposes under specific circumstances outlined in 45 C.F.R. § 164.512(f).

For example, PHI may be disclosed in response to a court order, subpoena, or warrant, or to identify or locate a suspect, fugitive, material witness, or missing person, provided that certain conditions are met to protect the patient's privacy and limit the scope of the information disclosed.

HIPAA preempts state laws that are contrary to its provisions unless the state law is “more stringent,” meaning it provides greater privacy protections to individuals. However, HIPAA expressly allows disclosure of PHI if “required by law,” which includes statutes, regulations, or court orders that compel disclosure and that are enforceable in court. Thus, if a state law

¹⁵ *Id.* at pg. 7.

¹⁶ Int. J. Neuropsychopharmacology, *Prescribing Patterns of Psychotropic Drugs and Risk of Violent Behavior: A prospective, Multicenter Study in Italy*, Giacomo, E., et. al., (2020) Vol. 23, pg. 300-310. Available at <https://academic.oup.com/ijnp/article/23/5/300/5716914> (last visited January 8, 2026).

mandates or permits disclosure under defined circumstances, and the disclosure is narrowly tailored, HIPAA will generally not preempt it.

However, when a state law authorizes disclosure of PHI beyond what HIPAA permits, particularly without patient authorization or legal process, it risks preemption unless the disclosure falls within a HIPAA-permissible exception or if it constitutes a disclosure “required by law.”

Medical Examiners, Autopsies

The Governor appoints district medical examiners.¹⁷ The Governor also appoints the members of the Medical Examiners Commission within the Florida Department of Law Enforcement (FDLE).¹⁸ The Commission is responsible to:

- Initiate cooperative policies with any agency of the state or political subdivision thereof.
- Remove or suspend district medical examiners pursuant to ch. 406, Part I, F.S., and have the authority to investigate violations of ch. 406, Part I, F.S.
- Oversee the distribution of state funds for the medical examiner districts and may make such agreements and contracts, subject to approval of the executive director of the FDLE, as may be necessary to effect the provisions of ch. 406, Part I, F.S.¹⁹

Under certain circumstances, the district medical examiner has the authority to make or perform such examinations, investigations, autopsies, laboratory examinations, or to obtain evidence necessary for forensic evidence, as he or she deems necessary and in the public interest or as requested by the state attorney.²⁰

An autopsy report of a person whose manner of death was suicide held by a medical examiner is confidential and exempt from s. 119.07(1), F.S., and s. 24(a), Art. I of the State Constitution, except that a surviving spouse of the deceased may view and copy the autopsy report. If there is no surviving spouse, the surviving parents must have access to such records. If there is no surviving spouse or parent, the adult children and siblings must have access to such records.²¹ Additionally, a local governmental entity, or a state or federal agency, in furtherance of its official duties, pursuant to a written request, may view or copy an autopsy report of a person whose manner of death was determined by a medical examiner to have been by suicide.²²

¹⁷ Section 406.06, F.S.

¹⁸ Section 406.02, F.S.

¹⁹ *Id.*

²⁰ Section 406.11(1)(a), F.S.; The circumstances under which the medical examiner is authorized to perform an autopsy and other examinations under s. 406.11(1), F.S., include when the death is by suicide. Notwithstanding subsection (2) of s. 406.135, F.S., the medical examiner may permit a local governmental entity, or a state or federal agency, in furtherance of its official duties, pursuant to a written request, to view or copy an autopsy report of a person whose manner of death was determined by a medical examiner to have been by suicide. s. 406.135(3)(b), F.S.

²¹ Section 406.135(2)(c), F.S.

²² Section 406.135(3)(b), F.S.; also, HIPAA expressly allows disclosure of PHI (Personal Health Information) if “required by law,” which includes statutes, regulations, or court orders that compel disclosure and that are enforceable in court. Thus, if a state law mandates or permits disclosure under defined circumstances, and the disclosure is narrowly tailored, HIPAA will generally not preempt it.

Violence in Schools

The National Threat Assessment Center (NTAC) within the U.S. Secret Service studied and analyzed 41 incidents of targeted school violence that occurred at K-12 schools in the United States from 2008 to 2017.²³ Among the key findings reported:

- There is no profile of a student attacker: Attackers varied in age, gender, race, grade level, academic performance, and social characteristics.
- Half of the attackers had interests in violent topics: Violent interests, without an appropriate explanation, are concerning, which means schools should not hesitate to initiate further information-gathering, assessment, and management of the student's behavior.
- Most attackers were victims of bullying, which was often observed by others: Most of the attackers were bullied by their classmates, and for over half of the attackers the bullying appeared to be of a persistent pattern which lasted for weeks, months, or years.
- All attackers exhibited concerning behaviors. Most elicited concern from others, and most communicated their intent to attack: The behaviors that elicited concern ranged from a constellation of lower-level concerns to objectively concerning or prohibited behaviors.
- Nearly every attacker experienced negative home life factors: The negative home life factors experienced by the attackers included parental separation or divorce, drug use or criminal charges among family members, and domestic abuse.

Most attackers had experienced psychological, behavioral, or developmental symptoms: the observable mental health symptoms displayed by attackers prior to their attacks were divided into three main categories which were psychological (e.g., depressive symptoms or suicidal ideation), behavioral (e.g., defiance/misconduct or symptoms of ADD/ADHD), and neurological/developmental (e.g., developmental delays or cognitive deficits).²⁴

School Safety Training

The Office of Safe Schools (OSS) is the state's central repository for school-safety best practices, training standards, and compliance oversight.²⁵ The OSS develops and updates the statewide risk-assessment tool, provides training and technical assistance (including the School Safety Specialist Training Program), and conducts triennial unannounced compliance inspections of public schools.²⁶

School Safety Specialist

Each district school superintendent must designate a school safety specialist who oversees the district's school-safety and security personnel, policies, and procedures.²⁷ The specialist must complete training provided by the OSS within one year of appointment.²⁸ The school safety specialist (or designee) must:

²³ National Threat Assessment Center. (2019). *Protecting America's Schools: A U.S. Secret Service Analysis of Targeted School Violence*. U.S. Secret Service, Department of Homeland Security, available at https://www.secretservice.gov/sites/default/files/2020-04/Protecting_Americas_Schools.pdf (last visited January 8, 2026).

²⁴ *Id.*

²⁵ Section 1001.212, F.S.

²⁶ Section 1001.212, F.S.; Section 1006.1493, F.S.

²⁷ Section 1006.07(6)(a), F.S.

²⁸ *Id.*

- Review district policies and procedures for compliance with state law and rule and report any noncompliance to the superintendent and school board at least quarterly.
- Provide training and resources to students and staff on youth mental health awareness and assistance, emergency procedures (including active-assailant response), and school safety and security.
- Serve as the district’s liaison with public-safety agencies on school-safety matters.
- Ensure that each public school completes an annual security risk assessment using the Florida Safe Schools Assessment Tool (FSSAT).
- Present findings and recommendations at a publicly noticed school-board meeting and report resulting board actions to the OSS.
- Conduct annual unannounced safety inspections of each public school using an OSS-prescribed compliance form.
- Report violations of specified school-safety requirements by administrative and instructional personnel.²⁹

Districts also implement the Youth Mental Health Awareness and Assistance training program for school personnel, which is used to train employees in recognizing and responding to signs of mental illness, substance-use disorders, and suicide risk.³⁰ The specialist coordinates or designates certified trainers to support that requirement.³¹

Safe School Officer Training

Each district school board and superintendent must ensure that one or more safe-school officers are assigned to every public school facility in the district, including charter schools, and may use any combination of the statutory options to meet this requirement.³² Safe-school officer options include:

- *School resource officer (SRO)*. A district may establish an SRO program by agreement with a law enforcement agency; SROs must be certified law enforcement officers, undergo criminal background checks, drug testing, and a psychological evaluation, abide by district policies, and coordinate with the principal while remaining employees of the law enforcement agency.³³
- *School safety officer*. A district may commission one or more school safety officers who are certified law enforcement officers employed by a law enforcement agency or by the district; safety officers have arrest authority on school property and authority to carry weapons while on duty.³⁴
- *School guardian*. A district or charter governing board may participate in the state guardian program; eligible employees who complete the statutory requirements and are certified by the sheriff may serve as school guardians.³⁵
- *School security guard*. A district or charter governing board may contract with a licensed security agency to provide a school security guard who holds Class “D” and Class “G”

²⁹ Section 1006.07(6)(a)1.-6., F.S.

³⁰ Section 1012.584, F.S.

³¹ Section 1012.584, F.S.; Section 1006.07(6)(a), F.S.

³² Section 1006.12, F.S.

³³ Section 1006.12(1)(a)–(b), F.S.

³⁴ Section 1006.12(2), F.S.

³⁵ Section 1006.12(3), F.S.; s. 30.15(1)(k), F.S.

licenses and meets statutory training, screening, approval, and ongoing qualification requirements.³⁶

Sworn law-enforcement officers serving as safe-school officers (school resource officers and school safety officers) must complete mental-health crisis-intervention training using a nationally developed curriculum.³⁷ School guardians and school security guards must complete the sheriff-conducted 144-hour guardian training program, which includes de-escalation and comprehensive firearms safety and proficiency, with security guards also subject to screening and ongoing qualification requirements.³⁸

Florida K-12 School Students and Psychotropic Medication

As used in s. 1006.0625, F.S., the term “psychotropic medication” means a prescription medication that is used for the treatment of mental disorders and includes, without limitation, antihypnotics, antipsychotics, antidepressants, anxiety agents, sedatives, psychomotor stimulants, and mood stabilizers.³⁹

A public school may not deny any student access to programs or services because the parent of the student has refused to place the student on psychotropic medication.⁴⁰

A public school teacher and school district personnel may share school-based observations of a student’s academic, functional, and behavioral performance with the student’s parent and offer program options and other assistance that is available to the parent and the student based on the observations.⁴¹ However, public school teachers and school district personnel may not compel or attempt to compel any specific actions by the parent or require that a student take medication.⁴² A parent may refuse psychological screening of the student.⁴³ Finally, any medical decision made to address a student’s needs is a matter between the student, the student’s parent, and a competent health care professional chosen by the parent.⁴⁴

³⁶ Section 1006.12(4)(a)–(c), F.S.; Chapter 493, F.S.

³⁷ Section 1006.12(6), F.S.; s. 1006.12(2)(c), F.S.

³⁸ Section 30.15(1)(k)2.b., F.S.; s. 1006.12(4)(a)1.-5., F.S.; s. 30.15(1)(k)2.e., F.S.

³⁹ Section 1006.0625(1), F.S.; For a good explanation of the medications used to treat many mental illnesses *see* the Web MD article *Mental Health Medications Guide*, Lori M King, PhD, February 3, 2025, available at <https://www.webmd.com/mental-health/medications-treat-disorders> (last viewed January 8, 2026). *See also* s. 916.12(1), and (5), F.S., relating to the incompetence of a criminal defendant to proceed, which means that the defendant does not have sufficient present ability to consult with her or his lawyer with a reasonable degree of rational understanding or if the defendant has no rational, as well as factual, understanding of the proceedings against her or him.... A defendant who, because of psychotropic medication, is able to understand the nature of proceedings and assist in the defendant's own defense shall not automatically be deemed incompetent to proceed simply because the defendant's satisfactory mental functioning is dependent upon such medication. As used in this subsection, “psychotropic medication” means any drug or compound used to treat mental or emotional disorders affecting the mind, behavior, intellectual functions, perception, moods, or emotions and includes antipsychotic, antidepressant, antimanic, and antianxiety drugs.

⁴⁰ Section 1006.0625(2), F.S.

⁴¹ Section 1006.0625(3), F.S.

⁴² *Id.*

⁴³ *Id.*

⁴⁴ Section 1006.0625, F.S.

III. Effect of Proposed Changes:

Section 1 – Autopsies of Suspected Violent Offenders (creating s. 406.139, F.S.)

The bill provides the following requirements for a medical examiner performing the autopsy on a decedent who is a violent offender:

- Order and perform a toxicology screening on the decedent to determine whether psychotropic drugs or intoxicating substances are present in the decedent's body;
- Make reasonable efforts to determine the identity of any treating mental health professional or primary care physician of the decedent; and
- Consult such individuals, if known and available, to obtain information regarding the decedent's history of psychotropic drug use, including any prescribed or discontinued medications.

All findings made by the medical examiner must be documented and included in the final autopsy report, along with any available corroborating information.

Any findings relating to the use of intoxicating substances or psychotropic drugs must be reported by the medical examiner to the Department of Law Enforcement. Also, any findings relating to the use of psychotropic drugs, and if known, the prescribing facility, must be reported to the Department of Health and the Agency for Health Care Administration.

The bill creates definitions for the terms "intoxicating substance," "psychotropic drug," and "violent offender" as follows:

- Intoxicating substance means alcoholic beverages, any controlled substance controlled under ch. 893, F.S., or any chemical substance set forth in s. 877.111, F.S.;
- Psychotropic drug is defined as any drug prescribed to affect an individual's mental state, including, but not limited to, antidepressants, antipsychotics, mood stabilizers, and antianxiety medications; and
- Violent offender means any person who is suspected by law enforcement of engaging in unprovoked violence that results in, or is likely to result in, the death or serious bodily injury of another.

Section 2 – Ownership and Control of Patient Records; Report or Copies of Records to be Furnished; Disclosure of Information (amending s. 456.057, F.S.)

The bill requires that records must be furnished to a law enforcement agency, upon request, for the purpose of investigating a violent offender. The release of such medical records must include:

- Any medical records that may be relevant to the mental or psychological state of the suspected person; and
- Any records related to the prescription or use of psychotropic drugs or the prescription or use of any drugs or substances that may contribute to a person's mental or psychological state.

Section 3 – School Safety Specialist (amending s. 1006.07, F.S.)

The bill requires the district school safety specialist, or his or her designee, to provide the necessary training and resources to school district staff on the adverse effects of psychotropic drugs and intoxicating substances, including the irrational, violent, or suicidal behavior that may be demonstrated by students under the influence of such drugs or substances.

The training must include instruction on how such staff can identify and safely interact with students who may be under the influence of such drugs or substances, including de-escalation techniques to ensure student and staff safety.

Section 4 – Safe-School Officer Training (amending s. 1006.12, F.S.)

The bill requires each safe-school officer to complete training on the adverse effects of psychotropic drugs and intoxicating substances, including the irrational, violent, or suicidal behavior that may be demonstrated by students under the influence of such drugs or substances.

The training must include instruction on how a safe-school officer can identify and safely interact with students who may be under the influence of such drugs or substances, including de-escalation techniques to ensure student and officer safety.

The bill takes effect on July 1, 2026.

IV. Constitutional Issues:**A. Municipality/County Mandates Restrictions:**

The bill does not appear to require cities and counties to expend funds or limit their authority to raise revenue or receive state-shared revenues as specified by Art. VII, s. 18 of the State Constitution.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None.

V. Fiscal Impact Statement:**A. Tax/Fee Issues:**

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

The bill will have an indeterminate negative fiscal impact on local district medical examiners by requiring toxicology screenings of deceased violent offenders to determine the presence of psychotropic drugs or other intoxicating substances. The Department of Law Enforcement anticipates the bill will increase workload to post-mortem labs operated through the medical examiner's office. A toxicology professor from the University of Florida cited in the department's bill analysis concluded that the bill would require a comprehensive analysis of the decedent and that routine testing would not suffice which would increase the cost of the examination. Furthermore, the testing of postmortem fluids and tissues does not include all psychotropic drugs or intoxication substances; new psychotropic drugs require directed and costly analysis.⁴⁵

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 456.057, 1006.07, and 1006.12.

This bill creates section 406.139 of the Florida Statutes.

⁴⁵ Florida Department of Law Enforcement, *2026 FDLE Legislative Bill Analysis for CS SB 54*, January 13, 2026.

IX. Additional Information:

- A. **Committee Substitute – Statement of Substantial Changes:**
(Summarizing differences between the Committee Substitute and the prior version of the bill.)

CS/CS by Appropriations Committee on Criminal and Civil Justice on January 15, 2026:

The committee substitute:

- Amended s. 456.057, F.S., to provide that records furnished to law enforcement must include any medical records relevant to the mental or psychological state of the suspected person and any records related to the prescription or use of psychotropic drugs or the prescription or use of any drugs or substances that may contribute to a person’s mental or psychological state.
- Removed limitations to the release of only records that confirm whether a suspected person was ever treated with psychotropic drugs and the records reasonably relate to such treatment.

CS by Criminal Justice on December 9, 2025:

The committee substitute:

- Removed mass shooting and replaced it with “violent offender” which was defined as a person who is suspected by law enforcement of engaging in unprovoked violence that results in, or is likely to result in, the death or serious bodily injury of another.
- Provides findings must be reported to the FDLE, the FDOH and AHCA.
- Defined the term intoxicating substance.
- Removed s. 901.225, F.S., (Section 2), which required a toxicology screening if the person was arrested for committing a mass shooting or other violent crime, and required training for all LEOs.
- Amended s. 456.057, F.S., to provide that records must be furnished to law enforcement for the purpose of investigating a violent offender and limited the release to only records that confirm whether a suspected person psychotropic drugs, and records reasonably related to the treatment.
- Made technical changes.

- B. **Amendments:**

None.