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LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
02/25/2026	.	
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The Committee on Rules (Garcia) recommended the following:

Senate Amendment (with title amendment)

Delete lines 69 - 189
and insert:
Section 2. Subsection (6) is added to section 39.4085, Florida Statutes, to read:
39.4085 Goals for dependent children; responsibilities; education; Office of the Children's Ombudsman.—
(6)(a) The department shall coordinate with organizations that are focused on empowering children with lived experience. The department and such organizations shall meet at least

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quarterly, in person or via teleconference or other electronic means, to solicit input on ways to address challenges and opportunities for children in the child welfare system. Each meeting must have a formal agenda, and such agenda and the minutes from each meeting must be made available on the department's website.

(b) Each community-based care lead agency shall coordinate with organizations that are focused on empowering children with lived experience. The community-based care lead agency and such organizations shall meet at least quarterly, in person or via teleconference or other electronic means, to solicit input on ways to address challenges and opportunities for children in the child welfare system. Each meeting must have a formal agenda, and such agenda and the minutes from each meeting must be made available on the community-based care lead agency's website.

(c) By February 1 and August 1 of each year, beginning in 2027, the department and each community-based care lead agency shall make publicly accessible on their respective websites a report that outlines how the department and the community-based care lead agencies have implemented the suggestions of the organizations based on the meetings required in paragraphs (a) and (b).

Section 3. Paragraphs (j) and (k) of subsection (2) of section 409.175, Florida Statutes, are amended to read:

409.175 Licensure of family foster homes, residential child-caring agencies, and child-placing agencies; public records exemption.—

(2) As used in this section, the term:

(j) "Personnel" means all owners, operators, employees, and

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volunteers working in a child-placing agency or residential child-caring agency who may be employed by or do volunteer work for a person, corporation, or agency that holds a license as a child-placing agency or a residential child-caring agency, but the term does not include those who do not work on the premises where child care is furnished and have no direct contact with a child or have no contact with a child outside of the presence of the child's parent or guardian. For purposes of screening, the term includes any member, over the age of 12 years, of the family of the owner or operator or any person other than a client, a child who is found to be dependent as defined in s. 39.01, or a child as defined in s. 39.6251(1), over the age of 12 years, residing with the owner or operator if the agency is located in or adjacent to the home of the owner or operator or if the family member of, or person residing with, the owner or operator has any direct contact with the children. Members of the family of the owner or operator, or persons residing with the owner or operator, who are between the ages of 12 years and 18 years are not required to be fingerprinted, but must be screened for delinquency records. For purposes of screening, the term also includes owners, operators, employees, and volunteers working in summer day camps, or summer 24-hour camps providing care for children. A volunteer who assists on an intermittent basis for less than 10 hours per month shall not be included in the term "personnel" for the purposes of screening if a person who meets the screening requirement of this section is always present and has the volunteer in his or her line of sight.

(k) "Placement screening" means the act of assessing the background of household members in the family foster home and

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includes, but is not limited to, criminal history records checks as provided in s. 39.0138 using the standards for screening set forth in that section. The term "household member" means a member of the family or a person, other than the child being placed, a child who is found to be dependent as defined in s. 39.01, or a child as defined in s. 39.6251(1), over the age of 12 years who resides with the owner who operates the family foster home if such family member or person has any direct contact with the child. Household members who are between the ages of 12 and 18 years are not required to be fingerprinted but must be screened for delinquency records.

Section 4. Subsection (13) of section 409.912, Florida Statutes, is amended to read:

409.912 Cost-effective purchasing of health care.—The agency shall purchase goods and services for Medicaid recipients in the most cost-effective manner consistent with the delivery of quality medical care. To ensure that medical services are effectively utilized, the agency may, in any case, require a confirmation or second physician's opinion of the correct diagnosis for purposes of authorizing future services under the Medicaid program. This section does not restrict access to emergency services or poststabilization care services as defined in 42 C.F.R. s. 438.114. Such confirmation or second opinion shall be rendered in a manner approved by the agency. The agency shall maximize the use of prepaid per capita and prepaid aggregate fixed-sum basis services when appropriate and other alternative service delivery and reimbursement methodologies, including competitive bidding pursuant to s. 287.057, designed to facilitate the cost-effective purchase of a case-managed

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continuum of care. The agency shall also require providers to minimize the exposure of recipients to the need for acute inpatient, custodial, and other institutional care and the inappropriate or unnecessary use of high-cost services. The agency shall contract with a vendor to monitor and evaluate the clinical practice patterns of providers in order to identify trends that are outside the normal practice patterns of a provider’s professional peers or the national guidelines of a provider’s professional association. The vendor must be able to provide information and counseling to a provider whose practice patterns are outside the norms, in consultation with the agency, to improve patient care and reduce inappropriate utilization. The agency may mandate prior authorization, drug therapy management, or disease management participation for certain populations of Medicaid beneficiaries, certain drug classes, or particular drugs to prevent fraud, abuse, overuse, and possible dangerous drug interactions. The Pharmaceutical and Therapeutics Committee shall make recommendations to the agency on drugs for which prior authorization is required. The agency shall inform the Pharmaceutical and Therapeutics Committee of its decisions regarding drugs subject to prior authorization. The agency is authorized to limit the entities it contracts with or enrolls as Medicaid providers by developing a provider network through provider credentialing. The agency may competitively bid single-source-provider contracts if procurement of goods or services results in demonstrated cost savings to the state without limiting access to care. The agency may limit its network based on the assessment of beneficiary access to care, provider availability, provider quality standards, time and distance

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standards for access to care, the cultural competence of the provider network, demographic characteristics of Medicaid beneficiaries, practice and provider-to-beneficiary standards, appointment wait times, beneficiary use of services, provider turnover, provider profiling, provider licensure history, previous program integrity investigations and findings, peer review, provider Medicaid policy and billing compliance records, clinical and medical record audits, and other factors. Providers are not entitled to enrollment in the Medicaid provider network. The agency shall determine instances in which allowing Medicaid beneficiaries to purchase durable medical equipment and other goods is less expensive to the Medicaid program than long-term rental of the equipment or goods. The agency may establish rules to facilitate purchases in lieu of long-term rentals in order to protect against fraud and abuse in the Medicaid program as defined in s. 409.913. The agency may seek federal waivers necessary to administer these policies.

(13) The agency may not pay for psychotropic medication prescribed for a child in the Medicaid program without the express and informed consent of the child's parent or legal guardian. The physician shall document the consent in the child's medical record and provide a copy of such documentation to the pharmacy ~~with a signed attestation of this documentation~~ with the prescription. The express and informed consent or court authorization for a prescription of psychotropic medication for a child in the custody of the Department of Children and Families shall be obtained pursuant to s. 39.407.

Section 5. Subsection (5) is added to section 409.993, Florida Statutes, to read:

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409.993 Lead agencies and subcontractor liability.—

(5) OFFICE OF INSURANCE REGULATION REVIEW.—

(a) The Office of Insurance Regulation, in collaboration with the Department of Children and Families and community—based care lead agencies and their subcontracted providers, shall review all available, relevant, and appropriate data from the previous 5 fiscal years relating to liability insurance coverage and availability to analyze all of the following:

1. Access to and availability of liability insurance through authorized insurance companies, surplus lines companies, and self-insurance funds.

2. Factors affecting the ability to obtain and maintain liability insurance.

3. Cost of general liability insurance based on insurance premium documentation.

4. Claims data.

5. Settlement and judicial disposition data.

6. Community-based care lead agency operating budgets and expenses.

7. Impact of insurance costs on the financial condition of community-based care lead agencies and their subcontractors.

8. Consistency of statutory insurance requirements with the general insurance market.

(b) The Office of Insurance Regulation shall develop a report on the findings of its review and analysis, including, but not limited to:

1. A summary of the methods used and data obtained for review and analysis.

2. Trends in insurance premium rates.

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3. Trends in claims and settlements.

4. Trends in liability coverage affordability and availability.

5. Recommendations for agency and legislative action to ensure affordable and available liability insurance for community-based care lead agencies and their subcontractors.

(c) The report must be provided to the Governor, the President of the Senate, and the Speaker of the House of Representatives by January 1, 2027.

(d) Insurance companies shall reply to requests for information received from the Office of Insurance Regulation for the purposes of this section. The office may levy fines upon or otherwise penalize an insurance company that fails to reply to a request for information within 30 calendar days after receipt of such request. A fine schedule set by the office under this paragraph may not exceed $500 per day for the first 3 days late and $1,000 per day for each late day thereafter. Fines paid to the office under this paragraph shall be transferred to the General Revenue Fund.

(e) Community-based care lead agencies and their subcontracted providers shall reply to requests for information received from the Department of Children and Families for the purposes of this section. The department may levy fines upon or otherwise penalize a community-based care lead agency or subcontractor that fails to reply to a request for information within 30 calendar days after receipt of such request. A fine schedule set by the department under this paragraph may not exceed $500 per day for the first 3 days late and $1,000 for each late day thereafter. Fines paid to the department under

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this paragraph shall be transferred to the General Revenue Fund.

(f) This subsection shall stand repealed on July 1, 2027, unless reviewed and saved from repeal through reenactment by the Legislature.

========== T I T L E A M E N D M E N T ==========

And the title is amended as follows:

Delete lines 7 - 12

and insert:

circumstances; amending s. 39.4085, F.S.; requiring the department and each community-based care lead agency to coordinate with certain organizations and meet at least quarterly for a specified purpose; authorizing such meetings to be held in person or via teleconference or other electronic means; requiring that such meetings have a formal agenda; requiring the department and each community-based care lead agency to make certain information available on their respective websites; requiring, beginning in a specified year, the department and each community-based care lead agency to publish on their respective websites a biannual report containing specified information; amending s. 409.175, F.S.; revising the definition of the terms "personnel" and "placement screening"; amending s. 409.912, F.S.; requiring a physician to provide to a pharmacy a copy of certain documentation, rather than a signed attestation, with certain prescriptions; amending s. 409.993, F.S.; requiring the Office of Insurance Regulation, in

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collaboration with the department and other entities, to review and analyze certain data; requiring the office to provide a certain report to the Governor and Legislature; requiring certain entities to respond to certain requests for information; authorizing the office and the department to levy fines upon or otherwise penalize insurance companies and community-based care lead agencies and their subcontractors, respectively, for failure to timely reply to certain requests for information; limiting the amount of certain fines to specified amounts; requiring the transfer of such fines to the General Revenue Fund; providing for legislative review and repeal; providing an effective date.