

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/CS/SB 560

INTRODUCER: Rules Committee; Appropriations Committee on Health and Human Services Committee; Children, Families, and Elder Affairs Committee; and Senator Garcia

SUBJECT: Child Welfare

DATE: February 24, 2026

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	<u>Rao</u>	<u>Tuszynski</u>	<u>CF</u>	<u>Fav/CS</u>
2.	<u>Sneed</u>	<u>McKnight</u>	<u>AHS</u>	<u>Fav/CS</u>
3.	<u>Rao</u>	<u>Kruse</u>	<u>RC</u>	<u>Fav/CS</u>

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/CS/CS/SB 560 streamlines the procedures to provide or continue a psychotropic medication prescription for a child in the legal custody of the Department of Children and Families (DCF). The bill clarifies the instances in which a *new* medical report must be filed and considers prescribing physicians and psychiatric nurses that belong to the same group practice as a single prescriber, removing potentially unnecessary and duplicative medical reports.

The bill requires physicians who prescribe psychotropic medication to a child in the Medicaid program to provide the pharmacy filling the prescription with a *copy* of the parent or legal guardian's consent, rather than a *signed attestation* of consent.

The bill excludes dependent children or children in continuing care who have not yet reached 21 years of age from background screening requirements to reduce duplicative screenings.

The bill requires the DCF and each Community-based Care (CBC) lead agency to coordinate with organizations that are focused on empowering children with lived experience in the child welfare system. The bill establishes requirements for such coordination, including a required biannual report.

The bill requires the Office of Insurance Regulation (OIR) in collaboration with the DCF and CBC lead agencies and their subcontracted providers to review data relating to the affordability

and availability of liability insurance. The bill requires insurance companies and CBC lead agencies to respond to information requests from the OIR and the DCF to aid in the data review, and allows the OIR and the DCF to levy fines or penalties on the insurance companies or CBC lead agencies that do not comply with such requests, respectively. The bill repeals this newly created subsection of law on July 1, 2027, unless it is reenacted.

The bill has no fiscal impact on state expenditures. **See Section V., Fiscal Impact Statement.**

The bill takes effect July 1, 2026.

II. Present Situation:

Florida's Child Welfare System – Generally

Chapter 39, F.S., creates Florida's dependency system to help protect children from abuse, abandonment, or neglect.¹ Florida's child welfare system identifies children and families in need of services through reports to the central abuse hotline and child protective investigations.² The Department of Children and Families (DCF) and community-based care (CBC) lead agencies³ work with those families to address the problems endangering children, if possible. If the problems cannot be addressed, the child welfare system finds safe out-of-home placements for these children.⁴

The Department of Children and Families

The DCF aims to increase the safety of the child within his or her home, using in-home services, such as parenting coaching and counseling to maintain and strengthen the child's natural supports in the home environment.⁵ These services are coordinated by DCF-contracted community-based care (CBC) lead agencies. Ultimately, the DCF remains responsible for the operation of the central abuse hotline and investigations of abuse, abandonment, and neglect.⁶ Additionally, the department is responsible for all program oversight and the overall performance of the child welfare system.⁷

¹ Chapter 39, F.S.

² *See generally* s. 39.101, F.S. (establishing the central abuse hotline and timeframes for initiating investigations).

³ *See* s. 409.986(1)(a), F.S. (finding that it is the intent of the Legislature that the Department of Children and Families “provide child protection and child welfare services to children through contracting with CBC lead agencies”). A “community-based care lead agency” or “lead agency” means a single entity with which the DCF has a contract for the provision of care for children in the child protection and child welfare system, in a community that is no smaller than a county and no larger than two contiguous judicial circuits. Section 409.986(3)(d), F.S. The secretary of DCF may authorize more than one eligible lead agency within a single county if doing so will result in more effective delivery of services to children. *Id.*

⁴ Chapter 39, F.S.

⁵ *See generally* The Department of Children and Families, *Florida's Child Welfare Practice Model*, available at: <https://www.myflfamilies.com/services/child-family/child-and-family-well-being/floridas-child-welfare-practice-model> (last visited 2/4/26).

⁶ Section 39.101, F.S.

⁷ *Id.*

The department's practice model for child and family well-being is a safety-focused, trauma-informed, and family-centered approach. It is implemented to ensure:

- *Permanency*: Florida's children should enjoy long-term, secure relationships within strong families and communities.
- *Child Well-Being*: Florida's children should be physically and emotionally healthy and socially competent.
- *Safety*: Florida's children should live free from maltreatment.
- *Family Well-Being*: Florida's families should nurture, protect, and meet the needs of their children, and should be well integrated into their communities.⁸

Community-Based Care Lead Agencies

The department contracts with CBC lead agencies for dependency case management, care coordination, foster care, adoptions, services for youth aging out of foster care, and other related services for children and families.⁹ The DCF, through CBCs, administer a system of care¹⁰ to children and families that must focus on:

- Prevention of separation of children from their families;
- Interventions to allow children to remain safely in their own homes;
- Reunification of families who have had their children removed from their care;
- Safety for children who are separated from their families;
- Promoting the well-being of children through emphasis on educational stability and timely health care;
- Permanency for children for whom reunification with their families is not possible or not in the child's best interest; and
- Transition to independence and self-sufficiency.¹¹

CBC lead agencies are contractually required to provide foster care and related services including, but not limited to, counseling, domestic violence services, substance abuse services, family preservation, emergency shelter, and adoption.¹² Statutorily, lead agencies are required to provide no more than 35 percent of all child welfare services in its geographic service area, thus CBC lead agencies contract with providers throughout the state for child welfare services.¹³ There are 16 CBCs statewide, which together serve the state's 20 judicial circuits.¹⁴

⁸ See generally Department of Children and Families (DCF), *Florida's Child Welfare Practice Model*, available at: https://www.myflfamilies.com/sites/default/files/2022-12/FLCSPracticeModel_0.pdf (last visited 1/14/25).

⁹ Section 409.986(3)(e), F.S.; see generally Part V, ch. 409, F.S. (regulating community-based child welfare).

¹⁰ Section 409.145(1), F.S.

¹¹ *Id.*; Also see generally s. 409.988, F.S.

¹² Section 409.145(1), F.S.

¹³ CBC lead agencies may receive an exemption from the 35 percent direct services threshold if it can demonstrate there is a need for the lead agency to directly provide these services due to a lack of qualified providers the lead agency can subcontract with to perform such services. Section 409.988, F.S.

¹⁴ Florida Department of Children and Families, *Lead Agency Information*, available at: <https://www.myflfamilies.com/services/child-family/child-and-family-well-being/community-based-care/lead-agency-information> (last visited 2/24/26).

Dependency System Process

In some instances, services may not be enough to maintain a safe environment for a child to live in. When child welfare necessitates that the DCF remove a child from the home to ensure his or her safety, a series of dependency court proceedings must occur to place the child in an out-of-home placement, adjudicate the child dependent, and if necessary, terminate parental rights and make the child eligible for adoption. This process is typically triggered by a report to the central abuse hotline and a child protective investigation that determines the child should not remain in his or her home, notwithstanding services that the DCF provides. Generally, the dependency process includes, but is not limited to:

- A report to the central abuse hotline.
- A child protective investigation to determine the safety of the child.
- A court finding that the child is dependent.¹⁵
- Case planning to address the problems that resulted in the child's dependency.
- Reunification with the child's parent or another option, such as adoption, to establish permanency.¹⁶

A child is found to be dependent if he or she is found by the court to be:

- Abandoned, abused, or neglected by a parent or legal custodian;
- Surrendered to the DCF or a licensed child-placing agency for the purpose of adoption;
- Voluntarily placed with a licensed child-caring agency, a licensed child-placing agency, an adult relative, or the DCF, after a case plan has expired, or the parent or parents or legal custodians have failed to substantially comply with the requirements of the plan;
- Voluntarily placed with a licensed child-placing agency for subsequent adoption, and a parent or parents have signed a consent pursuant to the Florida Rules of Juvenile Procedure;
- Have no parent or legal custodian capable of providing supervision and care;
- Are at substantial risk of imminent abuse, abandonment, or neglect by the parent or parents or legal custodians; or
- Have been sexually exploited and have no parent, legal custodian, or responsible adult relative currently known and capable of providing the necessary and appropriate supervision and care.¹⁷

A petition for dependency may be filed by an attorney for the DCF or a person who has knowledge of the alleged facts, or is informed of them and believes they are true.¹⁸

¹⁵ A "child who is found to be dependent" refers to a child who is found by the court: to have been abandoned, abused, or neglected by the child's parents or legal custodians; to have been surrendered to the DCF or licensed child-placing agency for the purpose of adoption; to have parents or legal custodians that failed to substantially comply with the requirements of a case plan for the purpose of reunification; to have been voluntarily placed with a licensed child-placing agency for the purposes of subsequent adoption; to have no parent or legal custodians capable of providing supervision and care; to be at substantial risk of imminent abuse, abandonment, or neglect; or to have been sexually exploited and to have no parent, legal custodian, or responsible adult relative available to provide the necessary and appropriate supervision. Section 39.01(15), F.S.

¹⁶ Office of the State Courts Administrator, The Office of Family Courts, *A Caregiver's Guide to Dependency Court*, available at: <https://flcourts-media.flcourts.gov/content/download/218185/file/Web-Caregivers-Guide-Final-09.pdf> (last visited 1/14/25); see also ch. 39, F.S.

¹⁷ Section 39.01(15), F.S.

¹⁸ Section 39.501, F.S.

In-Home Services and Out-of-Home Care

The DCF is required to make all efforts to keep children with their families and provide interventions that allow children to remain safely in their own homes.¹⁹ CPIs and CBC case managers refer families for in-home services to allow children to remain in their own homes.

When a CPI determines that in-home services are not enough to ensure a child's safety, the CPI removes the child from the home and places him or her in a safe and appropriate temporary out-of-home placement.²⁰ These placements are aimed to be the least restrictive, most family-like placements available, and are intended to provide short-term housing and support to a child until the child can safely return home, or the child achieves an alternate form of permanency, such as adoption, if reunification is not attainable.²¹ The DCF is required to consider a child's placement in out-of-home care in the following priority order:

- Non-offending parent.
- Relative caregiver.
- Adoptive parent of the child's sibling.
- Fictive kin who has a close existing relationship to the child.
- Nonrelative caregiver that does not have an existing relationship to the child.
- Licensed foster care.
- Group or congregate care.²²

As of December 31, 2025, there were 14,688 children in out-of-home placements.²³

Psychotropic Medications for Children in the Child Welfare System

Psychotropic medication refers to any medication prescribed with the intent to stabilize or improve mood, mental status, behavioral symptomatology, or mental illness that has the effect of altering brain chemistry.²⁴ The following medications are considered psychotropic medications:

- Antipsychotics;
- Antidepressants;
- Sedative Hypnotics;
- Lithium;
- Stimulants;
- Non-stimulant Attention Deficit Hyperactivity Disorder medication;
- Anti-dementia medications and cognition enhancers; and
- Anticonvulsants.²⁵

¹⁹ Sections 39.402(7), 39.521(1)(f), and 39.701(d), F.S.

²⁰ Section 39.4021, F.S.

²¹ Florida Department of Children and Families, *Florida's Child Welfare Practice Model*, available at: <https://www.myflfamilies.com/services/child-family/child-and-family-well-being/floridas-child-welfare-practice-model> (last visited 1/30/26).

²² Section 39.4021, F.S.

²³ Florida Department of Children and Families, *Office of Child and Family Well-Being Dashboard*, available at: <https://www.myflfamilies.com/ocfw-dashboard> (last visited 2/11/26).

²⁴ Rule 65C-35.001(22), F.A.C.

²⁵ *Id.*

In the early 2000s, reports began to circulate that children in the child welfare system were being prescribed psychotropic medications at a disproportionate rate when compared to children not in the child welfare system.²⁶ Thus, states examined the procedures for prescribing children psychotropic medication while in out-of-home care.

In 2005, the Florida Legislature created statutory procedures that allowed the DCF to provide children with psychotropic medications.²⁷ The Legislature created different sets of procedures for initiating psychotropic medication for children who were not taking psychotropic medication at the time of removal, and children who had a current prescription for psychotropic medication at the time of removal.²⁸

As of December 22, 2025, there were 2,036 children in out-of-home care who had one or more current prescriptions for psychotropic medication.²⁹

Initiating the Prescription of Psychotropic Medications to a Child in Out-of-Home Care

When a child protective investigator (CPI) takes a child into the custody of the DCF, the CPI is required to ascertain if the child is taking psychotropic medications.³⁰ If the child is not currently on psychotropic medication but an assessment of the child determines the need for such medication, a prescribing physician or psychiatric nurse³¹ may prescribe the child psychotropic medications, providing certain conditions are met.³² The physician or psychiatric nurse is required to consider alternative treatment interventions and assess the child's prior health conditions to determine if the prescription of psychotropic medication is an appropriate treatment.³³ Additionally, the prescribing physician or psychiatric nurse must attempt to obtain express and informed consent³⁴ from the child's parent or legal guardian before prescribing the psychotropic medication.³⁵ Child protective staff and the prescribing physician or psychiatric nurse are required to make efforts to involve the parents, legal guardians, the child, and the child's caregiver in out-of-home placement during the treatment of the child.³⁶

²⁶ National Library of Medicine, *State Variation in Psychotropic Medication Use by Foster Care Children with Autism Spectrum Disorder*, doi: 10.1542/peds.2008-3713, available at: <https://pubmed.ncbi.nlm.nih.gov/19620187/> (last visited 1/14/25).

²⁷ Chapter 2005-65, L.O.F.

²⁸ *Id.*

²⁹ DCF, *Psychotropic Medications Report for Children in Out-of-Home Care with One or More Current Prescriptions for a Psychotropic Medication*, available at: <https://www.myflfamilies.com/sites/default/files/2025-12/Gabriel%20Myers%20-%20Medication%20Report%20%28December%2023%202025%29.pdf> (last visited 1/12/26).

³⁰ Rule 65C-35.006, F.A.C.

³¹ For use in this section, a "psychiatric nurse" uses the definition in s. 394.455, F.S. to refer to an advanced practice registered nurse licensed under s. 464.012, F.S. who has a master's or doctoral degree in psychiatric nursing and holds a national advanced practice certification as a psychiatric mental health advanced practice nurse, and has one year of post-master's clinical experience under the supervision of a physician. *See* s. 39.407(3)(a)1., F.S.

³² Rules 65C-35.002 and 65C-35.006, F.A.C.

³³ Rule 65C-35.002, F.A.C.

³⁴ Express and informed consent refers to consent voluntarily given in writing, by a competent person, after sufficient explanation and disclosure of the subject matter involved to enable the person to make a knowing and willful decision without any element of force, fraud, deceit, duress, or other form of constraint or coercion. *See* Section 394.455(16), F.S.

³⁵ Section 39.407, F.S.

³⁶ Rule 65C-35.003-65C-35.005, F.A.C.; *see also* s. 39.407(3)(a)1., F.S.

The DCF may seek court authorization to provide psychotropic medications to a child if the parental rights of the parent have been terminated, the parent's location or identity is unknown and cannot be reasonably ascertained, or the parent declines to give express and informed consent.³⁷

Continuity of Psychotropic Medication Prescription

If a child taken into the custody of the DCF is taking psychotropic medications at the time of removal, the CPI is required to determine the following:

- The purpose of the medication;
- The name and phone number of the prescribing physician or psychiatric nurse;
- The dosage;
- Instructions regarding the administration of the medication (e.g. timing, whether to administer with food); and
- Any other relevant information.³⁸

Florida law details the process that the DCF must take to obtain authorization to continue the provision of psychotropic medications to a child removed from his or her home.³⁹ Additionally, once the DCF has obtained this authorization, the DCF has administrative rules to ensure that children receive timely access to clinically appropriate psychotropic medications.⁴⁰ Current law requires these rules to include, but need not be limited to, the following:

- The process for determining which adjunctive services are needed;
- The uniform process for facilitating the prescribing physician's or psychiatric nurse's ability to obtain the express and informed consent of a child's parent or guardian;
- The procedures for obtaining court authorization for the provision of psychotropic medication;
- The frequency of medical monitoring and reporting on the status of the child to the court;
- How the child's parents will be involved in the treatment-planning process if their parental rights have not been terminated;
- How caretakers are to be provided with information contained in the physician's or psychiatric nurse's signed medical report; and
- Uniform forms to be used in requesting court authorization for the use of a psychotropic medication and provide for the integration of each child's treatment plan and case plan.⁴¹

Medical Reports

When the DCF files a motion to seek the court's authorization to initiate or continue the provision of psychotropic medication to a child in legal custody, the motion must include a medical report signed by the prescribing physician or psychiatric nurse.⁴² The medical report must include the following:

³⁷ Section 39.407(3)(a)1., F.S.

³⁸ Rule 65C-35.006, F.A.C.

³⁹ Section 39.407, F.S.

⁴⁰ Section 39.407(3)(g), F.S.

⁴¹ *Id.*

⁴² Section 39.407(3)(c), F.S.

- The name of the child, the name and range of the dosage of psychotropic medication, and that there is a need to prescribe psychotropic medication to the child based upon a diagnosed condition for which such medication is being prescribed.
- A statement indicating that the physician or psychiatric nurse has reviewed all medical information concerning the child that has been provided.
- A statement indicating that the psychotropic medication, at its prescribed dosage, is appropriate for treating the child's diagnosed medical condition, as well as the behaviors and symptoms the medication, at its prescribed dosage, is expected to address.
- An explanation of the nature and purpose of the treatment; the recognized side effects, risks, and contraindications of the medication; and how the treatment will be monitored, followed by a statement indicating that this explanation was provided to the child, if age appropriate, and to the child's caregiver.
- Documentation addressing whether the psychotropic medication will replace or supplement any other currently prescribed medications or treatments; the length of time the child is expected to be taking the medication; and any additional medical, mental health, behavioral, counseling, or other services that the prescribing physician or psychiatric nurse recommends.⁴³

Medicaid

The Medicaid program is a joint federal-state program that finances health coverage for individuals, including eligible low-income adults, children, pregnant women, elderly adults, and persons with disabilities.⁴⁴ In Florida, the Agency for Health Care Administration (AHCA) administers Medicaid.⁴⁵ The AHCA is responsible for purchasing the goods and services Medicaid recipients receive, such as medications and medical equipment, provided the goods and services are cost-effective in a manner that is consistent with the delivery of quality medical care.⁴⁶

If a child is in the Medicaid program and requires psychotropic medications, the AHCA is prohibited from paying for such psychotropic medication without the express and informed consent of the child's parent or legal guardian.⁴⁷ Current law requires a physician to provide the pharmacy with a signed attestation of the parent or legal guardian's consent when ordering the prescription of psychotropic medication.⁴⁸ If the child is in the custody of the DCF, the prescription must include the express and informed consent or court authorization pursuant to the procedures listed in s. 39.407, F.S., to prescribe psychotropic medications to a child in out-of-home care.⁴⁹

⁴³ *Id.*

⁴⁴ Medicaid.gov, *Medicaid*, available at: <https://www.medicaid.gov/medicaid> (last visited 1/12/26).

⁴⁵ Agency for Health Care Administration, *Medicaid*, available at: <https://ahca.myflorida.com/medicaid> (last visited 1/12/26).

⁴⁶ Section 409.912, F.S.

⁴⁷ Section 409.912(13), F.S.

⁴⁸ *Id.*

⁴⁹ *Id.*

Background Screenings

To be licensed as a family foster home, residential child-caring agency, or a child-placing agency, personnel must have good moral character based upon background screening, education, training, and experience requirements.⁵⁰ Screening refers to assessing the background of personnel through level 2 background screening requirements set forth in Chapter 435, F.S.⁵¹ For purposes of screening, personnel in a residential-child caring agency includes the following persons:⁵²

- Agency owners;
- Agency operators;
- Agency employees;
- Agency volunteers;
- Any person over the age of 12 years who is a family member of the agency owner or agency operator; and
- Any person other than a client over the age of 12 years who resides with the agency owner or agency operator if the agency is located in or adjacent to the home of the owner or operator or if the person has direct contact with the children in out-of-home care.

Current law does not require persons between the ages of 12 years and 18 years who are family members of, or reside with, the agency owner or agency operator to undergo a fingerprint-based background check; however, the DCF must screen such persons for delinquency records.⁵³

Lived Experience in Child Welfare

Lived experience refers to the knowledge an individual has of a particular system, due to their personal involvement.⁵⁴ Listening to the lived experiences of an individual helps to better understand the conditions affecting a certain population, (such as those in the child welfare system) solutions to address challenges that vulnerable populations face, and any unintended consequences from policies that were intended to support the population.⁵⁵ In recent years, there has been an increased focus on engaging with individuals with lived experience in the child welfare system nationwide.⁵⁶

⁵⁰ Section 409.175, F.S.

⁵¹ Section 409.175(2)(m), F.S.

⁵² Section 409.175(2)(j), F.S.

⁵³ Section 409.175(2)(j), F.S.

⁵⁴ Child Welfare Information Gateway, *Lived Experience*, available at: <https://www.childwelfare.gov/topics/casework-practice/lived-experience/?top=275> (last visited 1/21/26).

⁵⁵ Office of the Assistant Secretary for Planning and Evaluation U.S. Department of Health and Human Services, *Methods and Emerging Strategies to Engage People with Lived Experience*, available at: <https://aspe.hhs.gov/sites/default/files/documents/62e7a64c60e10c47484b763aa9868f99/lived-experience-brief.pdf> (last visited 1/21/26).

⁵⁶ Administration for Children and Families, *Incorporating Lived Experience into Child Welfare Capacity Building*, available at: <https://acf.gov/cb/report/incorporating-lived-experience-child-welfare-capacity-building> (last visited 1/21/26).

Statewide Youth Advisory Board

In 2025, the DCF launched the Statewide Youth Advisory Board (Board), which engages young adults with previous experience in the child welfare system.⁵⁷ Through the Board, young adults may share their insights and ideas about improving the child welfare system with the DCF, while also developing their advocacy skills.⁵⁸ The Board is youth-led and self-standing, and applicants must be endorsed by a CBC lead agency or a state-recognized Youth Advocacy Organization.⁵⁹ Individuals may be a voting member, non-voting member, or an officer, based on their age, as described below:⁶⁰

- Voting Members: 18-23 years of age.
- Non-Voting Members: 14-26 years of age.
- Officer Positions: 18-23 years of age.

The Board aims to conduct the following:⁶¹

- **Promote participation** of youth and young adults in DCF decision-making processes, ensuring consistent and constructive feedback from individuals with lived experience.
- **Establish a structured partnership** between youth members and the DCF, guided by the Youth Advisor.
- **Equip young adults** with the necessary skills and knowledge to lead impactful discussions with key stakeholders, including DCF leadership.
- **Develop leadership skills** for youth members through training in advocacy, public speaking, and policy development.
- **Improve communication** between DCF staff and youth communities.
- **Maintain independence** as a youth-led group while collaborating closely with the DCF to improve services and policies affecting youth.
- **Incorporate youth perspectives** into DCF initiatives, policies, and programs impacting their lives.

Office of Insurance Regulation

The Office of Insurance Regulation (Office) is housed within the Financial Services Commission of the Department of Financial Services.⁶² The Office is responsible for all activities concerning insurers and other risk-bearing entities, including the following:⁶³

- Licensing;
- Rates;

⁵⁷ Florida Department of Children and Families, *The Florida DCF Announces the Launch of the Statewide Youth Advisory Board*, available at: <https://www.myflfamilies.com/news-events/newsroom/press-release/florida-department-children-and-families-announces-launch> (last visited 1/21/26).

⁵⁸ *Id.*

⁵⁹ Florida Department of Children and Families, *Statewide Youth Advisory Board*, available at: <https://www.myflfamilies.com/statewide-youth-advisory-board> (last visited 1/21/26).

⁶⁰ *Id.*

⁶¹ Florida Department of Children and Families, *Statewide Youth Advisory Board*, available at: <https://www.myflfamilies.com/statewide-youth-advisory-board> (last visited 1/21/26).

⁶² Section 20.121, F.S.

⁶³ Office of Insurance Regulation, *Organization and Operation*, available at: <https://floir.gov/about-us/organization-and-operation> (last visited 2/5/26).

- Policy Forms;
- Market conduct;
- Claims;
- Issuance of certificates of authority;
- Solvency;
- Viatical settlements;
- Premium financing; and
- Administrative supervision, as provided under the insurance code or Chapter 636, F.S.

The Director of the Office of Insurance Regulation, or the Commissioner of Insurance Regulation, leads the Office.⁶⁴

The Office has statutory authority and directives to regulate insurance rates in an effort to protect policyholders and the public against the adverse effects of excessive, inadequate, or unfairly discriminatory insurance rates.⁶⁵

Liability Insurance

Insurance refers to a contract whereby one undertakes to indemnify another or pay or allow a specified amount or a determinable benefit upon determinable contingencies.⁶⁶ Typically, businesses and nonprofit organizations purchase general liability insurance or professional liability insurance, which protects against financial loss due to accidents (general liability) or malpractice, errors, or negligence (professional liability).⁶⁷

In recent years, there has been a national emphasis on the lack of availability and affordability of liability insurance for organizations that serve children. Reports of rising premiums and a lack of insurance providers willing to provide liability insurance leave many organizations struggling to find affordable liability insurance.⁶⁸ For instance, in 2024, California foster family agencies experienced a shortage of insurance coverage after a major insurer of nonprofits reported it would let current insurance policies expire and would not renew such policies.⁶⁹ The insurer cited the cost of sexual abuse claims as the impetus for letting the policies expire, although many foster family agencies reported not having sexual abuse claims filed against them.⁷⁰ Providers surveyed by the Association of Children's Residential and Community Services (ACRC) and the National Organization of State Associations for Children (NOSAC) echoed such experiences;

⁶⁴ Section 20.121, F.S.

⁶⁵ Section 627.0612

⁶⁶ Section 624.02, F.S.,

⁶⁷ U.S. Small Business Administration, *Get Business Insurance*, available at: <https://www.sba.gov/business-guide/launch-your-business/get-business-insurance#six-common-types-of-business-insurance> (last visited 1/31/26).

⁶⁸ Bipartisan Policy Center, *'The Perfect Storm': Child Care Providers' Challenges in Accessing and Affording Liability Insurance*, available at: <https://bipartisanpolicy.org/issue-brief/the-perfect-storm-child-care-providers-challenges-in-accessing-and-affording-liability-insurance/> (last visited 1/31/26).

⁶⁹ Los Angeles Times, *Thousands of foster kids in California could lose their homes amid insurance crisis*, available at: <https://www.latimes.com/california/story/2024-09-18/thousands-of-foster-kids-in-california-could-lose-their-homes-amid-insurance-crisis> (last visited 1/31/26).

⁷⁰ *Id.*

many providers experienced an increase in premium rates despite having no sexual abuse claims filed against them.⁷¹

CBC Lead Agency and Subcontractor Liability Insurance Requirements

The Legislature acknowledges that securing liability insurance is one of the components necessary for private providers to secure a safe and stable environment for children in the child welfare system.⁷² Thus, Florida law requires CBC lead agencies and subcontractors to hold liability insurance. However, the Legislature finds that the cost to maintain such insurance should not significantly reduce the resources of the providers.⁷³

Lead agencies and subcontractors are statutorily required to obtain general liability insurance and bodily injury liability insurance, if the staff transports children in personal automobiles.⁷⁴ To reduce the entity’s financial risk associated with providing services, the lead agency or subcontractor may choose to purchase additional insurance policies based on the needs of the entity.

The following chart displays examples of the insurance policies CBC lead agencies and subcontractors may obtain:

Lead Agencies and Subcontracted Providers Insurance Policies		
Policy	Coverage Requirement	Damages Available
Statutorily Required Policies ⁷⁵		
General Liability Insurance	\$3 million in aggregate general liability insurance coverage per policy period	\$1 million per occurrence
Bodily Injury Liability Insurance – <i>If staff transport children in personal automobiles</i>	Minimum \$100,000 per person per any one automobile accident	\$300,000 for all damages resulting from any one automobile accident on a personal vehicle
Optional Policies ⁷⁶		
Board & Executive Liability	Protects board of directors against personal liability for official duties.	
Improper Sexual Conduct and Physical Abuse Coverage (<i>also referred to as Sexual/Physical Abuse/Molestation Coverage</i>)	Covers the CBC lead agency or subcontractor for allegations of sexual or physical abuse.	
Social Service Professional (SSP) Coverage	Covers the organization and employees for damages due to negligence or errors and omissions during the work the organization provides.	
Nonowned Automobile Liability	Covers the organization from liability from an automobile accident involving an automobile not owned, leased, rented, or borrowed by the organization (the employee’s personal automobile).	

⁷¹ ACRC and NOSAC, *Insuring Care: How Liability Insurance Access Threatens Community Services for Children 2025 National Survey Report*, available at: <https://togetherthevoice.org/insuringcare/> (last visited 2/5/26).

⁷² Section 409.993(1), F.S.

⁷³ Section 409.993 (1), F.S.

⁷⁴ Section 409.993, F.S.

⁷⁵ Section 409.993, F.S.

⁷⁶ Nonprofits Insurance Alliance, *Nonprofits Insurance 101*, available at: <https://insurancefornonprofits.org/nonprofits/insurance-101/> (last visited 9/8/25).

Upon an incident, such as an injury or allegation of abuse, the CBC or subcontractor files a claim with their insurer for coverage.⁷⁷ Depending on the nature of the incident, the insurer may cover the claim and settle out of court, take the issue to trial, or deny the claim of the CBC lead agency or subcontractor.⁷⁸ Currently, there is no statutory requirement for CBC lead agencies or subcontractors to provide information to the DCF or Legislature regarding the number of claims lead agencies and subcontractors have, and how premiums have been affected due to such claims.

III. Effect of Proposed Changes:

Section 1 amends s. 39.407, F.S., which establishes procedures for the provision or continuation of a prescription for psychotropic medication for a child in the legal custody of the DCF. The bill requires a new medical report *only* when there is a change in the following:

- The dosage or dosage range of the medication;
- The type of medication prescribed;
- The manner of medication administration; or
- The prescribing physician or psychiatric nurse.

The bill considers prescribing physicians and psychiatric nurses who belong to the same group practice as a single prescriber; thus, this removes the need for multiple new medical reports if the only change in the youth's situation is that he or she sees a different prescribing physician or psychiatric nurse in the same practice. However, a new medical report is still required upon a change in the other aforementioned conditions (such as a change in dosage or medication administration), regardless of whether the prescribing physician or psychiatric nurse belongs to the same group practice.

Section 2 amends s. 39.4085, F.S. to require the DCF and CBC lead agencies to coordinate with organizations that are focused on empowering children with lived experience. The bill requires the DCF and each CBC lead agency to 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. The bill requires the DCF and each CBC lead agency to have a formal agenda for each meeting, which must be made available, alongside the meeting minutes, on the department and CBC lead agency's website.

The bill requires the DCF and each CBC lead agency to publish on their respective websites a report that outlines how the DCF and each CBC lead agency have implemented the suggestions of the organizations they met with. Such reports must be published by February 1 and August 1 of each year, beginning in 2027.

Section 3 amends s. 409.175, F.S., to exclude dependent children or children in continuing care who have not yet reached 21 years of age from the definition of "personnel" and "household member." These changes exclude such children from being subject to background screening requirements such as fingerprinting or criminal history records checks.

⁷⁷ Nonprofits Insurance Alliance, *Reporting Claims to NIA*, available at: <https://insurancefornonprofits.org/claims/#nonprofits> (last 2/10/26).

⁷⁸ *Id.*

Section 4 amends s. 409.912, F.S., to require a physician prescribing psychotropic medication to a child in the Medicaid program to provide a *copy* of the parent or legal guardian's consent to the pharmacy with the prescription, rather than a signed attestation of the parent or guardian's consent.

Section 5 amends s. 409.993, F.S. to require the Office of Insurance Regulation (OIR), in collaboration with the DCF and CBC lead agencies and their subcontracted providers to review all available, relevant, and appropriate data from the previous five fiscal years related to liability insurance coverage and availability. The bill requires an analysis of the following metrics:

- Access to and availability of liability insurance through authorized insurance companies, surplus line companies, and self-insurance funds;
- Factors affecting the ability to obtain and maintain liability insurance;
- Cost of general liability insurance based on insurance premium documentation;
- Claims data;
- Settlement and judicial disposition data;
- CBC lead agency operating budget and expenses;
- Impact of insurance costs on the financial condition of CBC lead agencies and their subcontractors; and
- Consistency of statutory insurance requirements with the general insurance market.

The bill requires the OIR to develop a report on the findings of its review and analysis that includes, but is not limited to, the following:

- Summary of the methods used and data obtained for review and analysis;
- Trends in insurance premium rates;
- Trends in claims and settlements;
- Trends in liability coverage affordability and availability; and
- Recommendations for agency and legislative changes to ensure affordable and available liability insurance for CBC lead agencies and their subcontractors.

The bill requires the OIR to provide the required report to the Governor, President of the Senate, and Speaker of the House of Representatives by January 1, 2027.

The bill requires insurance companies to reply to requests for information received from the OIR. The bill authorizes the OIR to levy fines or penalties on an insurance company that fails to reply to a request for information within 30 calendar days of such request. The bill limits such fines to not exceed \$500 per day for the first three days late and \$1,000 per day for each late day thereafter. Such fines shall be transferred to the General Revenue Fund.

The bill requires CBC lead agencies and their subcontracted providers to reply to requests for information received from the DCF. The bill authorizes the DCF to levy fines or penalties on a CBC lead agency or subcontractor that fails to reply to any request for information within 30 calendar days of such request. The bill limits such fines to not exceed \$500 per day for the first three days late and \$1,000 per day for each late day thereafter. Such fines shall be transferred to the General Revenue Fund.

The bill repeals this newly created subsection of law on July 1, 2027, unless it is reenacted.

The bill takes effect 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.

C. Government Sector Impact:

The bill has no fiscal impact on state expenditures.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 39.407, 409.175, 409.912, and 409.993.

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/CS by Rules on February 24, 2026:**

- Requires the Department of Children and Families (DCF) and each Community-based care (CBC) lead agency to coordinate with organizations that are focused on empowering children with lived experience in the child welfare system. The bill requires the DCF and CBC lead agencies to regularly meet with such organizations and publish the implementation of suggestions received from such regular meetings.
- Requires the Office of Insurance Regulation (OIR) to collaborate with the DCF and CBC lead agencies and their subcontractors to review, analyze, and report on all available, relevant, and appropriate data from the previous five fiscal years related to liability insurance coverage and availability.
- Requires the insurance companies and CBC lead agencies and subcontractors to reply to information requests from the OIR and DCF. Allows the OIR and the DCF to levy fines or other penalties to insurance companies and CBC lead agencies and subcontractors for failure to respond to requests for information, respectively.

CS/CS by Appropriations Committee on Health and Human Services on February 12, 2026:

The committee substitute removes all provisions relating to the Postsecondary Education and Support (PESS) program and aftercare services.

CS by Children, Families, and Elder Affairs on January 20, 2026:

- Eliminates changes made to the licensure and experience requirements for qualified evaluators of residential treatment programs, therapeutic group homes, and hospitals to maintain current law.
- Changes the renewal eligibility of Postsecondary Education Services and Support (PESS) to allow individuals who have not received PESS financial assistance for longer than 60 months to renew such services. The lifetime limit applies regardless of whether the 60 months of services were consecutive or nonconsecutive.
- Requires the DCF to report on specified metrics for PESS and aftercare services that must be aggregated on a statewide basis and disaggregated by CBC lead agency, age, race, and postsecondary institution type.

B. Amendments:

None.