

FLORIDA HOUSE OF REPRESENTATIVES

BILL ANALYSIS

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BILL #: [CS/HB 587](#)

TITLE: Medical Review Committees

SPONSOR(S): Barnaby

Committee References

[Civil Justice & Claims](#)

14 Y, 0 N, As CS

COMPANION BILL: [SB 64](#) (Harrell)

LINKED BILLS: None

RELATED BILLS: None



[Human Services](#)



[Judiciary](#)

SUMMARY

Effect of the Bill:

CS/HB 587 expands the definition of “medical review committee” to include the establishment of such a review committee by a managing entity under the Department of Children and Families (DCF). The bill permits the establishment of such a review committee, not only by DCF as provided under current law, but by a managing entity and its employees, agents, or consultants. As such, the protections from civil liability and restrictions on discovery applicable to review committees under current law are expanded to those review committees established by a managing entity.

The bill has an effective date of October 1, 2026.

Fiscal or Economic Impact:

None.

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ANALYSIS

EFFECT OF THE BILL:

CS/HB 587 amends [s. 766.101, F.S.](#), to expand the group of individuals or committees who may create or participate in a [medical review committee](#). Under the bill, a [managing entity](#) and its employees, agents, or consultants to the [Department of Children and Families](#) (DCF) as well as any other persons DCF or the managing entity deems necessary may engage in and provide peer review, utilization review, or mortality review of treatment. (Section [1](#)).

Under the bill, investigations pursuant to a medical review committee created under DCF or by a managing entity are protected from discovery or introduction into evidence in any [civil](#) or [administrative action](#) against a provider or managing entity arising out of the subject incident of the review committee. Further, in allowing a managing entity to form a medical review committee, the bill allows such committee to take advantage of the same [confidentiality protections](#) and [liability protections](#) that apply to other medical review committees authorized by existing law. (Section [1](#)).

The bill has an effective date of October 1, 2026. (Section [2](#)).

RELEVANT INFORMATION

SUBJECT OVERVIEW:

[Medical Review Committees](#)

STORAGE NAME: h0587a.CIV

DATE: 2/11/2026

Under Florida law, a medical review committee is a committee formed to evaluate and improve the quality of health care rendered by providers of health services, to determine that health services rendered were professionally indicated or were performed in compliance with the applicable standard of care, or that the cost of health care rendered was considered reasonable by similar providers in a similar geographic area.¹ A medical review committee may also be a committee of an insurer, self-insurer, or joint underwriting association of medical malpractice insurance, or other persons conducting review under [s. 766.106, F.S.](#)²

Section [766.101\(1\)\(a\), F.S.](#), provides a detailed list of the specific types of committees that may be deemed a "medical review committee," as follows:

- A committee of a hospital or ambulatory surgical center licensed under chapter 395 or a health maintenance organization certificated under part I of chapter 641;
- A committee of a physician-hospital organization, a provider-sponsored organization, or an integrated delivery system;
- A committee of a state or local professional society of health care providers;
- A committee of a medical staff of a licensed hospital or nursing home, provided the medical staff operates pursuant to written bylaws that have been approved by the governing board of the hospital or nursing home;
- A committee of the Department of Corrections or the Correctional Medical Authority as created under [s. 945.602](#), or employees, agents, or consultants of either the department or the authority or both;
- A committee of a professional service corporation formed under chapter 621 or a corporation organized under part I of chapter 607 or chapter 617, which is formed and operated for the practice of medicine as defined in [s. 458.305\(3\)](#), and which has at least 25 health care providers who routinely provide health care services directly to patients;
- A committee of the Department of Children and Families which includes employees, agents, or consultants to the department as deemed necessary to provide peer review, utilization review, and mortality review of treatment services provided pursuant to chapters 394, 397, and 916;
- A committee of a mental health treatment facility licensed under chapter 394 or a community mental health center as defined in [s. 394.907](#), provided the quality assurance program operates pursuant to the guidelines that have been approved by the governing board of the agency;
- A committee of a substance abuse treatment and education prevention program licensed under chapter 397 provided the quality assurance program operates pursuant to the guidelines that have been approved by the governing board of the agency;
- A peer review or utilization review committee organized under chapter 440;
- A committee of the Department of Health, a county health department, healthy start coalition, or certified rural health network, when reviewing quality of care, or employees of these entities when reviewing mortality records; or
- A continuous quality improvement committee of a pharmacy licensed pursuant to chapter 465.³

[Immunity from Liability](#)

One benefit conferred to a medical review committee is immunity from liability on the part of the committee or any member of the committee for any act undertaken or performed within the scope and function of that committee.⁴ Another benefit to a medical review committee is that the investigations, proceedings, and records of a committee listed in law is not subject to discovery or introduction into evidence in any civil or administrative action against a provider of professional health services arising out of the matters which are the subject of evaluation and review by such committee.⁵ Further, no person who was in attendance at a meeting of such committee shall be allowed or required to testify in any civil action as to any evidence or other matters produced or presented during the

¹ [S. 766.101\(1\)\(a\), F.S.](#)

² *Id.*

³ S. 766.101(1)(a)1., F.S.

⁴ [S. 766.101\(3\)\(a\), F.S.](#)

⁵ [S. 766.101\(5\), F.S.](#)

committee proceedings.⁶ Thus, the Legislature has recognized the importance of a free and open discussion during a medical review committee meeting and has protected the participants from liability to an extent.

The medical review committee statute does not confer immunity from liability upon any professional society, hospital, or health professional while performing services other than as a member of a medical review committee.⁷ Further, current law does not confer immunity upon any person, including any person acting as a witness, incident reporter to, or investigator for a medical review committee, for any act or proceeding undertaken or performed outside the scope of the functions of the committee.⁸

Each member of, or health care professional consultant to, any committee, board, group, commission, or other entity is immune from civil liability for any act, decision, omission, or statement done or made in performance of his or her duties while serving as a member of, or consultant to, such review entity.⁹ Thus, the public notice requirement, open meeting requirement, open records provision, and other similar requirements of public business in the sunshine are not applicable to medical review committees under current law.

Confidentiality Provisions Under Current Law

Under current law, proceedings of a medical review committee are exempt from the provisions of [s. 286.011, F.S.](#), and article I, section 24(b) of the State Constitution. The existing confidentiality protections apply regardless of whether probable cause is found.¹⁰

Department of Children and Families (DCF)

Under current law, a committee of DCF created to provide peer review, utilization review, and mortality review of treatment and services provided pursuant to chapters 394, 397, and 316, F.S., is considered a medical review committee and granted the privileges and immunity from liability provided to such under section [766.101, F.S.](#)

Managing Entity

A managing entity is a corporation selected by and under contract with the Florida Department of Children and Families (DCF) to manage the daily operational delivery of behavioral health services through a coordinated system of care.¹¹ The Legislature delegated authority to managing entities based on the notion that a regional management structure which facilitated a comprehensive and cohesive system of coordinated care for behavioral health treatment would improve access to care, promote service continuity, and provide for more efficient and effective delivery of substance abuse and mental health services.¹²

Managing entities do not provide direct services; rather, they allow DCF's funding to be tailored to the specific behavioral health needs in the various regions of the state.¹³ The required duties of a managing entity are outlined in [s. 394.9082\(5\), F.S.](#) As such, a managing entity under contract with DCF shall:

- Maintain a governing board, or, if a managed behavioral health organization, an advisory board.¹⁴
- Conduct a community behavioral health care needs assessment every 3 years in the geographic area served by the managing entity which identifies needs by subregion and provide the needs assessment to DCF.¹⁵

⁶ *Id.*

⁷ [S. 766.101\(4\), F.S.](#)

⁸ *Id.*

⁹ [S. 766.1015\(1\), F.S.](#)

¹⁰ [S. 766.101\(7\)\(c\), F.S.](#)

¹¹ [S. 394.9082\(2\)\(e\), F.S.](#)

¹² [S. 394.9082\(1\)\(a\), F.S.](#)

¹³ Florida Department of Children and Families, *Managing Entities*,

<https://www.myflfamilies.com/services/samh/providers/managing-entities> (last visited Feb. 8, 2026).

¹⁴ [S. 394.9082\(5\)\(a\), F.S.](#)

¹⁵ [S. 394.9082\(5\)\(b\), F.S.](#)

- Determine the optimal array of services to meet the needs identified in the community behavioral health care needs assessment and expand the scope of services as resources become available.¹⁶
- Promote the development and effective implementation of a coordinated system of care pursuant to [s. 394.4573, F.S.](#), and [s. 394.495, F.S.](#)¹⁷
- Provide assistance to counties to develop a designated receiving system and a transportation plan pursuant to statutory requirements.¹⁸
- Develop strategies to divert persons with mental illness or substance abuse disorders from the criminal and juvenile justice systems in collaboration with the court system and Department of Juvenile Justice (DJJ) and to integrate behavioral health services with the child welfare system.¹⁹
- Promote and support care coordination activities that will improve outcomes among individuals identified as priority populates pursuant to s. 394.9082(3)(c),F.S.²⁰
- Work independently and collaboratively with stakeholders to improve access to and effectiveness, quality, and outcomes of behavioral health services. This work may include, but is not limited to, facilitating the dissemination and use of evidence-informed practices.²¹
- Develop a comprehensive provider network of qualified providers to deliver behavioral health services. The managing entity is not required to competitively procure network providers but shall publicize opportunities to join the provider network and evaluate providers in the network to determine if they may remain in the network. A managing entity must provide notice to a provider before the provider is removed from the network. The managing entity shall publish these processes on its website. The managing entity shall ensure continuity of care for clients if a provider ceases to provide a service or leaves the network.²²
- As appropriate, develop resources by pursuing third-party payments for services, applying for grants, assisting providers in securing local matching funds and in-kind services, and employing any other method needed to ensure that services are available and accessible.²³
- Enter into cooperative agreements with local homeless councils and organizations for sharing information about clients, available resources, and other data or information for addressing the homelessness of persons suffering from a behavioral health crisis. All information sharing must comply with federal and state privacy and confidentiality laws, statutes, and regulations.²⁴
- Work collaboratively with public receiving facilities and licensed housing providers to establish a network of licensed housing resources for mental health consumers that will prevent and reduce readmissions to public receiving facilities.²⁵
- Monitor network providers' performance and their compliance with contract requirements and federal and state laws, rules, regulations, and grant requirements.²⁶
- Manage and allocate funds for services to meet federal and state laws, rules, and regulations.²⁷
- Promote coordination of behavioral health care with primary care.²⁸
- Implement shared data systems necessary for the delivery of coordinated care and integrated services, the assessment of managing entity performance and provider performance, and the reporting of outcomes and costs of services.²⁹

¹⁶ [S. 394.9082\(5\)\(c\), F.S.](#)

¹⁷ [S. 394.9082\(5\)\(d\), F.S.](#)

¹⁸ [S. 394.9082\(5\)\(e\), F.S.](#)

¹⁹ [S. 394.9082\(5\)\(f\), F.S.](#)

²⁰ [S. 394.9082\(5\)\(g\), F.S.](#)

²¹ [S. 394.9082\(5\)\(h\), F.S.](#)

²² [S. 394.9082\(5\)\(i\), F.S.](#)

²³ [S. 394.9082\(5\)\(j\), F.S.](#)

²⁴ [S. 394.9082\(5\)\(k\), F.S.](#)

²⁵ [S. 394.9082\(5\)\(l\), F.S.](#)

²⁶ [S. 394.9082\(5\)\(m\), F.S.](#)

²⁷ [S. 394.9082\(5\)\(n\), F.S.](#)

²⁸ [S. 394.9082\(5\)\(o\), F.S.](#)

²⁹ [S. 394.9082\(5\)\(p\), F.S.](#)

- Operate in a transparent manner, providing public access to information, notice of meetings, and opportunities for public participation in managing entity decisionmaking.³⁰
- Establish and maintain effective relationships with community stakeholders, including individuals served by the behavioral health system of care and their families, local governments, and other community organizations that meet the needs of individuals with mental illness or substance use disorders.³¹
- Collaborate with and encourage increased coordination between the provider network and other systems, programs, and entities, such as the child welfare system, law enforcement agencies, the criminal and juvenile justice systems, the Medicaid program, offices of the public defender, and offices of criminal conflict and civil regional counsel.³²
- Promote the use of available crisis intervention services by requiring contracted providers to provide contact information for mobile response teams established under s. [394.495](#) to parents and caregivers of children, adolescents, and young adults between ages 18 and 25, inclusive, who receive safety-net behavioral health services.³³
- Include the statement “(managing entity name)” is a managing entity contracted with the Department of Children and Families” on its website and, at a minimum, in its promotional literature, managing entity-created documents and forms provided to families served by the managing entity, business cards, and stationery letterhead.³⁴
- Report all required data to the department in a standardized electronic format to ensure interoperability and to facilitate data analysis.³⁵
- Submit to the DCF all documents that are required under contract for submission on a routine basis in an electronic format that allows for accurate text recognition and data extraction as specified by the department, which may include, but is not limited to, Portable Document Format or machine-readable text files. The documents must be accompanied by metadata containing key information that ensures proper organization, processing, and integration into the department’s systems.³⁶
- Promote the use of person-first language and trauma-informed responsive care among providers, peer organizations, and family members, including, but not limited to, through training and sharing best practices. For purposes of this paragraph, the term “person-first language” means language used which emphasizes the patient as a person rather than that patient’s disability, illness, or condition.³⁷
- Require use of the most recent version of the Daily Living Activities-20 (DLA-20) functional assessment tool by all providers under contract with the managing entity, unless the department specifies in rule the use of a different assessment tool.³⁸

Civil Action

The main purpose of Florida’s civil justice system is to properly and fairly redress the civil wrongs caused throughout the state, whether such wrongs be in the form of tortious conduct, breaches of contract, or other non-criminal harm for which the law provides a remedy. The civil justice system accomplishes this goal by providing a neutral court system empowered to decide the number of monetary damages required to make each wronged person whole again. A functioning civil justice system, when it operates justly:

- Provides a fair and equitable forum to resolve disputes;
- Discourages persons from resorting to self-help methods to redress wrongs;
- Appropriately compensates legitimately harmed persons;
- Shifts losses to responsible parties;

³⁰ [S. 394.9082\(5\)\(q\), F.S.](#)

³¹ [S. 394.9082\(5\)\(r\), F.S.](#)

³² [S. 394.9082\(5\)\(s\), F.S.](#)

³³ [S. 394.9082\(5\)\(t\), F.S.](#)

³⁴ [S. 394.9082\(5\)\(u\), F.S.](#)

³⁵ [S. 394.9082\(5\)\(v\), F.S.](#)

³⁶ [S. 394.9082\(5\)\(w\), F.S.](#)

³⁷ [S. 394.9082\(5\)\(x\), F.S.](#)

³⁸ [S. 394.9082\(5\)\(y\), F.S.](#)

- Provides incentives to prevent future harm; and
- Deters undesirable behavior.³⁹

Tort Law

One of the goals of the civil justice system is to redress tortious conduct, or “torts.” A tort is a wrong for which the law provides a remedy. Torts are generally divided into two categories, as follows:

- An intentional tort, examples of which include an assault, battery, or false imprisonment.
- Negligence, which is a tort that is unintentionally committed. To prevail in a negligence lawsuit, the party seeking the remedy, the “plaintiff,” must demonstrate that the:
 - Defendant had a legal duty of care requiring the defendant to conform to a certain standard of conduct for the protection of others, including the plaintiff, against unreasonable risks;
 - Defendant breached his or her duty of care by failing to conform to the required standard;
 - Defendant’s breach caused the plaintiff to suffer an injury; and
 - Plaintiff suffered actual damage or loss resulting from such injury.⁴⁰

OTHER RESOURCES:

[Florida DCF Managing Entity Contact List \(2025\).](#)

BILL HISTORY

COMMITTEE REFERENCE	ACTION	DATE	STAFF DIRECTOR/ POLICY CHIEF	ANALYSIS PREPARED BY
Civil Justice & Claims Subcommittee	14 Y, 0 N, As CS	2/11/2026	Jones	Mathews
THE CHANGES ADOPTED BY THE COMMITTEE:		Amended the effective date of the bill to October 1, 2026.		
Human Services Subcommittee				
Judiciary Committee				

THIS BILL ANALYSIS HAS BEEN UPDATED TO INCORPORATE ALL OF THE CHANGES DESCRIBED ABOVE.

³⁹ Cf. Am. Jur. 2d Torts s. 2.

⁴⁰ 6 Florida Practice Series s. 1.1; see *Barnett v. Dept. of Fin. Serv.*, 303 So. 3d 508 (Fla. 2020).