

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 Health Policy

BILL: CS/SB 606

INTRODUCER: Health Policy Committee and Senator Smith and others

SUBJECT: Drowning Prevention Education

DATE: January 21, 2026 REVISED: _____

ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1. Looke	Brown	HP	Fav/CS
2.		AHS	
3.		FP	

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/SB 606 creates s. 383.3363, F.S., to require the Department of Health (DOH) to develop educational materials on drowning prevention safety measures and safe bathing practices and provides minimum requirements for what must be included in such materials. The bill requires hospitals, birth centers, and home birth providers to provide the educational materials to parents and caregivers of newborns as part of their postpartum education and care and requires childbirth educators to provide the materials to parents and caregivers receiving childbirth education. Hospitals and birth centers are required under the bill to maintain proof of compliance and make such records available to the Agency for Health Care Administration (AHCA) upon request. The bill also amends several sections of the Florida statutes to provide conforming changes.

The bill provides an effective date of July 1, 2026.

II. Present Situation:

The Danger of Drowning

Drowning is one of the leading causes of accidental death among children. For all ages, the current annual global estimate is 295,000 drowning deaths, although this figure is thought to underreport fatal drownings, in particular boating and disaster-related drowning mortality.

Drowning disproportionately impacts children and young people, with over half of all drowning deaths occurring among people younger than 25 years old. In many countries, children under five years of age record the highest rate of fatal and non-fatal drowning, with incidents commonly occurring in swimming pools and bathtubs in high income countries and in bodies of water in and around a home in low income contexts.¹

Drowning Deaths in Florida

Drowning deaths in Florida have consistently ranged between 350 and 500 deaths per year in the state from 2005 to present at an average rate of approximately two deaths per 100,000 population.² Children aged four and under, however, drown nearly three times as often with a rate of approximately six per 100,000 population.³ Comparably, children between the ages of one and seven drown at a rate of approximately five per 100,000 population and made up 87 out of 452, or nearly 20 percent, of the drowning deaths in Florida in 2024.⁴

Drowning Prevention

The National Drowning Prevention Alliance (NDPA) recommends five steps for protecting children from drowning, which the NDPA refers to as “5 layers of protection.”⁵ These layers are: barriers and alarms, supervision, water competency, life jackets, and emergency preparation.

Barriers and Alarms

The NDPA cites that 70 percent of child drownings happen during non-swim times.⁶ Many types of fences can help prevent children from accessing a pool area when the children are not being supervised. Additionally, certain covers and safety nets can prevent children from falling into a pool. Lastly, many types of alarms exist that can alert parents when the pool area or the pool itself has been accessed without permission and supervision.⁷

Supervision

The NDPA provides several recommendations for supervision of children around pools and bodies of water. These include having general house rules about not leaving children unattended and reminding guests, babysitters, and caregivers about pool hazards and the need for constant supervision. Lastly, the NDPA recommends active supervision while swimming and participating in water activities and using a water watcher, i.e. a person whose sole responsibility

¹ Peden AE, Franklin RC. Learning to Swim: An Exploration of Negative Prior Aquatic Experiences among Children. *Int J Environ Res Public Health*, May 19, 2020, available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7277817/> (last visited Jan. 14, 2026).

² Florida Health Charts, Deaths from Unintentional Drowning, available at <https://www.flhealthcharts.gov/ChartsDashboards/rdPage.aspx?rdReport=Death.DataViewer&cid=0105>, (last visited Jan. 14, 2026).

³ *Id.* (To see this result, change “rate type” to “crude” and select the age range from “0 to 4”).

⁴ *Id.*

⁵ National Drowning Prevention Alliance, Learn the 5 Layers of Protection, available at <https://ndpa.org/layers/>, (last visited Jan. 15, 2026)

⁶ The Five Layers of Protection brochure, National Drowning Prevention Alliance, p. 2, available at <https://ndpa.org/wp-content/uploads/2022/09/FINAL-LOP-Brochure.pdf>, (last visited Jan. 15, 2026).

⁷ *Id.* at pp. 3-6.

is watching over the children in and near the water, or a lifeguard during water-centered gatherings.⁸

Water Competency

The American Academy of Pediatrics recommends starting swim lessons as early as age one. Research shows that children ages one through four can reduce their drowning risk up to 88 percent if enrolled in formal lessons. The NDPA recommends making sure that the swim instruction includes water safety and survival education at the appropriate developmental level.⁹

Life Jackets

The NDPA recommends that everyone wear a life jacket or personal flotation device (PFD) approved by the U.S. Coast Guard (USCG) whenever boating or in a natural or open body of water. The NDPA indicates it is important that the life jacket is USCG approved and fitted for the individual. Not all devices sold by retailers are tested and approved flotation devices. Devices that are not tested and approved cannot be considered a safe layer of protection and should not be part of a family's water safety plan, according to the NDPA.¹⁰

Emergency Readiness

The NDPA recommends that adults participating in water activities when children are involved have an emergency plan, including keeping a phone near the pool or swimming area with the ability to call 911 for help if needed. Additionally, parents and others who live in homes with pools should learn and practice cardiopulmonary resuscitation (CPR) and there should be at least one person who knows CPR at any large gathering where water is involved. Lastly, pool owners and operators may enroll in water safety courses that teach proper rescue techniques.¹¹

III. Effect of Proposed Changes:

CS/SB 606 creates s. 383.3363, F.S., to require the DOH to develop educational materials on drowning prevention safety measures and safe bathing practices to be distributed to parents and caregivers as part of postpartum or childbirth education provided by hospitals, birth centers, home birth providers, and childbirth educators. The materials, at a minimum, must include:

- The increased risk of drowning for infants and toddlers in bathtubs, pools, and other water sources, citing available data on such drownings;
- Water safety measures parents can employ to prevent drowning, emphasizing the importance of constant supervision of infants and children while they are around water and the benefits of early childhood swimming lessons and water competency programs as an added layer of protection from drownings; and
- Additional safety hazards in the home setting and evidence-based safe bathing practices.

The bill requires each hospital, birth center, and home birth provider providing maternity, prenatal, and newborn services to provide the educational materials to the parents or caregivers

⁸ *Id.* at p. 7

⁹ *Supra* n. 6 at p. 8

¹⁰ National Drowning Prevention Alliance, Life Jackets, available at <https://ndpa.org/life-jackets/>, (last visited Jan. 15, 2026).

¹¹ *Supra* n. 6 at p. 10.

of a newborn as part of its postpartum education and care. Hospitals and birth centers are required under the bill to maintain proof of compliance and make records available to the AHCA upon request. Additionally, childbirth educators must provide the educational materials to parents or caregivers who receive childbirth education from the educator.

The bill also amends ss. 383.318 and 395.1053, F.S., to include the educational and compliance requirements established by the bill in the licensure acts for birth centers and hospitals, respectively.

The bill provides an effective date of July 1, 2026.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

None.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 383.318 and 395.1053.

This bill creates section 383.3363 of the Florida Statutes.

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

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

CS by Health Policy on January 20, 2026:

The committee substitute removes the underlying bill's requirement that home birth providers would have to maintain a record of compliance with the requirements of the bill and make such records available to the AHCA upon request.

B. Amendments:

None.

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