

Amendment No. 1

COMMITTEE/SUBCOMMITTEE ACTION

ADOPTED	_____	(Y/N)
ADOPTED AS AMENDED	_____	(Y/N)
ADOPTED W/O OBJECTION	_____	(Y/N)
FAILED TO ADOPT	_____	(Y/N)
WITHDRAWN	_____	(Y/N)
OTHER		

1 Committee/Subcommittee hearing bill: Health & Human Services
2 Committee

3 Representative Gerwig offered the following:

Amendment (with title amendment)

6 Remove everything after the enacting clause and insert:

7 **Section 1. Paragraphs (a) and (e) of subsection (1),**
8 **subsection (2), and paragraph (b) of subsection (4) of section**
9 **381.4019, Florida Statutes, are amended to read:**

10 381.4019 Dental Student Loan Repayment Program.—The Dental
11 Student Loan Repayment Program is established to support the
12 state Medicaid program and promote access to dental care by
13 supporting qualified dentists and dental hygienists who treat
14 medically underserved populations in dental health professional
15 shortage areas or medically underserved areas.

16 (1) As used in this section, the term:

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17 (a) "Dental health professional shortage area" means a
18 geographic area, an area with a special population, or a
19 facility designated as such by the Health Resources and Services
20 Administration of the United States Department of Health and
21 Human Services.

22 (e) "Low-income," with respect to a person, means a person
23 who meets the criteria specified in s. 766.1115(3)(e) "Medically
24 underserved area" ~~means a geographic area, an area having a~~
25 ~~special population, or a facility which is designated by~~
26 ~~department rule as a health professional shortage area as~~
27 ~~defined by federal regulation and which has a shortage of dental~~
28 ~~health professionals who serve Medicaid recipients and other~~
29 ~~low-income patients.~~

30 (2) The department shall establish a dental student loan
31 repayment program to benefit Florida-licensed dentists and
32 dental hygienists who:

33 (a) Demonstrate, as required by department rule, active
34 employment in a public health program or private practice that
35 serves ~~Medicaid recipients and other~~ low-income patients and is
36 located in a dental health professional shortage area ~~or a~~
37 ~~medically underserved area~~; and

38 (b) Volunteer 25 hours per year providing dental services
39 in a free clinic that is located in a dental health professional
40 shortage area ~~or a medically underserved area~~, through another
41 volunteer program operated under ~~by the state pursuant to part~~

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42 IV of chapter 110, or through a pro bono program approved by the
43 Board of Dentistry. In order to meet the requirements of this
44 paragraph, the volunteer hours must be verifiable in a manner
45 determined by the department.

46 (4) A dentist or dental hygienist is not eligible to
47 receive funds under the loan program if the dentist or dental
48 hygienist:

49 (b) Ceases to provide services to low-income patients
50 ~~participate in the Florida Medicaid program.~~

51 **Section 2. Paragraph (f) of subsection (1), paragraphs (a)**
52 **and (c) of subsection (3), paragraph (h) of subsection (4), and**
53 **paragraph (a) of subsection (8) of section 381.986, Florida**
54 **Statutes, are amended to read:**

55 381.986 Medical use of marijuana.—

56 (1) DEFINITIONS.—As used in this section, the term:

57 (f) "Low-THC cannabis" means a plant of the genus
58 Cannabis, whether growing or not ~~the dried flowers of which~~
59 ~~contain 0.8 percent or less of tetrahydrocannabinol and more~~
60 ~~than 10 percent of cannabidiol weight for weight; the seeds~~
61 ~~thereof; the resin extracted from any part of such plant; and~~
62 every or any ~~compound, manufacture, salt, derivative, mixture,~~
63 ~~or preparation of such plant or its seeds or resin, excluding~~
64 edibles; which contains 0.8 percent or less of
65 tetrahydrocannabinol and more than 2 percent cannabidiol, weight

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66 for weight, which ~~that~~ is dispensed from a medical marijuana
67 treatment center.

68 (3) QUALIFIED PHYSICIANS AND MEDICAL DIRECTORS.—

69 (a) Before being approved as a qualified physician ~~and~~
70 ~~before each license renewal~~, a physician must successfully
71 complete a 2-hour course and subsequent examination offered by
72 the Florida Medical Association or the Florida Osteopathic
73 Medical Association which encompass the requirements of this
74 section and any rules adopted hereunder. Qualified physicians
75 must renew the course certification biennially. The course and
76 examination must be administered at least annually and may be
77 offered in a distance learning format, including an electronic,
78 online format that is available upon request. The price of the
79 course may not exceed \$500.

80 (c) Before being employed as a medical director ~~and before~~
81 ~~each license renewal~~, a medical director must successfully
82 complete a 2-hour course and subsequent examination offered by
83 the Florida Medical Association or the Florida Osteopathic
84 Medical Association which encompass the requirements of this
85 section and any rules adopted hereunder. Medical directors must
86 renew the course certification biennially. The course and
87 examination must be administered at least annually and may be
88 offered in a distance learning format, including an electronic,
89 online format that is available upon request. The price of the
90 course may not exceed \$500.

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(4) PHYSICIAN CERTIFICATION.—

~~(h) An active order for low-THC cannabis or medical cannabis issued pursuant to former s. 381.986, Florida Statutes 2016, and registered with the compassionate use registry before June 23, 2017, is deemed a physician certification, and all patients possessing such orders are deemed qualified patients until the department begins issuing medical marijuana use registry identification cards.~~

(8) MEDICAL MARIJUANA TREATMENT CENTERS.—

(a) The department shall license medical marijuana treatment centers to ensure reasonable statewide accessibility and availability as necessary for qualified patients registered in the medical marijuana use registry and who are issued a physician certification under this section.

1. As soon as practicable, but no later than July 3, 2017, the department shall license as a medical marijuana treatment center any entity that holds an active, unrestricted license to cultivate, process, transport, and dispense low-THC cannabis, medical cannabis, and cannabis delivery devices, under former s. 381.986, Florida Statutes 2016, before July 1, 2017, and which meets the requirements of this section. In addition to the authority granted under this section, these entities are authorized to dispense low-THC cannabis, medical cannabis, and cannabis delivery devices ordered pursuant to former s. 381.986, Florida Statutes 2016, ~~which were entered into the compassionate~~

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116 ~~use registry before July 1, 2017,~~ and are authorized to begin
117 dispensing marijuana under this section on July 3, 2017. The
118 department may grant variances from the representations made in
119 such an entity's original application for approval under former
120 s. 381.986, Florida Statutes 2014, pursuant to paragraph (e).

121 2. The department shall license as medical marijuana
122 treatment centers 10 applicants that meet the requirements of
123 this section, under the following parameters:

124 a. As soon as practicable, but no later than August 1,
125 2017, the department shall license any applicant whose
126 application was reviewed, evaluated, and scored by the
127 department and which was denied a dispensing organization
128 license by the department under former s. 381.986, Florida
129 Statutes 2014; which had one or more administrative or judicial
130 challenges pending as of January 1, 2017, or had a final ranking
131 within one point of the highest final ranking in its region
132 under former s. 381.986, Florida Statutes 2014; which meets the
133 requirements of this section; and which provides documentation
134 to the department that it has the existing infrastructure and
135 technical and technological ability to begin cultivating
136 marijuana within 30 days after registration as a medical
137 marijuana treatment center.

138 b. As soon as practicable, the department shall license
139 one applicant that is a recognized class member of *Pigford v.*
140 *Glickman*, 185 F.R.D. 82 (D.D.C. 1999), or *In Re Black Farmers*

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141 *Litig.*, 856 F. Supp. 2d 1 (D.D.C. 2011). An applicant licensed
142 under this sub-subparagraph is exempt from the requirement of
143 subparagraph (b)2. An applicant that applies for licensure under
144 this sub-subparagraph, pays its initial application fee, is
145 determined by the department through the application process to
146 qualify as a recognized class member, and is not awarded a
147 license under this sub-subparagraph may transfer its initial
148 application fee to one subsequent opportunity to apply for
149 licensure under subparagraph 4.

150 c. As soon as practicable, but no later than October 3,
151 2017, the department shall license applicants that meet the
152 requirements of this section in sufficient numbers to result in
153 10 total licenses issued under this subparagraph, while
154 accounting for the number of licenses issued under sub-
155 subparagraphs a. and b.

156 3. For up to two of the licenses issued under subparagraph
157 2., the department shall give preference to applicants that
158 demonstrate in their applications that they own one or more
159 facilities that are, or were, used for the canning,
160 concentrating, or otherwise processing of citrus fruit or citrus
161 molasses and will use or convert the facility or facilities for
162 the processing of marijuana.

163 4. Within 6 months after the registration of 100,000
164 active qualified patients in the medical marijuana use registry,
165 the department shall license four additional medical marijuana

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166 treatment centers that meet the requirements of this section.
167 Thereafter, the department shall license four medical marijuana
168 treatment centers within 6 months after the registration of each
169 additional 100,000 active qualified patients in the medical
170 marijuana use registry that meet the requirements of this
171 section.

172 **Section 3. Section 381.994, Florida Statutes, is created**
173 **to read:**

174 381.994 Neurofibromatosis Disease Grant Program-

175 (1)(a) There is created within the Department of Health
176 the Neurofibromatosis Disease Grant Program. The purpose of the
177 program is to advance the progress of research and cures for
178 neurofibromatosis by awarding grants through a competitive,
179 peer-reviewed process.

180 (b) Subject to legislative appropriation, the program
181 shall award grants for scientific and clinical research to
182 further the search for new diagnostics, treatments, and cures
183 for neurofibromatosis.

184 (2)(a) Applications for grants for neurofibromatosis
185 disease research may be submitted by any university or
186 established research institute in the state. All qualified
187 investigators in the state, regardless of institutional
188 affiliation, shall have equal access and opportunity to compete
189 for the research funding. Preference may be given to grant
190 proposals that foster collaboration among institutions,

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191 researchers, and community practitioners, as such proposals
192 support the advancement of treatments and cures of
193 neurofibromatosis through basic or applied research. Grants
194 shall be awarded by the department, after consultation with the
195 Rare Disease Advisory Council, pursuant to s. 381.99, on the
196 basis of scientific merit, as determined by the competitive,
197 peer-reviewed process to ensure objectivity, consistency, and
198 high quality. The following types of applications may be
199 considered for funding:

200 1. Investigator-initiated research grants.

201 2. Institutional research grants.

202 3. Collaborative research grants, including those that
203 advance the finding of treatment and cures through basic or
204 applied research.

205 (b) To ensure appropriate and fair evaluation of grant
206 applications based on scientific merit, the department shall
207 appoint peer review panels of independent, scientifically
208 qualified individuals to review the scientific merit of each
209 proposal and establish its priority score. The priority scores
210 shall be forwarded to the council and must be considered in
211 determining which proposals shall be recommended for funding.

212 (3) The Rare Disease Advisory Council and the peer review
213 panels shall establish and follow rigorous guidelines for
214 ethical conduct and adhere to a strict policy with regard to
215 conflicts of interest. A member of the council or panel may not

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216 participate in any discussion or decision of the council or
217 panel with respect to a research proposal by any firm, entity,
218 or agency that the member is associated with as a member of the
219 governing body or as an employee or with which the member has
220 entered into a contractual arrangement.

221 (4) Notwithstanding s. 216.301 and pursuant to s. 216.351,
222 the balance of any appropriation from the General Revenue Fund
223 for the Neurofibromatosis Disease Grant Program that is not
224 disbursed but that is obligated pursuant to contract or
225 committed to be expended by June 30 of the fiscal year in which
226 the funds are appropriated may be carried forward for up to 5
227 years after the effective date of the original

228 **Section 4. Paragraph (a) of subsection (2) of section**
229 **383.14, Florida Statutes, is amended and paragraph (i) is added**
230 **to subsection (3) of that section, to read:**

231 383.14 Screening for metabolic disorders, other hereditary
232 and congenital disorders, and environmental risk factors.—

233 (2) RULES.—

234 (a) After consultation with the Genetics and Newborn
235 Screening Advisory Council, the department shall adopt and
236 enforce rules requiring that every newborn in this state shall:

237 1. Before becoming 1 week of age, have a blood specimen
238 collected for newborn screenings;

239 2. Be tested for any condition included on the federal
240 Recommended Uniform Screening Panel which the council advises

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241 the department should be included under the state's screening
242 program. After the council recommends that a condition be
243 included, the department shall submit a legislative budget
244 request to seek an appropriation to add testing of the condition
245 to the newborn screening program. The department shall expand
246 statewide screening of newborns to include screening for such
247 conditions within 18 months after the council renders such
248 advice, if a test approved by the United States Food and Drug
249 Administration or a test offered by an alternative vendor is
250 available. If such a test is not available within 18 months
251 after the council makes its recommendation, the department shall
252 implement such screening as soon as a test offered by the United
253 States Food and Drug Administration or by an alternative vendor
254 is available;

255 3. At the appropriate age, be tested for such other
256 metabolic diseases and hereditary or congenital disorders as the
257 department may deem necessary; ~~and~~

258 4. Subject to legislative appropriation, beginning January
259 1, 2027, be screened for infantile Krabbe disease; and

260 5. Subject to legislative appropriation, beginning January
261 1, 2027, be screened for Duchenne muscular dystrophy.

262 (3) DEPARTMENT OF HEALTH; POWERS AND DUTIES.—The
263 department shall administer and provide certain services to
264 implement the provisions of this section and shall:

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265 (i) Create an evidence-based, educational pamphlet on the
266 nutritional needs of preterm infants for parents and guardians
267 of infants receiving care in a neonatal intensive care unit. By
268 January 1, 2027, the department must make the pamphlet available
269 electronically to hospitals licensed under chapter 395 to
270 provide neonatal intensive care services. The pamphlet must
271 include, but is not limited to, information related to preterm
272 infants on the following subjects:

273 1. The specific nutritional needs of preterm infants;

274 2. The health risks associated with nutritional deficits
275 and the potential need for nutritional supplementation;

276 3. Different nutritional sources for infants, including
277 maternal breast milk, pasteurized human donor milk, infant
278 formula, human-milk-derived fortifiers, and bovine-milk-derived
279 fortifiers, and the recommended uses for each;

280 4. The importance of maternal breast milk for meeting the
281 nutritional and developmental needs of infants, and the
282 alternative of pasteurized human donor milk if maternal breast
283 milk is not available;

284 5. The potential risks associated with the use of infant
285 formula, including preterm infant formula, as a sole or primary
286 nutrition source; and

287 6. Necrotizing enterocolitis, the risk factors for
288 necrotizing enterocolitis, and the potential for a human-milk-
289 based diet, including maternal and pasteurized donor breast milk

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290 and human-milk-derived infant fortifiers, to reduce the risk of
291 necrotizing enterocolitis.

292

293 All provisions of this subsection must be coordinated with the
294 provisions and plans established under this chapter, chapter
295 411, and Pub. L. No. 99-457.

296 **Section 5. Paragraphs (a) and (j) of subsection (2) and**
297 **paragraphs (a) and (b) of subsection (7) of section 391.308,**
298 **Florida Statutes, are amended to read:**

299 391.308 Early Steps Program.—The department shall
300 implement and administer part C of the federal Individuals with
301 Disabilities Education Act (IDEA), which shall be known as the
302 "Early Steps Program."

303 (2) DUTIES OF THE DEPARTMENT.—The department shall:

304 (a) Annually prepare a grant application to the Federal
305 Government requesting the United States Department of Education
306 for funding for early intervention services for infants and
307 toddlers with disabilities and their families pursuant to part C
308 of the federal Individuals with Disabilities Education Act.

309 (j) Establish procedures for dispute resolution and
310 mediation as outlined in part C of the federal Individuals with
311 Disabilities Education Act ~~Provide a mediation process and if~~
312 ~~necessary, an appeals process for applicants found ineligible~~
313 ~~for developmental evaluation or early intervention services or~~
314 ~~denied financial support for such services.~~

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(7) TRANSITION TO EDUCATION.—

(a) The department shall establish statewide uniform protocols and procedures for transition to a school district program for children with disabilities or to another program as part of an individual family support plan pursuant to part C of the federal Individuals with Disabilities Education Act ~~At least 90 days before a child reaches 3 years of age, the local program office shall initiate transition planning to ensure the child's successful transition from the Early Steps Program to a school district program for children with disabilities or to another program as part of an individual family support plan.~~

~~(b) At least 90 days before a child reaches 3 years of age, the local program office shall:~~

~~1. Notify the local school district in which the child resides and the Department of Education that the child may be eligible for special education or related services as determined by the local school district pursuant to ss. 1003.21 and 1003.57, unless the child's parent or legal guardian has opted out of such notification; and~~

~~2. Upon approval by the child's parent or legal guardian, convene a transition conference that includes participation of a local school district representative and the parent or legal guardian to discuss options for and availability of services.~~

Section 6. Subsection (5) of section 391.3081, Florida Statutes, is amended to read:

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340 391.3081 Early Steps Extended Option.—

341 (5) TRANSITION TO EDUCATION.—The department shall
342 establish statewide uniform protocols and procedures for
343 transition to a school district program for children with
344 disabilities or to another program as part of an individual
345 family support plan pursuant to part C of the federal
346 Individuals with Disabilities Education Act.

347 ~~(a) At least 90 days before the beginning of the school~~
348 ~~year following the fourth birthday of a child enrolled in the~~
349 ~~Early Steps Extended Option, the local program office shall~~
350 ~~initiate transition planning to ensure the child's successful~~
351 ~~transition from the Early Steps Extended Option to a school~~
352 ~~district program under part B of the federal Individuals with~~
353 ~~Disabilities Education Act or to another program as part of an~~
354 ~~individual family support plan. Specifically, the local program~~
355 ~~office shall:~~

356 ~~1. Notify the Department of Education and the local school~~
357 ~~district in which the child resides that the eligible child is~~
358 ~~exiting the Early Steps Extended Option, unless the child's~~
359 ~~parent or legal guardian has opted out of such notification; and~~

360 ~~2. Upon approval by the child's parent or legal guardian,~~
361 ~~convene a transition conference that includes participation of a~~
362 ~~local school district representative and the parent or legal~~
363 ~~guardian to discuss options for and availability of services.~~

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364 ~~(b) The local program office, in conjunction with the~~
365 ~~local school district, shall modify a child's individual family~~
366 ~~support plan, or, if applicable, the local school district shall~~
367 ~~develop or review an individual education plan for the child~~
368 ~~pursuant to ss. 1003.57, 1003.571, and 1003.5715 which~~
369 ~~identifies special education or related services that the child~~
370 ~~will receive and the providers or agencies that will provide~~
371 ~~such services.~~

372 ~~(c) If a child is found to be no longer eligible for part~~
373 ~~B of the federal Individuals with Disabilities Education Act~~
374 ~~during the review of an individual education plan, the local~~
375 ~~program office and the local school district must provide the~~
376 ~~child's parent or legal guardian with written information on~~
377 ~~other available services or community resources.~~

378 **Section 7. Paragraph (g) of subsection (16) of section**
379 **395.4025, Florida Statutes, is redesignated as paragraph (h) and**
380 **a new paragraph (g) is added to subsection (16) of that section**
381 **to read:**

382 395.4025 Trauma centers; selection; quality assurance;
383 records.—

384 (16)

385 (g) Notwithstanding the statutory capacity limits
386 established in s. 395.402(1), the provisions of subsection (8),
387 or any other provision of this part, specialty licensed
388 children's hospitals licensed by the agency for health care

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389 administration shall be designated by the department as a level
390 I or level II pediatric trauma center based on documentation of
391 a valid certificate of trauma center verification by the
392 American College of Surgeons.

393 **Section 8. Paragraph (t) of subsection (1) of section**
394 **456.072, Florida Statutes, is amended to read:**

395 456.072 Grounds for discipline; penalties; enforcement.—

396 (1) The following acts shall constitute grounds for which
397 the disciplinary actions specified in subsection (2) may be
398 taken:

399 (t) Failing to identify through written notice, which may
400 include the wearing of a name tag, or orally to a patient the
401 type of license under which the practitioner is practicing. Any
402 advertisement for health care services naming the practitioner
403 must include the full name and identify the type of license and
404 the license number the practitioner holds. Advertisements
405 include, but are not limited to, promotion via materials,
406 websites, and social media. This paragraph does not apply to a
407 practitioner while the practitioner is providing services in a
408 facility licensed under chapter 394, chapter 395, chapter 400,
409 or chapter 429. Each board, or the department where there is no
410 board, is authorized by rule to determine how its practitioners
411 may comply with this disclosure requirement.

412 **Section 9. Present paragraphs (d) through (hh) of**
413 **subsection (5) of section 456.074, Florida Statutes, are**

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414 **redesignated as paragraphs (e) through (ii), respectively, and a**
415 **new paragraph (d) is added to that subsection, to read:**

416 456.074 Certain health care practitioners; immediate
417 suspension of license.—

418 (5) The department shall issue an emergency order
419 suspending the license of any health care practitioner who is
420 arrested for committing or attempting, soliciting, or conspiring
421 to commit any act that would constitute a violation of any of
422 the following criminal offenses in this state or similar
423 offenses in another jurisdiction:

424 (d) Section 782.04, relating to murder.

425 **Section 10. Paragraph (c) of subsection (2) of section**
426 **464.0156, Florida Statutes, is amended to read:**

427 464.0156 Delegation of duties.—

428 (2)

429 (c) A registered nurse may not delegate the administration
430 of any controlled substance listed in Schedule II, Schedule III,
431 or Schedule IV of s. 893.03 or 21 U.S.C. s. 812, except that a
432 registered nurse may delegate:

433 1. ~~For~~ The administration of an insulin syringe that is
434 prefilled with the proper dosage by a pharmacist or an insulin
435 pen that is prefilled by the manufacturer; and

436 2. To a home health aide for medically fragile children as
437 defined in s. 400.462, the administration of a Schedule IV

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438 controlled substance prescribed for the emergency treatment of
439 an active seizure.

440 **Section 11. Subsections (8) and (9) of section 466.023,**
441 **Florida Statutes, are created to read:**

442 466.023 Dental hygienists; scope and area of practice.—

443 (8) A dental hygienist, under the direct supervision of a
444 licensed dentist, may use a dental diode laser for the purpose
445 of bacterial reduction or disinfection of gingival sulcus at
446 settings that preclude hard and soft tissue removal except for
447 incidental gingival curettage, in a manner consistent with the
448 dental hygienist's scope of practice, if the following criteria
449 are met:

450 (a) The dental hygienist has obtained certification for
451 the completion of an interactive didactic and clinical training
452 course which includes laser safety, infection control, patient
453 management, and the operation of specific lasers used in dental
454 practice. The course must consist of a minimum of 12 hours of
455 in-person instruction, including 3 hours of clinical simulation
456 training, which must be obtained through a course provided or
457 recognized by the Commission on Dental Accreditation of the
458 American Dental Association or an organization approved by the
459 board.

460 (b) The dental hygienist maintains evidence of obtaining
461 the required certification which is prominently displayed at the

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462 location where the dental hygienist is authorized to use a
463 dental diode laser.

464 (c) The dental hygienist completes 2 hours of continuing
465 education every 2 years on the use of dental diode lasers in the
466 practice of dental hygiene.

467 (d) The dental hygienist provides evidence of completion
468 of the required certification and continuing education to the
469 board.

470 (e) The supervising dentist has received a minimum of 12
471 hours of education and training on the use of lasers in a dental
472 setting.

473 (f) All lasers are used in accordance with accepted safety
474 guidelines.

475 (9) When using a dental diode laser pursuant to this
476 section, a dental hygienist shall document all of the following
477 information in the patient's record:

478 (a) The type of laser used, including the wavelength of
479 the laser.

480 (b) The settings used, such as pulse or continuous wave,
481 and the power setting.

482 (c) Local anesthesia used, if any.

483 (d) The procedure attempted and performed, including
484 details as to whether hard or soft tissue was removed.

485 **Section 12. Paragraph (c) of subsection (3) of section**
486 **491.005, Florida Statutes, is amended to read:**

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487 491.005 Licensure by examination.—

488 (3) MARRIAGE AND FAMILY THERAPY.—Upon verification of
489 documentation and payment of a fee not to exceed \$200, as set by
490 board rule, the department shall issue a license as a marriage
491 and family therapist to an applicant whom the board certifies
492 has met all of the following criteria:

493 (c)1. Attained one of the following:

494 a. A minimum of a master's degree in marriage and family
495 therapy from a program accredited by the Commission on
496 Accreditation for Marriage and Family Therapy Education.

497 b. A minimum of a master's degree with a major emphasis in
498 marriage and family therapy or a closely related field from a
499 university program accredited by the Council on Accreditation of
500 Counseling and Related Educational Programs and graduate courses
501 approved by the board.

502 c. A minimum of a master's degree with an emphasis in
503 marriage and family therapy or a closely related field, with a
504 degree conferred before September 1, 2032 ~~2027~~, from an
505 institutionally accredited college or university and graduate
506 courses approved by the board.

507 2. If the course title that appears on the applicant's
508 transcript does not clearly identify the content of the
509 coursework, the applicant provided additional documentation,
510 including, but not limited to, a syllabus or catalog description
511 published for the course. The required master's degree must have

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512 | been received in an institution of higher education that, at the
513 | time the applicant graduated, was fully accredited by an
514 | institutional accrediting body recognized by the Council for
515 | Higher Education Accreditation or its successor organization or
516 | was a member in good standing with Universities Canada, or an
517 | institution of higher education located outside the United
518 | States and Canada which, at the time the applicant was enrolled
519 | and at the time the applicant graduated, maintained a standard
520 | of training substantially equivalent to the standards of
521 | training of those institutions in the United States which are
522 | accredited by an institutional accrediting body recognized by
523 | the Council for Higher Education Accreditation or its successor
524 | organization. Such foreign education and training must have been
525 | received in an institution or program of higher education
526 | officially recognized by the government of the country in which
527 | it is located as an institution or program to train students to
528 | practice as professional marriage and family therapists or
529 | psychotherapists. The applicant has the burden of establishing
530 | that the requirements of this provision have been met, and the
531 | board shall require documentation, such as an evaluation by a
532 | foreign equivalency determination service, as evidence that the
533 | applicant's graduate degree program and education were
534 | equivalent to an accredited program in this country. An
535 | applicant with a master's degree from a program that did not
536 | emphasize marriage and family therapy may complete the

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537 coursework requirement in a training institution fully
538 accredited by the Commission on Accreditation for Marriage and
539 Family Therapy Education recognized by the United States
540 Department of Education.

541
542 For the purposes of dual licensure, the department shall license
543 as a marriage and family therapist any person who meets the
544 requirements of s. 491.0057. Fees for dual licensure may not
545 exceed those stated in this subsection.

546 **Section 13. Paragraph (d) of subsection (3) of section**
547 **766.1115, Florida Statutes, is amended to read:**

548 766.1115 Health care providers; creation of agency
549 relationship with governmental contractors.-

550 (3) DEFINITIONS.-As used in this section, the term:

551 (d) "Health care provider" or "provider" means:

- 552 1. A birth center licensed under chapter 383.
- 553 2. An ambulatory surgical center licensed under chapter
554 395.
- 555 3. A hospital licensed under chapter 395.
- 556 4. A physician or physician assistant licensed under
557 chapter 458.
- 558 5. An osteopathic physician or osteopathic physician
559 assistant licensed under chapter 459.
- 560 6. A chiropractic physician licensed under chapter 460.
- 561 7. A podiatric physician licensed under chapter 461.

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562 8. A registered nurse, nurse midwife, licensed practical
563 nurse, or advanced practice registered nurse licensed or
564 registered under part I of chapter 464 or any facility which
565 employs nurses licensed or registered under part I of chapter
566 464 to supply all or part of the care delivered under this
567 section.

568 9. A midwife licensed under chapter 467.

569 10. A health maintenance organization certificated under
570 part I of chapter 641.

571 11. A health care professional association and its
572 employees or a corporate medical group and its employees.

573 12. Any other medical facility the primary purpose of
574 which is to deliver human medical diagnostic services or which
575 delivers nonsurgical human medical treatment, and which includes
576 an office maintained by a provider.

577 13. A dentist or dental hygienist licensed under chapter
578 466.

579 14. A free clinic that delivers only medical diagnostic
580 services or nonsurgical medical treatment free of charge to all
581 low-income recipients.

582 15. Any other health care professional, practitioner,
583 provider, or facility under contract with a governmental
584 contractor, including a student enrolled in an accredited
585 program that prepares the student for licensure as any one of
586 the professionals listed in subparagraphs 4.-9. and 13.

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587
588 The term includes any nonprofit corporation qualified as exempt
589 from federal income taxation under s. 501(a) of the Internal
590 Revenue Code, and described in s. 501(c) of the Internal Revenue
591 Code, which delivers health care services provided by licensed
592 professionals listed in this paragraph, any federally funded
593 community health center, and any volunteer corporation or
594 volunteer health care provider that delivers health care
595 services.

596 **Section 14. Paragraph (f) of subsection (1) of section**
597 **1004.551, Florida Statutes, is amended to read:**

598 1004.551 University of Florida Center for Autism and
599 Neurodevelopment.—There is created at the University of Florida
600 the Center for Autism and Neurodevelopment.

601 (1) The center shall:

602 (f) Develop an autism micro-credential to provide
603 specialized training in supporting students with autism.

604 1. The micro-credential must be stackable with the autism
605 endorsement and be available to:

606 a. Instructional personnel as defined in s. 1012.01(2);

607 b. Prekindergarten instructors as specified in ss.

608 1002.55, 1002.61, and 1002.63; and

609 c. Child care personnel as defined in ss. 402.302(3) and

610 1002.88(1)(e).

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611 d. Early intervention service providers credentialed
612 through the Early Steps Program.

613 2. The micro-credential must require participants to
614 demonstrate competency in:

615 a. Identifying behaviors associated with autism.

616 b. Supporting the learning environment in both general and
617 specialized classroom settings.

618 c. Promoting the use of assistive technologies.

619 d. Applying evidence-based instructional practices.

620 3. The micro-credential must:

621 a. Be provided at no cost to eligible participants.

622 b. Be competency-based, allowing participants to complete
623 the credentialing process either in person or online.

624 c. Permit participants to receive the micro-credential at
625 any time during training once competency is demonstrated.

626 4. Individuals eligible under subparagraph 1. who complete
627 the micro-credential are eligible for a one-time stipend, as
628 determined in the General Appropriations Act. The center shall
629 administer stipends for the micro-credential.

630 **Section 15.** This act shall take effect July 1, 2026.

631
632 -----

633 **T I T L E A M E N D M E N T**

634 Remove everything before the enacting clause and insert:

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635 An act relating to the Department of Health; amending
636 s. 381.4019, F.S.; revising the definition of the term
637 "dental health professional shortage area"; defining
638 the term "low-income"; deleting the definition of the
639 term "medically underserved area"; revising
640 eligibility requirements for dentists and dental
641 hygienists participating in the Dental Student Loan
642 Repayment Program; amending s. 381.986, F.S.; revising
643 the definition of the term "low-THC cannabis";
644 revising requirements for department approval of
645 qualified physicians and medical directors of medical
646 marijuana treatment centers; deleting obsolete
647 language; creating s. 381.994, F.S.; creating the
648 Neurofibromatosis Disease Grant Program within the
649 Department of Health; providing purpose of the
650 program; requiring, subject to appropriation, the
651 program to award certain grants; providing
652 requirements for grant applications; requiring the
653 Rare Disease Advisory Council and the peer review
654 panels to establish and follow specified guidelines;
655 prohibiting members of the council and panels from
656 participating in certain discussions and decisions
657 under certain circumstances; authorizing certain
658 appropriation funds to be carried forward under
659 certain circumstances; amending s. 383.14, F.S.;

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660 beginning on a specified date, subject to
661 appropriation, requiring the department require
662 newborns be screened for infantile Krabbe disease;
663 requiring the Department of Health to create a
664 pamphlet; providing instruction on the contents that
665 must be included in the pamphlet; amending s. 391.308,
666 F.S.; revising duties of the department in
667 administering the Early Steps Program; revising
668 provisions related to transitioning children from the
669 Early Steps Program to school district programs;
670 amending s. 391.3081, F.S.; revising provisions
671 relating to the Early Steps Extended Option to conform
672 to changes made by the act; amending s. 395.4025,
673 F.S.; requiring department to designate certain
674 facilities as pediatric trauma centers; amending s.
675 456.074, F.S.; requiring the department to issue an
676 emergency order suspending the license of a health
677 care practitioner arrested for committing or
678 attempting, soliciting, or conspiring to commit murder
679 in this state or another jurisdiction; amending s.
680 464.0156, F.S.; authorizing a registered nurse to
681 delegate the administration of certain controlled
682 substances to a home health aide for medically fragile
683 children under certain circumstances; amending s.
684 466.023, F.S.; allowing dental hygienists to use

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685 certain tools under the direct supervision of a
686 dentist; amending s. 491.005, F.S.; revising the
687 deadline for program accreditation; amending s.
688 766.1115, F.S.; revising the definition of "health
689 care provider" or "provider" to include certain
690 students; amending s. 1004.551, F.S.; revising
691 requirements for the micro-credential component of
692 specialized training provided by the University of
693 Florida Center for Autism and Neurodevelopment;
694 providing an effective date.