

# FLORIDA HOUSE OF REPRESENTATIVES

## BILL ANALYSIS

*This bill analysis was prepared by nonpartisan committee staff and does not constitute an official statement of legislative intent.*

**BILL #:** [HB 733](#)

**TITLE:** Department of Health

**SPONSOR(S):** Gerwig

**COMPANION BILL:** None

**LINKED BILLS:** None

**RELATED BILLS:** [SB 902](#) (Garcia)

### Committee References

[Health Professions & Programs](#)

18 Y, 0 N



[Health Care Budget](#)



[Health & Human Services](#)

## SUMMARY

### Effect of the Bill:

HB 733 revises several sections of law relating to Florida's health care workforce, health care services, and health care practitioner licensure and regulation related to the Department of Health (DOH). The bill:

- Prohibits new medical marijuana treatment centers facilities from being located within 500 feet of a park, daycare or early learning facility;
- Clarifies that physicians and medical directors must renew medical marijuana certifications biennially;
- Revises the definition of "low-THC cannabis;"
- Requires DOH to develop procedures and protocols for various Early Steps functions consistent with the federal Individuals with Disabilities Education Act (IDEA);
- Requires the University of Florida Center for Autism and Neurodevelopment to make the autism micro-credential available to early intervention service providers who have been credentialed through the Early Steps program;
- Expands the populations that may be served by dentists and dental hygienists under the dental student loan repayment program; and
- Allows DOH to immediately suspend a license of a practitioner who has been arrested for murder.

### Fiscal or Economic Impact:

None

[JUMP TO](#)

[SUMMARY](#)

[ANALYSIS](#)

[RELEVANT INFORMATION](#)

[BILL HISTORY](#)

## ANALYSIS

### EFFECT OF THE BILL:

#### [Medical Marijuana](#)

#### *Medical Marijuana Treatment Center Locations*

The bill expands the current prohibition on medical marijuana treatment centers (MMTCs) cultivation and processing facilities being located within 500 feet of certain entities<sup>1</sup> to include parks,<sup>2</sup> child care facilities,<sup>3</sup> or early learning facilities.<sup>4</sup>

<sup>1</sup> See, 381.986(11), F.S.; the current prohibition includes elementary, middle, and secondary schools.

<sup>2</sup> Parks, as defined in s. 775.215(1), F.S., as all public and private property specifically designated as being used for recreational purposes and where children regularly congregate.

<sup>3</sup> Child care facilities, as defined in s. 402.302(2), F.S., as any child care center or child care arrangement which provides child care for more than five children..." The term does not include public and nonpublic schools and their integral programs; summer camps having children in full-time residence; summer day camps; vacation bible schools; and operators of transient establishments.

<sup>4</sup> Early learning facilities, as defined in s. 1000.04(1), F.S., meaning Voluntary Prekindergarten Education Programs and school readiness programs.

**STORAGE NAME:** h0733a.HPP

**DATE:** 1/29/2026

The bill also expands the current prohibition on MMTC dispensing facilities being located within 500 feet of certain entities, unless the location has been approved by the county or municipality through a formal proceeding,<sup>5</sup> to include parks, child care facilities, or early learning facilities.<sup>6</sup>

These provisions apply prospectively to MMTC facilities approved on or after July 1, 2026, and specifies that an existing MMTC facility will not be impacted if a park, child care facility, or early learning center is subsequently established within 500 feet. (Section 2).

### *Qualified Physician/Medical Directors*

The bill specifies that medical directors of MMTCs and qualified physicians must renew their required certification course every two years, clarifying that the renewal is unrelated to the practitioners' or MMTC's license renewal. (Section 2).

### *Low-THC Cannabis*

The bill revises the definition of "[low-THC cannabis](#)," such that it includes all forms of cannabis product, excluding edibles, rather than applying exclusively to dried flower. This revision enables DOH to track the dispensing of low-THC cannabis products according to the potency of the final product, rather than the potency of the dried flower from which the product was derived. The bill also modifies the potency requirements for low-THC cannabis by reducing the percentage of cannabidiol (CBD) in the product from 10 percent in the form of dried flower, to two percent CBD in the final product. (Section 2).

### Early Steps Program

The bill removes provisions in current law regarding operational policy language for the [Early Steps Program](#) that create a redundant overlap with federal law by replacing current law with general directives that DOH establish procedures and protocols pursuant to Part C of the federal Individuals with Disabilities Education Act (IDEA). According to DOH, this change will streamline the federal approval process for program policies. (Sections 3 & 4).

The bill makes early intervention services providers credentialed by Early Steps eligible for the [University of Florida Center for Autism and Neurodevelopment](#)'s autism micro-credential. (Section 6).

### Emergency Suspension of Practitioner License

The bill requires DOH issue an emergency order suspending the license of a health care practitioner who has been arrested for committing or attempting, soliciting, or conspiring to commit murder.<sup>7</sup> (Section 5).

### Dental Student Loan Repayment Program

The bill broadens the eligibility for participation in the [Dental Student Loan Repayment](#) (DSLRL) Program for by allowing dentists and dental hygienists serving low-income<sup>8</sup> patients to qualify for the DSLR program, instead of limiting program participation to dentists and dental hygienists who serve Medicaid patients specifically. This

<sup>5</sup> See, s. 381.986(11), F.S.; the proceeding must be open to the public and the county or municipality must determine that the location promotes the public health, safety, and general welfare of the community.

<sup>6</sup> *Supra*, notes 1, 2, 3, & 4.

<sup>7</sup> See, s. 782.04, F.S.

<sup>8</sup> Under s. 766.1115(3), F.S., "low-income" means a person who is one of the following: Medicaid-eligible under Florida law, a person who is without health insurance and whose family income does not exceed 300% of the federal poverty line, or any client of DOH who voluntarily chooses to participate in a DOH program and meets the program eligibility requirements.

expands participant eligibility by allowing free clinics, state hospitals, and public institutions that cannot enroll as Medicaid providers to qualify as eligible practice sites.<sup>9</sup>

The bill aligns the definition of “dental health professional shortage area” in current law with the federal definition to include an area with a special population or a facility designated by the federal Department of Health and Human Services, in addition to geographic areas.

The bill also allows DSLR program participants to complete the volunteer service requirement through non-profit programs operated in the state, in addition to state-operated programs. (Section 1).

The bill provides an effective date of July 1, 2026. (Section 7).

RELEVANT INFORMATION

SUBJECT OVERVIEW:

Medical Marijuana

Medical Marijuana Treatment Center (MMTC) Facilities

The Office of Medical Marijuana Use (OMMU), within DOH, regulates Florida’s [medical marijuana program](#). This includes the oversight and licensure of medical marijuana treatment centers (MMTCs). Current law prohibits an MMTC processing, cultivating, or dispensing facility from being located within 500 feet of a public or private elementary, middle, or secondary school,<sup>10</sup> however, there are no existing restrictions on MMTC facilities operating near a park,<sup>11</sup> child care facility,<sup>12</sup> of early learning facility.<sup>13</sup> According to DOH, there are approximately 193 MMTC facilities currently operating within 500 feet of such facilities.<sup>14</sup>

Qualified Physicians

Only a qualified physician may certify a patient for medical use of marijuana. A qualified physician is a Florida-licensed allopathic physician or osteopathic physician, who holds an active, unrestricted license and has completed a 2-hour educational course and exam offered by the Florida Medical Association (FMA) or the Florida Osteopathic Medical Association (FOMA).<sup>15</sup> MMTCs are required to employ a medical director who is qualified physician. Current law requires each qualified physician and medical director to complete the 2-hour course be taken before each licensure renewal;<sup>16</sup> however, the law doesn’t specify whether the course must be completed in conjunction with the renewal of the physician’s license to practice, or the MMTC’s license.

Low-THC Cannabis

<sup>9</sup> Department of Health, 2026 Agency Legislative Bill Analysis for HB 733 (2026). On file with the Health Professions & Programs Subcommittee.  
<sup>10</sup> S. 381.986, F.S.  
<sup>11</sup> Parks, as defined in s. 775.215(1), F.S., as all public and private property specifically designated as being used for recreational purposes and where children regularly congregate.  
<sup>12</sup> Child care facilities, as defined in s. 402.302(2), F.S., as any child care center or child care arrangement which provides child care for more than five children...” The term does not include public and nonpublic schools and their integral programs; summer camps having children in full-time residence; summer day camps; vacation bible schools; and operators of transient establishments.  
<sup>13</sup> Early learning facilities, as defined in s. 1000.04(1), F.S., meaning Voluntary Prekindergarten Education Programs and school readiness programs.  
<sup>14</sup> Department of Health, 2026 Agency Legislative Bill Analysis for HB 733 (2026), page 3. On file with the Health Professions & Programs Subcommittee.  
<sup>15</sup> S. 381.986(3), F.S.  
<sup>16</sup> Id.

The “[low-THC cannabis](#)” definition was created in 2014 as part of the Compassionate Medical Cannabis Act.<sup>17</sup> This legislation created the Office of Compassionate Use, which authorized specified physicians to order low-THC cannabis for qualified patients. In 2017, the OMMU was established and the use of medical marijuana was expanded for use by patients suffering from certain qualifying conditions. The “low-THC cannabis” definition remained in law, maintaining the availability of low-THC cannabis for patients.

Current law defines “low-THC cannabis,” as a plant of the genus *Cannabis*, the dried flowers of which contain 0.8 percent or less of tetrahydrocannabinol [THC] and more than 10 percent of cannabidiol [CBD] weight for weight; the seeds thereof; the resin extracted from any part of such plant; or any compound, manufacture, salt, derivative, mixture, or preparation of such plant or its seeds or resin that is dispensed from a medical marijuana treatment center.<sup>18</sup> MMTCs are required to produce and make available for purchase at least one “low-THC cannabis” product.<sup>19</sup>

The current statutory definition of “low-THC cannabis” is tied to the potency of the low-THC whole flower, rather than the potency of the final product, of which testing and tracking is required after processing. This discrepancy between regulatory testing and the statutory definition of low-THC cannabis has presented difficulties for tracking through DOH’s seed-to-sale tracking (seed-to-sale) system which was implemented in 2024, as well as enforcement challenges for OMMU.<sup>20</sup>

Early Steps Program

The Individuals with Disabilities Education Act (IDEA)<sup>21</sup> is the main federal statute governing special education and early intervention services for children with disabilities from birth through age 21. Part C of the IDEA authorizes state grants for programs serving infants and toddlers with disabilities. IDEA Part C is broadly intended to enhance the development of infants and toddlers with disabilities, to minimize their potential for developmental delay, reduce educational costs for society, and improve the capacity of families to meet the needs of their infants and toddlers with disabilities.<sup>22</sup>

The [Early Steps Program](#) is Florida’s implementation of the IDEA, Part C. As such, Early Steps is governed by and must comply with all Federal policies that are related and relevant to IDEA Part C.<sup>23</sup> Early Steps is an early intervention program for infants and toddlers who are at risk of developmental delays or have a developmental disability. Early Steps is administered by DOH and operates on a multidisciplinary, family-focused model where services are delivered in home and community-based settings within the context of everyday routines, activities, and places the family frequents.<sup>24</sup>

DOH works in conjunction with the Department of Education (DOE) and the Agency for Health Care Administration (AHCA) to administer the Early Steps program. Early Steps works in partnership with DOE to transition the child from Part C (early intervention services) to Part B (school-based services) of the IDEA program and AHCA facilitates reimbursements for early intervention services delivered to Medicaid-eligible children. AHCA maintains

<sup>17</sup> See ch. 2014-157, L.O.F., ch. 2016-123, L.O.F. and s. 381.986, F.S.  
<sup>18</sup> S. 381.986(1), F.S.  
<sup>19</sup> S. 381.986(8), F.S.  
<sup>20</sup> Department of Health, *2026 Agency Legislative Bill Analysis for HB 733* (2026). On file with the Health Professions & Programs Subcommittee.  
<sup>21</sup> The Education for All Handicapped Children Act became law in 1975 and was reauthorized as the Individuals with Disabilities Education Act.  
<sup>22</sup> Department of Health, Division of Children’s Medical Services, Bureau of Early Steps and Newborn Screening, *Early Steps Policy Handbook* (2025). Available at <https://floridaearlysteps.com/wp-content/uploads/2025/08/Policy-Handbook-8.28.25.pdf> (last visited January 25, 2026).  
<sup>23</sup> See, Early Childhood Technical Assistance Center (ECTA), *Part C of IDEA Overview* (2025). Available at <https://ectacenter.org/~pdfs/partc/ecta-part-c-overview.pdf> (last visited January 25, 2026).  
<sup>24</sup> Department of Health, *2026 Agency Legislative Bill Analysis for HB 733* (2026). On file with the Health Professions & Programs Subcommittee.

the Early Intervention Services (EIS) Coverage Policy and associated fee schedule for Early Steps services delivered to Medicaid-eligible children

*Early Steps Extended Option*

In 2025, the Legislature created the Early Steps Extended Option, requiring DOH to establish an “extended option” of the Early Steps Program for eligible children to continue to receive services offered via the Early Steps Program after the child ages-out or turns three years old.<sup>25</sup>

The implementation of the Early Steps Extended Option necessitates significant changes to the policies and program model of the Early Steps Program, which must go through a public participation process and submitted to the federal Office of Special Education for approval. DOH is required to apply for federal approval to extend eligibility for services by July 1, 2026.<sup>26</sup> According to DOH, implementation of the Early Steps Extended Option has been slowed by provisions of current law that are duplicative of federal policy<sup>27</sup> and the state rulemaking timeline.<sup>28</sup>

*University of Florida Center for Autism and Neurodevelopment*

The [University of Florida Center for Autism and Neurodevelopment](#) (UF CAN) is operated within the University of Florida’s College of Medicine. The mission of UF Can is to:<sup>29</sup>

- Provide centralized and state of the art transdisciplinary diagnostic and clinical treatment services for children and adults with neurodevelopmental disorders.
- Use basic, clinical, and translational science approaches to answer key questions and accelerate research about autism and other neurodevelopmental disorders.
- Inform, expand, and facilitate innovative university training programs in assessment, treatment, and education of individuals with neurodevelopmental disorders among medical, nursing, psychology, education, and other professionals.
- Empower families to partner with clinicians and researchers to expand community outreach, increase advocacy efforts, and extend the care of individuals with neurodevelopmental disorders throughout their lifespan.
- Create an inclusive local community by providing support during the transition to adulthood for an individual’s autism and neurodevelopmental disorders.

In 2025, the Legislature tasked UF CAN with developing an autism micro-credential to provide both certified and noncertified instructional personnel, prekindergarten instructors, and child care personnel with the knowledge and skills needed to support children and students with autism.<sup>30</sup> The autism micro-credential must require competency in:<sup>31</sup>

- Identifying behaviors associated with autism.
- Supporting the learning environment in a general education or specialized classroom setting.
- Promoting the use of assistive technologies.
- Applying evidence-based instructional practices.

---

<sup>25</sup> See, Ch. 2025-95, L.O.F.  
<sup>26</sup> S. 391.3081, F.S.  
<sup>27</sup> See, 34 CFR Part 303  
<sup>28</sup> See, Ch. 120, F.S.; Department of Health, 2026 Agency Legislative Bill Analysis for HB 733 (2026). On file with the Health Professions & Programs Subcommittee.  
<sup>29</sup> University of Florida, Center for Autism and Neurodevelopment, *About Overview*. Available at <https://autism.psychiatry.ufl.edu/about-overview/> (last visited January 27, 2026).  
<sup>30</sup> Ch. 2025-95, L.O.F.  
<sup>31</sup> S. 1004.551, F.S.

The micro-credential must be provided at no cost to eligible participants and be competency based, allowing participants to complete the credentialing process either in person or online. Under current law, eligible participants include instructional personnel, prekindergarten instructors, and child care personnel.<sup>32</sup> Early intervention service providers credentialed through the Early Steps Program are not currently eligible for the micro-credential.

Enrollment for the micro-credential is expected to open in the summer of 2026.<sup>33</sup>

Dental Student Loan Repayment Program (DSLRL)

*Dental Health Professional Shortage Areas*

In the U.S., the dental care workforce is primarily composed of dentists and allied professionals including dental hygienists and dental assistants who provide dental care and oral health education to patients in a variety of settings. Unfortunately, there are not enough dental professionals to serve the needs of the U.S. population, and the majority of dental professionals are disproportionately concentrated in urban and suburban areas.<sup>34</sup>

The U.S. Department of Health and Human Services’ Health Resources and Services Administration (HRSA) designates Health Professional Shortage Areas (HPSAs). A HPSA is a geographic area, population group, or health care facility that has been designated by the HRSA as having a shortage of health professionals. There are three categories of HPSA: primary care, dental health, and mental health.<sup>35</sup> HPSAs can be designated as geographic areas; areas with a specific group of people such as low-income populations, homeless populations, and migrant farmworker populations; or as a specific facility that serves a population or geographic area with a shortage of providers.<sup>36</sup>

As of December 31, 2024, 5,907,517 Floridians live in one of the 274 dental HPSAs in the state. The state would need 1,256 dentists appropriately distributed throughout the state to eliminate these shortage areas.<sup>37</sup> Florida dentists are disproportionately concentrated in the most populous areas of the state, while rural areas are significantly underserved. Two counties, Dixie and Gilchrist, do not have any licensed dentists, while other counties have more than 80 dentists per 100,000 residents.<sup>38</sup>

*DSLRL Eligibility*

In 2019, the Legislature established the DSLRL Program under DOH in order to support the state Medicaid program and promote access to dental care by supporting qualified dentists and dental hygienists who treat medically underserved populations.

Under the program, a Florida-licensed dentist or dental hygienist is eligible to participate if they:

<sup>32</sup> See, s. 1004.551, F.S.

<sup>33</sup> University of Florida, Center for Autism and Neurodevelopment, Florida Senate Bill 112 – Children with Developmental Disabilities. Available at <https://autism.psychiatry.ufl.edu/advocacy/florida-senate-bill-112/> (last visited January 27, 2026).

<sup>34</sup> *Id.*

<sup>35</sup> National Health Service Corps, *Health Professional Shortage Areas (HPSAs) and Your Site*. Available at <https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/workforce-shortage-areas/nhsc-hpsas-practice-sites.pdf> (last visited December 4, 2025).

<sup>36</sup> HRSA, *What is a Shortage Designation?* Available at <https://bhw.hrsa.gov/workforce-shortage-areas/shortage-designation#hpsas>, (last visited December 4, 2025).

<sup>37</sup> Bureau of Health Workforce, Health Resources and Services Administration (HRSA), U.S. Department of Health and Human Services, *Designated Health Professional Shortage Areas Statistics, Fourth Quarter of Fiscal Year 2023* (Sept. 30, 2023), available at <https://data.hrsa.gov/topics/health-workforce/health-workforce-shortage-areas?hmpgtile=hmpg-hlth-srvcs> (last visited December 4, 2025). To generate the report, select “Designated HPSA Quarterly Summary.”

<sup>38</sup> Department of Health, FL Health Charts: Dentists (DMD, DDS). Available at <https://www.flhealthcharts.gov/ChartsDashboards/rdPage.aspx?rdReport=NonVitalIndNoGrp.Dataviewer&cid=0326> (last visited December 4, 2025).



- Maintain active employment in a public health program<sup>39</sup> or private practice that serves Medicaid recipients and other low-income patients and is located in a dental HPSA<sup>40</sup> or a medically underserved area; and
- Volunteer 25 hours per year providing dental services in a free clinic that is located in a dental health professional shortage area or a medically underserved area, through another volunteer program operated by the state pursuant to part IV of chapter 110, or through a pro bono program approved by the Board of Dentistry.<sup>41</sup>

The amount of the award is equal to 20 percent of the principal loan amount owed by the participating dentist or dental hygienist, but may not exceed \$50,000 per year, up to a maximum of \$250,000 over five years.<sup>42</sup> The Loan Program may only cover loans to pay the costs of tuition, books, dental equipment and supplies, uniforms, and living expenses and must be made directly to the holder of the loan. All repayments are contingent upon continued proof of eligibility and the state is not responsible for the collection of any interest charges or other remaining loan balances.<sup>43</sup>

Health Care Practitioner Licensure and Regulation

The Division of Medical Quality Assurance (MQA), within the Department of Health (DOH), has general regulatory authority over health care practitioners.<sup>44</sup> The MQA works with 22 professional boards and four councils to license and regulate seven types of health care facilities and more than 40 health care professions. Each health care profession is regulated by chapter 456, F.S., which provides general regulatory and licensure authority for the MQA, as well as a profession- or field-specific practice act.<sup>45</sup>

The typical process for disciplinary proceedings against a licensed health care practitioner begins when a complaint is filed. DOH investigates complaints for legal sufficiency,<sup>46</sup> and if a complaint is determined to be legally sufficient, all investigative findings must be submitted to a panel to be assessed for probable cause.<sup>47</sup> Upon a finding of probable cause, DOH is required to file a formal complaint, and may choose to prosecute the complaint pursuant to Chapter 120, F.S.<sup>48</sup>

Emergency Suspensions

DOH may issue an emergency license suspension, sometimes referred to as a summary suspension, if necessary to protect the public. There are two types of emergency actions DOH may take: mandatory and discretionary. Mandatory emergency suspensions are those suspensions the Department is required to take by law, typically for criminal offenses. Discretionary emergency actions are those actions authorized when the Department finds that a

<sup>39</sup> Section 381.4019 defines a “public health program” as a county health department, the Children’s Medical Services program, a federally funded community health center, a federally funded migrant health center, or other publicly funded or nonprofit health care program designated by DOH.

<sup>40</sup> Current law specifies that a dental HPSA is limited to a geographic area as designated by the federal government and does not encompass the complete federal definition of a HPSA. *See*, 381.4019(1), F.S.

<sup>41</sup> S. 381.4019, F.S.

<sup>42</sup> *Id.*

<sup>43</sup> *Id.*

<sup>44</sup> Pursuant to [s. 456.001\(4\), F.S.](#), health care practitioners are defined to include acupuncturists, physicians, physician assistants, chiropractors, podiatrists, naturopaths, dentists, dental hygienists, optometrists, nurses, nursing assistants, pharmacists, midwives, speech language pathologists, nursing home administrators, occupational therapists, respiratory therapists, dieticians, athletic trainers, orthotists, prosthetists, electrologists, massage therapists, clinical laboratory personnel, medical physicists, dispensers of optical devices or hearing aids, physical therapists, psychologists, social workers, mental health counselors, and psychotherapists, among others.

<sup>45</sup> Department of Health, Division of Medical Quality Assurance, *Annual Report and Long-Range Plan, FY 2024-25* (2025). Available at <https://www.floridahealth.gov/wp-content/uploads/2026/01/2025.10.31.FY24-25MQAAR-FINAL1-1.pdf> (last visited January 20, 2026).

<sup>46</sup> S. 456.073(1), F.S.; a complaint is legally sufficient if it contains ultimate facts that show that a violation of Ch. 456, F.S., of any of the practice acts relating to the professions regulated by the department, or of any rule adopted by the department or a regulatory board in the department has occurred.

<sup>47</sup> S. 456.073(4), F.S.

<sup>48</sup> *Id.*

licensee poses an immediate serious danger to the public health, safety, or welfare. All emergency actions are subject to appeal; however, discretionary emergency actions are subject to strict judicial review to ensure the order is necessary and only uses the minimum amount of restriction necessary to protect the public. The procedure for issuing an emergency suspension must meet the following criteria:<sup>49</sup>

- The procedure provides at least the same procedural protection as is given by other statutes, the state Constitution, or the United States Constitution;
- DOH takes only that action necessary to protect the public interest under the emergency procedure; and
- DOH states in writing at the time of, or prior to, its specific action the specific facts and reasons for finding an *immediate danger to the public health, safety, or welfare* and its reasons for concluding that the procedure used is fair under the circumstances.

Mandatory suspension applies to certain criminal convictions and arrests. DOH is required to immediately suspend the license of any health care practitioner who has plead guilty or nolo contendere to or has been *convicted* of the following offenses:<sup>50</sup>

- Felony Medicare or Medicaid fraud under ch. 409, F.S.;
- Felony fraud under ch. 817, F.S.;
- Felony drug offenses under ch. 893, F.S., and equivalent charges under federal law;
- Misdemeanors or felonies under federal law relating to the Medicaid program;
- Felonies under s. 784.086, F.S., relating to reproductive battery;<sup>51</sup> and
- Felonies under ch. 782, F.S., relating to homicide.

DOH is also required to suspend the license of any health care practitioner who has been convicted of *or arrested for* committing or attempting, soliciting, or conspiring to commit any act that would constitute a violation of 34 enumerated felony crimes, including sexual battery, kidnapping, lewd or lascivious offenses, and racketeering, however, current law does not require DOH to suspend the license of a practitioner who has been arrested for committing or attempting, soliciting, or conspiring to commit murder.<sup>52</sup>

DOH is aware of 31 licensed health care practitioners arrested for murder between July 1, 2021 and June 5, 2025, however, DOH was unable to take emergency action on these practitioners upon arrest.<sup>53</sup>

## BILL HISTORY

COMMITTEE REFERENCE	ACTION	DATE	STAFF DIRECTOR/ POLICY CHIEF	ANALYSIS PREPARED BY
<a href="#">Health Professions &amp; Programs Subcommittee</a>	18 Y, 0 N	1/29/2026	McElroy	Osborne
<a href="#">Health Care Budget Subcommittee</a>				
<a href="#">Health &amp; Human Services Committee</a>				

<sup>49</sup> S. 120.60(6), F.S.

<sup>50</sup> S. 456.074(1), F.S.

<sup>51</sup> See, s. 786.086(2), F.S.; reproductive battery refers to a criminal act wherein a health care practitioner intentionally transfers into the body of a patient reproductive material of a donor knowing that the patient has not consented to the use of reproductive material from that donor.

<sup>52</sup> S. 456.074(5), F.S.

<sup>53</sup> Department of Health, 2026 Agency Legislative Bill Analysis for HB 733 (2026). On file with the Health Professions & Programs Subcommittee.