

FLORIDA HOUSE OF REPRESENTATIVES BILL ANALYSIS

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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](#)

13 Y, 0 N



[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" to include all cannabis products except for edibles, allow for potency to be measured based on the final product, rather than the whole flower and lowers the required percentage of cannabidiol (CBD) contained in such products;
- Requires DOH to develop procedures and protocols for various Early Steps functions consistent with the federal Individuals with Disabilities Education Act;
- 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 the license of a practitioner who has been arrested for murder.

Fiscal or Economic Impact:

None

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ANALYSIS

EFFECT OF THE BILL:

HB 733 amends provisions of law related to several functions of the Department of Health (DOH), including the regulation of medical marijuana, the Early Steps Program, the Dental Student Loan Repayment Program, and practitioner discipline.

[Medical Marijuana](#)

Medical Marijuana Treatment Center Locations

STORAGE NAME: h0733d.HHS

DATE: 2/23/2026

The bill expands the preemption in current law that prohibits a medical marijuana treatment center (MMTC) cultivation and processing facility from being located within 500 feet of certain entities,¹ to include parks,² child care facilities,³ or early learning facilities.⁴ The bill also makes this preemption apply to MMTC dispensing facilities, unless the location has been approved by the county or municipality through a formal proceeding.

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

Qualified Physicians and Medical Directors

The bill revises the certification course renewal process for [qualified physicians](#) and medical directors to expressly state that the required certification course must be renewed biennially. According to DOH, the phrasing of current law may be construed to tie the course renewal cycle to either the practitioner’s or MMTC’s license renewal period,⁵ which would result in a length of time greater than two years between course renewals. The revision specifies that the certification course must be renewed every two years regardless of when the practitioner’s or MMTC’s license renewal occurs. (Section 2).

Low-THC Cannabis

The bill revises the definition of “[low-THC cannabis](#)” to include all forms of cannabis product, except for edibles, rather than only dried flower as it is under current law. The bill also modifies the potency requirements for low-THC cannabis by reducing the percentage of cannabidiol (CBD) from 10 percent in the form of dried flower, to two percent CBD in the final product.⁶ The revisions allow DOH to track the dispensing of low-THC cannabis products based on the potency of the final product being dispensed, rather than the potency of the dried flower from which the product was derived. (Section 2).

Early Steps Program

The bill replaces detailed, locally-executed, directives for the [Early Steps Program](#) in current law with a general directive for DOH to establish statewide uniform protocols and procedures for transition to a school district program for children with disabilities or another program as part of the individual family support plan (IFSP) pursuant to Part C of the federal Individuals with Disabilities Education Act (IDEA).⁷ The prescriptive requirements in current law create redundancies that overlap, but do not fully align with federal law and can cause confusion for service providers. According to DOH, simplifying the statutory provisions will streamline the federal approval process for program policies and ensures that relevant state agencies have the flexibility to timely update policies with appropriate public participation and stakeholder input.⁸ (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](#). This expands access to the micro-

¹ See, [381.986\(11\), F.S.](#); current law prohibits MMTC cultivation and processing facilities and dispensing facilities from being located within 500 feet of elementary, middle, and secondary schools.
² 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.
³ 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.
⁴ Early learning facilities, as defined in [s. 1000.04\(1\), F.S.](#), meaning Voluntary Prekindergarten Education Programs and school readiness programs.
⁵ Department of Health, *2026 Agency Legislative Bill Analysis for HB 733* (2026), page 3. On file with the Health & Human Services Committee.
⁶ Under current law, the potency requirement for “low-THC cannabis” is 0.8 percent THC and 10 percent CBD of the *dried flower* from which the final product was derived, and does not necessarily reflect the potency of the final product. See, [s. 381.986\(1\)\(f\), F.S.](#)
⁷ See, 34 CFR Part 303
⁸ Department of Health, *2026 Agency Legislative Bill Analysis for HB 733* (2026), page 7. On file with the Health & Human Services Committee.

credential beyond the instructional personnel, prekindergarten instructors, and child care personnel who are currently eligible for the micro-credential under current law.⁹ (Section [6](#)).

Dental Student Loan Repayment Program

The bill broadens the eligibility for participation in the [Dental Student Loan Repayment](#) (DSLRL) Program by allowing dentists and dental hygienists to qualify for the DSLRL Program by serving all low-income¹⁰ patients, rather than only Medicaid patients. This change allows for dentists employed in facilities that are ineligible for Medicaid enrollment, such as free clinics or prisons,¹¹ or otherwise employed in private practices that serve low-income clients but do not accept Medicaid, to be eligible for the DSLRL Program.

The bill aligns the definition of “dental health professional shortage area” 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. This will expand the number of shortage areas that DOH is able to identify in the state and allow more dentists to participate in the DSLRL program.

The bill also expands the settings in which a DSLRL Program participant can complete their volunteer service requirement beyond only state-operated programs by allowing the requirement to be satisfied by participation in volunteer programs operated by non-profit programs in the state. (Section [1](#)).

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.¹² This expands DOH’s authority to issue an emergency suspension for murder, which is currently limited to conviction. (Section [5](#)).

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,¹³ however, there are no existing restrictions on MMTC facilities operating near a park,¹⁴ child care facility,¹⁵ of early learning facility.¹⁶ DOH estimates that approximately 193 MMTC facilities are currently operating within 500 feet of such facilities.¹⁷

⁹ [S. 1004.551, F.S.](#)

¹⁰ 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.

¹¹ Department of Health, *2026 Agency Legislative Bill Analysis for HB 733* (2026), pages 2-3. On file with the Health & Human Services Committee.

¹² See, [s. 782.04, F.S.](#)

¹³ [S. 381.986, F.S.](#)

¹⁴ 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.

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).¹⁸ 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;¹⁹ however, the law doesn't expressly 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

[“Low-THC cannabis”](#) is a marijuana product with trace amounts of tetrahydrocannabinol (THC) and higher amounts of cannabidiol (CBD). The 2014 Compassionate Medical Cannabis Act²⁰ 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. Low-THC cannabis remained in law, maintaining the availability of low-THC cannabis for patients. MMTCs are required to produce and make available for purchase at least one “low-THC cannabis” product.²¹

Under current law, low-THC cannabis is a plant of the genus *Cannabis*, the dried flowers of which contain 0.8 percent or less of THC and more than 10 percent of 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 an MMTC.²²

MMTCs are required under current law to test the potency of marijuana products after processing, before the product is dispensed.²³ While the definition of low-THC cannabis includes the compounds, manufactures, salts, derivatives, mixtures, and other preparations of the dried flower that can be dispensed as a final product, current law bases the potency requirement for low-THC cannabis on the dried flower, rather than the final product being dispensed. 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 system which was implemented in 2024, as well as enforcement challenges for OMMU.²⁴

The Individuals with Disabilities Education Act & Florida's Early Steps Program

The Individuals with Disabilities Education Act (IDEA)²⁵ is the main federal statute governing special education and early intervention services for children with disabilities from birth through age 21. The IDEA makes available a free, appropriate public education to eligible children with disabilities and ensures special education and related services to those children. The IDEA governs how states and public agencies provide early intervention, special

¹⁵ 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.

¹⁶ Early learning facilities, as defined in [s. 1000.04\(1\), F.S.](#), meaning Voluntary Prekindergarten Education Programs and school readiness programs.

¹⁷ Department of Health, *2026 Agency Legislative Bill Analysis for HB 733* (2026), page 3. On file with the Health & Human Services Committee.

¹⁸ [S. 381.986\(3\), F.S.](#)

¹⁹ *Id.*

²⁰ See ch. 2014-157, L.O.F., ch. 2016-123, L.O.F. and [s. 381.986, F.S.](#)

²¹ [S. 381.986\(8\), F.S.](#)

²² [S. 381.986\(1\), F.S.](#)

²³ [S. 381.986\(8\)\(e\), F.S.](#)

²⁴ Department of Health, *2026 Agency Legislative Bill Analysis for HB 733* (2026), p. 4. On file with the Health & Human Services Committee.

²⁵ The Education for All Handicapped Children Act became law in 1975 and was reauthorized as the Individuals with Disabilities Education Act.

education, and related services to more than eight million (as of school year 2022-23) eligible infants, toddlers, children, and youth with disabilities.²⁶

IDEA Part C

Part C of the IDEA awards grants to assist states in implementing statewide systems of coordinated, comprehensive, multidisciplinary, interagency programs and making early intervention services (EIS) available to children with disabilities, aged birth through two, and their families,²⁷ usually as provided pursuant to an individualized family support or service plan (IFSP). An IFSP is a document or written plan that contains information on the child’s present level of development in all areas, outcomes for the child and family, and services the child and family will receive to help them achieve the outcomes.²⁸

EIS provides for the early identification and treatment of children under age three (36 months), who are at risk²⁹ of having, or who have, developmental delays or related conditions.³⁰ The IDEA requires that state programs provide EIS, to the maximum extent appropriate, in natural environments, such as the home or community settings where children would be participating if they did not have a disability; these services can be provided in another setting only when EIS cannot be achieved satisfactorily for the infant or toddler in a natural environment.³¹

The Early Steps Program

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.³² 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.³³

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 the Early Intervention Services (EIS) Coverage Policy and associated fee schedule for Early Steps services delivered to Medicaid-eligible children.³⁴

Current law

Early Steps Extended Option

²⁶ US Department of Education, *About IDEA: History of the IDEA*. Available at <https://sites.ed.gov/idea/about-idea/#IDEA-History> (last visited February 21, 2026).

²⁷ U.S. Department of Education, *Early Intervention Program for Infants and Toddlers with Disabilities, Purpose*. Available at <https://www2.ed.gov/programs/osepeip/index.html> (last visited February 21, 2026).

²⁸ 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 February 21, 2026, 2026).

²⁹ 34 C.F.R. s. 303.5.

³⁰ Agency for Health Care Administration, *Florida Medicaid Early Intervention Services Coverage Policy* (2023). Available at https://ahca.myflorida.com/content/download/5946/file/59G-4.085_EIS_Coverage_Policy_9.22.2023.pdf (last visited February 21, 2026).

³¹ U.S. Department of Education, *Early Intervention Program for Infants and Toddlers with Disabilities, Purpose*. Available at <https://www2.ed.gov/programs/osepeip/index.html> (last visited February 21, 2026).

³² *Id.*

³³ Department of Health, *2026 Agency Legislative Bill Analysis for HB 733* (2026), p. 4. On file with the Health & Human Services Committee.

³⁴ Agency for Health Care Administration, *Florida Medicaid Early Intervention Services Coverage Policy* (2023). Available at https://ahca.myflorida.com/content/download/5946/file/59G-4.085_EIS_Coverage_Policy_9.22.2023.pdf (last visited February 21, 2026).

In 2025, the Legislature created the Early Steps Extended Option, requiring DOH to establish an option for eligible children to continue to receive Early Steps services after the child ages-out or turns three years old.³⁵ DOH is required to apply for federal approval to extend eligibility for services by July 1, 2026.³⁶

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 be submitted to the federal Office of Special Education Programs for approval to ensure alignment with CFR language. Current law includes detailed, locally-executed directives that overlap with, but do not completely align with federal law. These redundancies create confusion for local service providers and may slow the application and approval process.³⁷

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:³⁸

- 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.³⁹ The autism micro-credential must require competency in:⁴⁰

- 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.

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.⁴¹ Early intervention service providers credentialed through the Early Steps Program are not currently eligible for the micro-credential.

³⁵ See, Ch. 2025-95, L.O.F.

³⁶ [S. 391.3081, F.S.](#)

³⁷ Department of Health, *2026 Agency Legislative Bill Analysis for HB 733* (2026), p. 5. On file with the Health & Human Services Committee.

³⁸ University of Florida, Center for Autism and Neurodevelopment, *About Overview*. Available at <https://autism.psychiatry.ufl.edu/about-overview/> (last visited January 30, 2026).

³⁹ Ch. 2025-95, L.O.F.

⁴⁰ [S. 1004.551, F.S.](#)

⁴¹ See, [s. 1004.551, F.S.](#)

Enrollment for the micro-credential is expected to open in the summer of 2026.⁴²

Dental Student Loan Repayment Program

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.⁴³

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.⁴⁴ 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.⁴⁵

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.⁴⁶ Florida dentists are disproportionately concentrated in the most populous areas of the state, while rural areas are significantly underserved. Two counties, Dixie and Gilchrist, have no licensed dentists, while other counties have more than 80 dentists per 100,000 residents.⁴⁷

DSLRL Eligibility

In 2019, the Legislature established the DSLR 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:

- Maintain active employment in a public health program⁴⁸ or private practice that serves Medicaid recipients and other low-income patients and is located in a dental HPSA⁴⁹ or a medically underserved area; and

⁴² 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 30, 2026).

⁴³ *Id.*

⁴⁴ National Health Service Corps, *Health Professional Shortage Areas (HPSAs) and Your Site*. Available at <https://bhwh.hrsa.gov/sites/default/files/bureau-health-workforce/workforce-shortage-areas/nhsc-hpsas-practice-sites.pdf> (last visited January 30, 2026).

⁴⁵ HRSA, *What is a Shortage Designation?* Available at <https://bhwh.hrsa.gov/workforce-shortage-areas/shortage-designation#hpsas> (last visited January 30, 2026).

⁴⁶ 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 January 30, 2026). To generate the report, select “Designated HPSA Quarterly Summary.”

⁴⁷ 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 January 30, 2026).

⁴⁸ 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.

- 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.⁵⁰

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.⁵¹ 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.⁵²

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.⁵³ 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.⁵⁴

The typical process for disciplinary proceedings against a licensed health care practitioner begins when a complaint is filed. DOH investigates complaints for legal sufficiency,⁵⁵ 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.⁵⁶ 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.⁵⁷

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 authorized when the Department finds that a 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.⁵⁸

⁴⁹ 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.](#)

⁵⁰ [S. 381.4019, F.S.](#)

⁵¹ *Id.*

⁵² *Id.*

⁵³ 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, dietitians, 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.

⁵⁴ 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 30, 2026).

⁵⁵ [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.

⁵⁶ [S. 456.073\(4\), F.S.](#)

⁵⁷ *Id.*

⁵⁸ [S. 120.60\(6\), F.S.](#)

- The procedure must provide at least the same procedural protection as is given by other statutes, the state Constitution, or the United States Constitution;
- DOH must take only that action necessary to protect the public interest under the emergency procedure; and
- DOH must state in writing at the time of, or prior to, its 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:⁵⁹

- 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;⁶⁰ 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.

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.⁶¹ 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.⁶² DOH would have to exercise discretionary authority to take emergency action in these cases, and each case may not meet the public danger standard for such actions.

BILL HISTORY

COMMITTEE REFERENCE	ACTION	DATE	STAFF DIRECTOR/ POLICY CHIEF	ANALYSIS PREPARED BY
Health Professions & Programs Subcommittee	18 Y, 0 N	1/29/2026	McElroy	Osborne
Health Care Budget Subcommittee	13 Y, 0 N	2/5/2026	Clark	Day
Health & Human Services Committee			Calamas	Osborne

⁵⁹ [S. 456.074\(1\), F.S.](#)

⁶⁰ 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.

⁶¹ [S. 456.074\(5\), F.S.](#)

⁶² Department of Health, *2026 Agency Legislative Bill Analysis for HB 733 (2026)*. On file with the Health Professions & Programs Subcommittee.