

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: The Professional Staff of the Committee on Health Policy

BILL: CS/SB 902

INTRODUCER: Health Policy Committee and Senator Garcia

SUBJECT: Department of Health

DATE: February 12, 2026

REVISED: _____

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

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/SB 902 amends medical marijuana law in s. 381.986, F.S., to:

- Revise the definition of “Low-THC cannabis” to apply the tetrahydrocannabinol (THC) and cannabidiol (CBD) concentration requirements to the final product, rather than to the flower from which the product was derived, and to lower the required amount of CBD from 10 percent to two percent.
- Clarify that qualified physicians¹ and medical marijuana treatment center (MMTC) medical directors must renew their medical marijuana training course and exam certification biennially rather than tying the timing of such recertification to the time when the physician must renew his or her license.
- Restrict MMTC facilities from being located within 500 feet of a park, child care facility, or a facility that provides early learning services, with certain exceptions.
- Remove obsolete language.

The bill amends health care practitioner statutes to require the Department of Health (DOH) to issue an emergency order suspending the license of any health care practitioner who is arrested for committing, or attempting, soliciting, or conspiring to commit, murder.

¹ As defined in s. 381.986(1)(n), F.S.

The bill allows a registered nurse (RN) to delegate the administration of a Schedule IV controlled substance prescribed for the emergency treatment of an active seizure to a home health aide for medically fragile children (HHAMFC).

The bill deletes statutory provisions relating to mediation and dispute resolution, as well as transitioning to the education system, within the Early Steps program, Florida's early intervention program for infants and toddlers with developmental delays and disabilities. The DOH reports that the deletions will allow greater programmatic flexibility within federal guidelines.²

The bill makes the University of Florida's Center for Autism and Neurodevelopment's autism micro-credential available to Early Steps early intervention service providers.

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

II. Present Situation:

The Florida Department of Health (DOH)

The DOH is the state's primary public health agency, responsible for safeguarding the health and well-being of residents and visitors. Established in 1996, the DOH operates under the leadership of the State Surgeon General and encompasses various divisions, including Administration, Emergency Preparedness and Community Support, Disease Control and Health Protection, Community Health Promotion, and Medical Quality Assurance (MQA).³ The DOH comprises a state health office (central office) in Tallahassee, with statewide responsibilities; Florida's 67 county health departments (CHD); eight Children's Medical Services (CMS) area offices; 12 Medical Quality Assurance (MQA) regional offices; nine Disability Determinations regional offices; and three public health laboratories.⁴

Licensure and Regulation of Health Care Practitioners

The Division of Medical Quality Assurance (MQA), within the DOH, has general regulatory authority over health care practitioners.⁵ The MQA works in conjunction with 22 regulatory boards and four councils to license and regulate over 1.5 million health care practitioners.⁶ Professions are generally regulated by individual practice acts and by ch. 456, F.S., which

² Department of Health, *Senate Bill 902 Legislative Analysis*, Jan. 5, 2026 (on file with the Senate Committee on Health Policy).

³ Section 20.43, F.S.

⁴ Florida Department of Health, *About Us*, available at <https://www.floridahealth.gov/about-us/> (last visited Feb. 9, 2026).

⁵ 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, genetic counselors, dispensers of optical devices or hearing aids, physical therapists, psychologists, social workers, counselors, and psychotherapists, among others.

⁶ Florida Department of Health, Division of Medical Quality Assurance, *Annual Report and Long-Range Plan, Fiscal Year 2024-2025*, <https://mqawebteam.com/annualreports/2425/> (last visited Feb. 9, 2026).

provides regulatory and licensure authority for the MQA. The MQA is statutorily responsible for the following boards and professions established within the division:⁷

- The Board of Acupuncture, created under ch. 457, F.S.;
- The Board of Medicine, created under ch. 458, F.S.;
- The Board of Osteopathic Medicine, created under ch. 459, F.S.;
- The Board of Chiropractic Medicine, created under ch. 460, F.S.;
- The Board of Podiatric Medicine, created under ch. 461, F.S.;
- Naturopathy, as provided under ch. 462, F.S.;
- The Board of Optometry, created under ch. 463, F.S.;
- The Board of Nursing, created under part I of ch. 464, F.S.;
- Nursing assistants, as provided under part II of ch. 464, F.S.;
- The Board of Pharmacy, created under ch. 465, F.S.;
- The Board of Dentistry, created under ch. 466, F.S.;
- Midwifery, as provided under ch. 467, F.S.;
- The Board of Speech-Language Pathology and Audiology, created under part I of ch. 468, F.S.;
- The Board of Nursing Home Administrators, created under part II of ch. 468, F.S.;
- The Board of Occupational Therapy, created under part III of ch. 468, F.S.;
- Respiratory therapy, as provided under part V of ch. 468, F.S.;
- Dietetics and nutrition practice, as provided under part X of ch. 468, F.S.;
- The Board of Athletic Training, created under part XIII of ch. 468, F.S.;
- The Board of Orthotists and Prosthetists, created under part XIV of ch. 468, F.S.;
- Electrolysis, as provided under ch. 478, F.S.;
- The Board of Massage Therapy, created under ch. 480, F.S.;
- The Board of Clinical Laboratory Personnel, created under part I of ch. 483, F.S.;
- Medical physicists, as provided under part II of ch. 483, F.S.;
- Genetic Counselors as provided under part III of ch. 483, F.S.;
- The Board of Opticianry, created under part I of ch. 484, F.S.;
- The Board of Hearing Aid Specialists, created under part II of ch. 484, F.S.;
- The Board of Physical Therapy Practice, created under ch. 486, F.S.;
- The Board of Psychology, created under ch. 490, F.S.;
- School psychologists, as provided under ch. 490, F.S.;
- The Board of Clinical Social Work, Marriage and Family Therapy, and Mental Health Counseling, created under ch. 491, F.S.; and
- Emergency medical technicians and paramedics, as provided under part III of ch. 401, F.S.

The DOH and the practitioner boards have different roles in the regulatory system. Boards establish practice standards by rule, pursuant to statutory authority and directives. The DOH receives and investigates complaints about practitioners and prosecutes cases for disciplinary action against practitioners.

⁷ Section 456.001(4), F.S.

The DOH, on behalf of the professional boards, investigates complaints against practitioners.⁸ Once an investigation is complete, the DOH presents the investigatory findings to the boards. The DOH recommends a course of action to the appropriate board's probable cause panel, which may include:⁹

- Issuing an Emergency Order;
- Having the file reviewed by an expert;
- Issuing a closing order; or
- Filing an administrative complaint.

The boards determine the course of action and any disciplinary action to take against a practitioner under the respective practice act.¹⁰ For professions for which there is no board, the DOH determines the action and discipline to take against a practitioner and issues the final orders.¹¹ The DOH is responsible for ensuring that licensees comply with the terms and penalties imposed by the boards.¹² If a case is appealed, DOH attorneys defend the final actions of the boards before the appropriate appellate court.¹³

The DOH and board rules apply to all statutory grounds for discipline against a practitioner. Under current law, the DOH takes on the disciplinary functions of a board relating to violations of a practice act only for practitioner types that do not have a board. The DOH itself takes no final disciplinary action against practitioners for which there is a board.

In extreme circumstances, pursuant to s. 120.60, F.S., the DOH may issue an emergency order suspending the license of a health care practitioner if necessary to protect the public health, safety, or welfare. If a health care practitioner pleads guilty to, is convicted or found guilty of, enters a plea of nolo contendere to, or is arrested for certain acts or offenses pursuant to s. 456.074, F.S., the DOH is required to immediately suspend the practitioner's license.

Medical Marijuana

Low-THC Cannabis

Section 381.986(1)(f), F.S., defines "Low-THC cannabis" to mean plant of the genus *Cannabis*, the dried flowers of which contain 0.8 percent or less of tetrahydrocannabinol and more than 10 percent of cannabidiol 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.

Each MMTC is required to produce and make available at least one low-THC cannabis product.¹⁴ Prior to the implementation of the DOH's seed-to-sale tracking (seed-to-sale) system

⁸ Department of Health, *Investigative Services*, available at <https://www.floridahealth.gov/licensing-regulations/complaints-enforcement/complaint-forms/investigative-services/> (last visited Feb. 9, 2026).

⁹ *Id.*

¹⁰ Section 456.072(2), F.S.

¹¹ Professions which do not have a board include naturopathy, nursing assistants, midwifery, respiratory therapy, dietetics and nutrition, electrolysis, medical physicists, genetic counselors, and school psychologists.

¹² *Supra* note 3.

¹³ *Id.*

¹⁴ Section 381.986(8)(e)7., F.S.

in 2024, MMTCs were self-reporting low-THC cannabis dispensations through the Medical Marijuana Use Registry. After implementation, the seed-to-sale system indicated a 67 percent decrease in the number of low-THC cannabis products dispensed during state fiscal year 2024-2025.

Since existing regulations only require products to be tested after processing, the determination of whether a product meets the definition of low-THC cannabis is tied to the potency of the final product rather than to the potency of the low-THC whole flower. The seed-to-sale system currently captures the THC-to-CBD ratio of each final product as reported on the Certificate of Analysis. The system will not recognize a dispensation as “low-THC cannabis” unless the final product being dispensed meets the current statutory definition. The current definition, which ties the concentrations of THC and CBD to the dried flower before processing, presents enforcement challenges for the DOH Office of Medical Marijuana Use (OMMU).¹⁵

MMTC Locations

Section 381.986(11), F.S., prohibits MMTC cultivation, processing, and dispensing facilities from being located within 500 feet of a public or private elementary school, middle school, or secondary school. However, s. 381.986(11)(c), F.S., permits a county or municipality to approve a dispensing facility that is located within 500 feet of a public or private elementary school, middle school, or secondary school through a formal proceeding that is open to the public where that county or municipality determines that the location promotes the public health, safety, and general welfare of the community. Additionally, a county or municipality may, by ordinance, ban MMTC dispensing facilities from being located within the boundaries of that county or municipality. A county or municipality that does not ban dispensing facilities may not place specific limits, by ordinance, on the number of dispensing facilities that may locate within that county or municipality. Existing law does not impose site restrictions on MMTC facilities operating near a park, childcare facility, or early learning facility. Approximately 193 MMTC facilities are currently operating within 500 feet of such locations.¹⁶

Federal Individuals with Disabilities Education Act

The Individuals with Disabilities Education Act (IDEA)¹⁷ 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 (FAPE) 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 education, and related services to more than eight million (as of school year 2022-23) eligible infants, toddlers, children, and youth with disabilities.¹⁸

¹⁵ Department of Health, *supra* note 2.

¹⁶ *Id.*

¹⁷ The Education for All Handicapped Children Act became law in 1975 and was reauthorized as the Individuals with Disabilities Education Act.

¹⁸ Individuals with Disabilities Education Act, *About IDEA, History of the IDEA*, available at <https://sites.ed.gov/idea/about-idea/#IDEA-History> (last visited Feb. 6, 2026).

The Grants for Infants and Families Program (Part C of IDEA)

The Grants for Infants and Families program, also known as 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,¹⁹ usually as provided pursuant to an individualized family support or service plan (IFSP).

EIS provides for the early identification and treatment of recipients under the age of three years (36 months), who are at-risk²⁰ of having, or who have, developmental delays or related conditions.²¹ The IDEA requires that EIS be provided, to the maximum extent appropriate, in natural environments. These services can be provided in another setting only when EIS cannot be achieved satisfactorily for the infant or toddler in a natural environment. The natural environment includes the home and community settings where children would be participating if they did not have a disability.²²

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.

State agencies identified as the lead agency for the part C program may apply for grant funds.²³ Funds allocated under part C can be used to:²⁴

- Maintain and implement a state's EIS system;
- Fund direct EIS for infants and toddlers with disabilities and their families that are not otherwise provided by other public or private sources;
- Expand and improve services that are otherwise available;
- Provide a FAPE to children with disabilities from their third birthday to the beginning of the following school year;
- Continue to provide EIS to children with disabilities from their third birthday until such children enter or are eligible to enter kindergarten or elementary school; and
- Initiate, expand, or improve collaborative efforts related to identifying, evaluating, referring, and following up on at-risk infants and toddlers in states that do not provide direct services for these children.

Part C Extended Option

The IDEA gives states the discretion to provide an option for eligible children with disabilities to continue to receive part C services after the child ages-out or turns three years old. The child

¹⁹ 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 Feb. 9, 2026).

²⁰ 34 C.F.R. s. 303.5.

²¹ Agency for Health Care Administration, *Florida Medicaid Early Intervention Services Coverage Policy*, available at https://ahca.myflorida.com/content/download/5946/file/59G-4.085_EIS_Coverage_Policy_9.22.2023.pdf (last visited Feb. 9, 2026).

²² U.S. Department of Education, *supra* note 19.

²³ Individuals with Disabilities Education Act, *Section 1437*, available at <https://sites.ed.gov/idea/statute-chapter-33/subchapter-iii/1437> (last visited Feb. 9, 2026).

²⁴ U.S. Department of Education, *supra* note 19.

must be enrolled in part C and deemed eligible for services under part B of the IDEA. The state has the flexibility to extend part C services until the child enters or is eligible under state law to enter kindergarten or elementary school, as appropriate.²⁵

Florida's Early Steps Program and Part C Implementation

Florida's Early Steps Program,²⁶ administered by the DOH,²⁷ under the Division of Children's Medical Services (CMS),²⁸ provides free,²⁹ individual and group therapies and services needed to enhance the growth and development and family functioning of infants and toddlers from birth until three years of age who have or are at risk of developmental delays or disabilities. For purposes of the Early Steps Program, the state of Florida defines "developmental disability" to mean a condition, identified and measured through appropriate instruments and procedures, which may impair physical, cognitive, communication, social or emotional, or adaptive development.³⁰

Children can be referred to the Early Steps Program in various ways. Referrals can be submitted by anyone involved in the care of the child, including parents, caregivers, and physicians. To be enrolled in the Early Steps Program, a child must first be found eligible.³¹

Children with an established condition that places them at-risk of developmental delay, as well as children with certain documented physical or mental at-risk conditions, may be eligible for services through the Early Steps Program.³²

If a child has no diagnosed condition but there are concerns about potential developmental delay, a team of early intervention professionals will collaborate to screen, evaluate, and assess the child in the following areas:³³

- Physical: health, hearing, vision;
- Cognitive: thinking, learning, problem-solving;
- Gross and Fine Motor Skills: moving, walking, grasping, coordination;
- Communication: babbling, languages, speech, conversation;
- Social and Emotional: playing and interacting with others; and
- Adaptive Development: self-help skills (feeding, toileting, dressing).

If a child is determined eligible, Early Steps Program staff will put together a team to address the child's needs and develop an IFSP. The IFSP team includes the family, a service coordinator, and at least two professionals from two different disciplines that have been or are currently

²⁵ *Id.*

²⁶ Section 391.308, F.S.

²⁷ Section 381.001, F.S.

²⁸ Department of Health, *Division of Children's Medical Services*, available at <https://www.floridahealth.gov/individual-family-health/child-infant-youth/special-health-care-needs/cms/> (last visited Feb. 9, 2026).

²⁹ Department of Health, Early Steps, *Milestone Development Guide*, available at https://floridaearlysteps.com/wp-content/uploads/2022/04/ES_MilestoneDevelopmentGuide_English_sm.pdf (last visited Feb. 9, 2026).

³⁰ Section 391.302, F.S.

³¹ Florida Early Steps, *Eligibility and Screening*, available at <https://floridaearlysteps.com/eligibility-and-screening/> (last visited Feb. 9, 2026).

³² *Id.*

³³ *Id.*

involved in the assessment and provision of the child's services. Specialists are also available to address the child's individualized needs.³⁴

The Early Steps Program provides the following services, working closely with families to understand their child's needs to help them succeed:³⁵

- Developmental monitoring, screening, and evaluation;
- Professional support and service coordination;
- Individualized early intervention sessions;
- Occupational, physical, and speech therapies;
- Hearing and vision services; and
- Assistive technology.

In 2025, the Legislature enacted CS/CS/SB 112, an act relating to Children with Developmental Disabilities, which took effect upon becoming a law on May 27, 2025.³⁶ The bill requires the DOH to submit an application for federal approval to extend eligibility for services and implementing the Early Steps Extended Option under part C of the IDEA no later than July 1, 2026. The Early Steps Extended Option would allow eligible children to continue receiving services through the Early Steps Program until the beginning of the school year following their fourth birthday, contingent on obtaining legislative funding, but not contingent on receiving federal funding.

Home Health Aide for Medically Fragile Children Program

The Home Health Aide for Medically Fragile Children (HHAMFC) Program was created by the Legislature in 2023, in response to the national health care provider shortage and its impact on medically fragile children and their family caregivers, to provide an opportunity for family caregivers to receive training and gainful employment.³⁷ While other Medicaid programs exist that compensate a family member who provides home health services to a Medicaid enrollee, the HHAMFC Program is the only one that compensates a family member who is not a licensed nurse, specifically for the provision of home health services to a medically fragile child.

The program allows a family caregiver to be reimbursed by Medicaid as an HHAMFC. To qualify, the care must be provided to a relative who is 21 years old or younger with an underlying physical, mental, or cognitive impairment that prevents him or her from safely living independently. The relative must also be eligible to receive skilled care or respite care services under the Medicaid program.³⁸ The family caregiver must be at least 18 years old, demonstrate a minimum ability to read and write, and successfully pass background screening requirements. The family caregiver must also complete an approved training program or have graduated from an accredited prelicensure nursing education program and be waiting to take the state licensing exam.³⁹ The required training includes 40 hours of home health aide training, 20 hours of training specific to the eligible relative's needs, at least 16 hours of clinical training under the

³⁴ *Id.*

³⁵ Florida Early Steps, *About Early Steps*, available at <https://floridaearlysteps.com/about/> (last visited Feb. 9, 2026).

³⁶ Chapter 2025-95, Laws of Fla.

³⁷ Chapter 2023-183, Laws of Fla.

³⁸ Section 400.462(12), F.S.

³⁹ Section 400.4765(2), F.S.

direct supervision of a registered nurse (RN) specific to the needs of the eligible relative, and training on HIV/AIDS⁴⁰ and CPR.^{41, 42}

Delegation of Medication Administration

Section 464.0156, F.S., allows an RN to delegate certain duties to a certified nursing assistant, home health aide, or HHAMFC, including the administration of medications, except that s. 464.0156(2)(c), F.S., prohibits an RN from delegating the administration of any controlled substance listed in Schedules II through IV.⁴³ However, s. 464.022(1), F.S., provides that nothing in the nurse practice act may be construed to prohibit the care of the sick by friends or members of the family without compensation. Currently, even though a HHAMFC provides care exclusively to an eligible relative, since the HHAMFC is reimbursed for the care provided, he or she would likely not fall under the exception in s. 464.022(1), F.S. when acting within the scope of his or her duties as a HHAMFC.

Autism Micro-Credential⁴⁴

The University of Florida Center for Autism and Neurodevelopment provides a micro-credential to provide specialized training in supporting students with autism. The micro-credential is currently available to instructional personnel, prekindergarten instructors, and child care professionals as defined in s. 1012.01(2), F.S. This training equips instructional and child care personnel with skills in identifying autism-related behaviors, supporting the classroom environment, using assistive technologies, and applying evidence-based practices.

Currently, Early Steps Program service providers are not eligible to receive this micro-credential. With the passage of CS/CS/SB 112 in 2025, Early Steps Program providers must include an educational component for children choosing to remain in Early Steps for the Extended Option to the Individualized Family Support Plan (IFSP), and this micro-credential provides personnel with training related to that new educational component requirement.

III. Effect of Proposed Changes:

Section 1 of the bill amends s. 381.986, F.S., to:

- Apply the THC and CBD concentration requirements for low-THC cannabis to the final product, rather than to the flower from which the product was derived.
- Lower the required concentration of CBD to meet the definition of low-THC cannabis from 10 percent to two percent.
- Require qualified physicians and MMTC medical directors to renew their medical marijuana training course and exam certification biennially rather than “before each licensure renewal” in order to provide flexibility for when the physician takes the course rather than tying it to his or her licensure renewal.

⁴⁰ Human Immunodeficiency Virus and Acquired Immunodeficiency Syndrome.

⁴¹ Cardio Pulmonary Resuscitation

⁴² Section 400.4765(3), F.S.

⁴³ With an exception for certain prefilled insulin syringes.

⁴⁴ Department of Health, *supra* note 2.

- Restrict MMTC facilities from being located within 500 feet of a park, child care facility, or a facility that provides early learning services. The bill exempts facilities that were approved prior to July 1, 2026, from the new restriction and also specifies that any park, child care facility, early learning facility, or school that is established after the approval of the MMTC facility does not affect its continued operation.
- Remove obsolete references to former s. 381.986, F.S., (2016) and the compassionate use registry.

Sections 2 of the bill amends s. 391.308, F.S., to delete Florida-specific language directing the DOH to provide mediation and, if necessary, an appeals process for applicants found ineligible for developmental evaluation or early intervention services, or denied financial support. The bill instead, requires the DOH to establish procedures for dispute resolution and mediation as outlined in part C of the IDEA.

Sections 2 and 3 of the bill amend ss. 391.308 and 391.3081, F.S., respectively, to replace detailed, locally-executed transition directives with a requirement that the DOH “establish statewide uniform protocols and procedures” for transition to a school district program or another program as part of the IFSP pursuant to IDEA part C. In doing so, the bill deletes statutory requirement that at least 90 days before the child turns three years old, or four years old for a child in the Extended Option, the local program office must notify the local school district and the Department of Education (subject to opt-out) and, with parental approval, convene a transition conference with school district participation.

Section 4 of the bill amends s. 456.074(5), F.S., to require the DOH to issue an emergency order suspending the license of a health care practitioner upon arrest⁴⁵ for committing (or attempting, soliciting, or conspiring to commit) murder (s. 782.04, F.S.) in this state or a similar offense in another jurisdiction.

Section 5 of the bill amends s. 464.0156, F.S., to allow an RN to delegate the administration of a Schedule IV controlled substance prescribed for the emergency treatment of an active seizure to a HHAMFC.

Section 6 of the bill amends s. 1004.551, F.S., to add Early Steps-credentialed early intervention service providers to the list of individuals eligible for the University of Florida Center for Autism and Neurodevelopment’s autism micro-credential.

Section 7 of the bill provides an effective date of July 1, 2026.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None identified.

⁴⁵ A warrantless arrest is reasonable when the officer has probable cause to believe the suspect committed a crime in the officer’s presence. *Atwater v. City of Lago Vista*, 532 U.S. 318, 354 (2001). Probable cause “requires only a probability or substantial chance of criminal activity, not an actual showing of such activity.” *Illinois v. Gates*, 462 U.S. 213, 243–44 n.13 (1983). In other words, probable cause “is not a high bar.” *Kaley v. United States*, 571 U.S. 320, 338 (2014).

B. Public Records/Open Meetings Issues:

None identified.

C. Trust Funds Restrictions:

None identified.

D. State Tax or Fee Increases:

None identified.

E. Other Constitutional Issues:

The bill provides that a health care practitioner who is arrested⁴⁶ for murder will have his or her license suspended. Florida Constitution (Art. I, § 9) provides that “[n]o person shall be deprived of life, liberty or property without due process of law,” which means the state must use fair procedures before taking away a protected interest such as a professional license. Likewise, the U.S. Constitution’s Fourteenth Amendment bars any state from depriving a person of “life, liberty, or property, without due process of law.” If there’s an immediate danger, due process usually allows the state to act first (e.g., an emergency/summary suspension) without a full pre-suspension hearing, as long as the procedure is “fair under the circumstances” and the licensee gets a prompt post-deprivation opportunity to challenge it.

“... an emergency order issued prior to a hearing must set forth facts sufficient to demonstrate immediate danger, necessity, and procedural fairness.. Fairness requires that the order provide a remedy that is tailored to address the harm and provide for an administrative hearing. Section 120.60(6)(c) requires, in cases of summary suspension, that the Department promptly institute a formal suspension or revocation proceeding...⁴⁷

The DOH must ensure that each licensee whose license is suspended through an emergency order promptly receives a formal proceeding at which the health care practitioner can dispute the factual matters in the arrest that were relied on by the DOH.

V. Fiscal Impact Statement:**A. Tax/Fee Issues:**

None identified.

⁴⁶ *Id.*

⁴⁷ *Field v. State, Dep't of Health*, 902 So. 2d 893, 895 (Fla. Dist. Ct. App. 2005). *See Witmer v. Dep't of Bus. and Prof'l Regulation*, 631 So.2d 338 (Fla. 4th DCA 1994) *See Daube v. Dep't of Health*, 897 So.2d 493 (Fla. 1st DCA 2005); *Premier Travel Int'l, Inc. v. Dep't of Agric.*, 849 So.2d 1132, 1137 (Fla. 1st DCA 2003); *White Constr. Co., Inc. v. State, Dep't of Transp.*, 651 So.2d 1302, 1305 (Fla. 1st DCA 1995).

B. Private Sector Impact:

Any impact that this bill may have on the private sector is indeterminate.

C. Government Sector Impact:

The DOH expects this bill to have no fiscal impact. The DOH notes that the bill would have a minimal, nonrecurring workload and technology impact related to updating enforcement and case codes within MQA systems, which is expected to be absorbed within existing resources.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 381.986, 391.308, 391.3081, 456.074, 464.0156, and 1004.551.

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

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

CS by Health Policy on February 11, 2026:

The CS removes provisions related to the Dental Student Loan Repayment Program from the underlying bill and adds a provision allowing an RN to delegate the administration of a Schedule IV controlled substance prescribed for the emergency treatment of an active seizure to a HHAMFC.

B. Amendments:

None.