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|--------|---|---|-------------|--------------------|-------------------|----------------|
| Tab 1 | SB 560 by Garcia; Compare to H 00763 Child Welfare | | | | | |
| 964050 | A | S | CF, Garcia | Delete L.72 - 105: | 01/16 09:29 AM | |
| Tab 2 | SB 590 by Bradley; Identical to H 00373 Statute of Limitations Period for Violations Involving Required Reports Concerning Children | | | | | |
| 853776 | A | S | CF, Bradley | Delete L.20: | 01/16 09:28 AM | |
| Tab 3 | SB 778 by Simon; Similar to H 00569 Forensic Services for Certain Defendants | | | | | |
| Tab 4 | SB 1010 by Yarborough; Compare to H 00743 Enforcement of Protections for Minors | | | | | |
| 235940 | A | S | L | CF, Yarborough | Delete L.48 - 95: | 01/16 01:33 PM |

The Florida Senate
COMMITTEE MEETING EXPANDED AGENDA

CHILDREN, FAMILIES, AND ELDER AFFAIRS

Senator Grall, Chair
Senator Garcia, Vice Chair

MEETING DATE: Tuesday, January 20, 2026

TIME: 9:30—11:30 a.m.

PLACE: 301 Senate Building

MEMBERS: Senator Grall, Chair; Senator Garcia, Vice Chair; Senators Harrell, Rouson, Sharief, and Simon

| TAB | BILL NO. and INTRODUCER | BILL DESCRIPTION and SENATE COMMITTEE ACTIONS | COMMITTEE ACTION |
|-----|---|--|------------------|
| 1 | SB 560 Garcia (Compare H 763) | Child Welfare; Providing that a new medical report relating to the provision of psychotropic medication to a child in the legal custody of the Department of Children and Families may be required only under certain circumstances; revising qualifications for persons who may serve as qualified evaluators for a certain purpose; requiring a physician to provide to a pharmacy a copy of certain documentation, rather than a signed attestation, with certain prescriptions, etc. CF 01/20/2026 HP RC | |
| 2 | SB 590 Bradley (Identical H 373) | Statute of Limitations Period for Violations Involving Required Reports Concerning Children; Providing that the limitations period for offenses concerning specified required reports about children does not begin to run until a law enforcement agency is made aware of the violation, etc. CJ 01/12/2026 Favorable CF 01/20/2026 RC | |
| 3 | SB 778 Simon (Similar H 569) | Forensic Services for Certain Defendants; Revising the definition of the term "forensic client" or "client", etc. CF 01/20/2026 AHS FP | |

COMMITTEE MEETING EXPANDED AGENDA

Children, Families, and Elder Affairs

Tuesday, January 20, 2026, 9:30—11:30 a.m.

| TAB | BILL NO. and INTRODUCER | BILL DESCRIPTION and SENATE COMMITTEE ACTIONS | COMMITTEE ACTION |
|-----|---|--|------------------|
| 4 | SB 1010 Yarborough (Compare H 743) | Enforcement of Protections for Minors; Providing criminal penalties for health care practitioners who willfully or actively aid or abet another in a violation of specified provisions; authorizing the Attorney General to conduct investigations of alleged violations of a specified provision and commence a civil action for damages, injunctive relief, and civil penalties upon determining a violation has occurred; creating a cause of action to recover damages against certain public employees and health care practitioners for violations of specified provisions, etc. CF 01/20/2026 HP RC | |

Other Related Meeting Documents

By Senator Garcia

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A bill to be entitled
An act relating to child welfare; amending s. 39.407, F.S.; providing that a new medical report relating to the provision of psychotropic medication to a child in the legal custody of the Department of Children and Families may be required only under certain circumstances; revising qualifications for persons who may serve as qualified evaluators for a certain purpose; amending s. 409.175, F.S.; revising the definition of the terms "personnel" and "placement screening"; amending s. 409.912, F.S.; requiring a physician to provide to a pharmacy a copy of certain documentation, rather than a signed attestation, with certain prescriptions; providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. Paragraph (c) of subsection (3) and paragraph (b) of subsection (6) of section 39.407, Florida Statutes, are amended to read:

39.407 Medical, psychiatric, and psychological examination and treatment of child; physical, mental, or substance abuse examination of person with or requesting child custody.—

(3)

(c) Except as provided in paragraphs (b) and (e), the department must file a motion seeking the court's authorization to initially provide or continue to provide psychotropic medication to a child in its legal custody. The motion must be supported by a written report prepared by the department which

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describes the efforts made to enable the prescribing physician or psychiatric nurse, as defined in s. 394.455, to obtain express and informed consent for providing the medication to the child and other treatments considered or recommended for the child. In addition, the motion must be supported by the prescribing physician's or psychiatric nurse's signed medical report providing:

1. The name of the child, the name and range of the dosage of the psychotropic medication, and that there is a need to prescribe psychotropic medication to the child based upon a diagnosed condition for which such medication is being prescribed.

2. A statement indicating that the physician or psychiatric nurse, as defined in s. 394.455, has reviewed all medical information concerning the child which has been provided.

3. A statement indicating that the psychotropic medication, at its prescribed dosage, is appropriate for treating the child's diagnosed medical condition, as well as the behaviors and symptoms the medication, at its prescribed dosage, is expected to address.

4. An explanation of the nature and purpose of the treatment; the recognized side effects, risks, and contraindications of the medication; drug-interaction precautions; the possible effects of stopping the medication; and how the treatment will be monitored, followed by a statement indicating that this explanation was provided to the child if age appropriate and to the child's caregiver.

5. Documentation addressing whether the psychotropic medication will replace or supplement any other currently

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59 prescribed medications or treatments; the length of time the
60 child is expected to be taking the medication; and any
61 additional medical, mental health, behavioral, counseling, or
62 other services that the prescribing physician or psychiatric
63 nurse, as defined in s. 394.455, recommends.

64
65 A new medical report may be required only when there is a change
66 in the dosage or dosage range of the medication, the type of
67 medication prescribed, the manner of administration of the
68 medication, or the prescribing physician or psychiatric nurse.
69 For purposes of this paragraph, prescribing physicians and
70 psychiatric nurses belonging to the same group practice are
71 considered a single prescriber.

72 (6) Children in the legal custody of the department may be
73 placed by the department, without prior approval of the court,
74 in a residential treatment center licensed under s. 394.875 or a
75 hospital licensed under chapter 395 for residential mental
76 health treatment only pursuant to this section or may be placed
77 by the court in accordance with an order of involuntary
78 examination or involuntary placement entered pursuant to s.
79 394.463 or s. 394.467. All children placed in a residential
80 treatment program under this subsection must have a guardian ad
81 litem appointed.

82 (b) Whenever the department believes that a child in its
83 legal custody is emotionally disturbed and may need residential
84 treatment, an examination and suitability assessment must be
85 conducted by a qualified evaluator appointed by the department.
86 This suitability assessment must be completed before the
87 placement of the child in a residential treatment program.

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88 ~~1.~~ The qualified evaluator for placement in a residential
89 treatment center, ~~other than a therapeutic group home, or a~~
90 hospital must be a psychiatrist or a psychologist licensed in
91 this state who has at least 3 years of experience in the
92 diagnosis and treatment of serious emotional disturbances in
93 children and adolescents or a licensed clinical social worker or
94 licensed marriage and family therapist with comparable
95 experience. In addition, the qualified evaluator may not have an
96 ~~and who has no~~ actual or perceived conflict of interest with any
97 inpatient facility or residential treatment center or program.

98 ~~2.~~ ~~The qualified evaluator for placement in a therapeutic~~
99 ~~group home must be a psychiatrist licensed under chapter 458 or~~
100 ~~chapter 459, a psychologist licensed under chapter 490, or a~~
101 ~~mental health counselor licensed under chapter 491 who has at~~
102 ~~least 2 years of experience in the diagnosis and treatment of~~
103 ~~serious emotional or behavioral disturbance in children and~~
104 ~~adolescents and who has no actual or perceived conflict of~~
105 ~~interest with any residential treatment center or program.~~

106 Section 2. Paragraphs (j) and (k) of subsection (2) of
107 section 409.175, Florida Statutes, are amended to read:

108 409.175 Licensure of family foster homes, residential
109 child-caring agencies, and child-placing agencies; public
110 records exemption.—

111 (2) As used in this section, the term:

112 (j) "Personnel" means all owners, operators, employees, and
113 volunteers working in a child-placing agency or residential
114 child-caring agency who may be employed by or do volunteer work
115 for a person, corporation, or agency that holds a license as a
116 child-placing agency or a residential child-caring agency, but

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the term does not include those who do not work on the premises where child care is furnished and have no direct contact with a child or have no contact with a child outside of the presence of the child's parent or guardian. For purposes of screening, the term includes any member, over the age of 12 years, of the family of the owner or operator or any person other than a client, a child who is found to be dependent as defined in s. 39.01, or a child as defined in s. 39.6251(1), over the age of 12 years, residing with the owner or operator if the agency is located in or adjacent to the home of the owner or operator or if the family member of, or person residing with, the owner or operator has any direct contact with the children. Members of the family of the owner or operator, or persons residing with the owner or operator, who are between the ages of 12 years and 18 years are not required to be fingerprinted, but must be screened for delinquency records. For purposes of screening, the term also includes owners, operators, employees, and volunteers working in summer day camps, or summer 24-hour camps providing care for children. A volunteer who assists on an intermittent basis for less than 10 hours per month shall not be included in the term "personnel" for the purposes of screening if a person who meets the screening requirement of this section is always present and has the volunteer in his or her line of sight.

(k) "Placement screening" means the act of assessing the background of household members in the family foster home and includes, but is not limited to, criminal history records checks as provided in s. 39.0138 using the standards for screening set forth in that section. The term "household member" means a member of the family or a person, other than the child being

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placed, a child who is found to be dependent as defined in s. 39.01, or a child as defined in s. 39.6251(1), over the age of 12 years who resides with the owner who operates the family foster home if such family member or person has any direct contact with the child. Household members who are between the ages of 12 and 18 years are not required to be fingerprinted but must be screened for delinquency records.

Section 3. Subsection (13) of section 409.912, Florida Statutes, is amended to read:

409.912 Cost-effective purchasing of health care.—The agency shall purchase goods and services for Medicaid recipients in the most cost-effective manner consistent with the delivery of quality medical care. To ensure that medical services are effectively utilized, the agency may, in any case, require a confirmation or second physician's opinion of the correct diagnosis for purposes of authorizing future services under the Medicaid program. This section does not restrict access to emergency services or poststabilization care services as defined in 42 C.F.R. s. 438.114. Such confirmation or second opinion shall be rendered in a manner approved by the agency. The agency shall maximize the use of prepaid per capita and prepaid aggregate fixed-sum basis services when appropriate and other alternative service delivery and reimbursement methodologies, including competitive bidding pursuant to s. 287.057, designed to facilitate the cost-effective purchase of a case-managed continuum of care. The agency shall also require providers to minimize the exposure of recipients to the need for acute inpatient, custodial, and other institutional care and the inappropriate or unnecessary use of high-cost services. The

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agency shall contract with a vendor to monitor and evaluate the clinical practice patterns of providers in order to identify trends that are outside the normal practice patterns of a provider's professional peers or the national guidelines of a provider's professional association. The vendor must be able to provide information and counseling to a provider whose practice patterns are outside the norms, in consultation with the agency, to improve patient care and reduce inappropriate utilization. The agency may mandate prior authorization, drug therapy management, or disease management participation for certain populations of Medicaid beneficiaries, certain drug classes, or particular drugs to prevent fraud, abuse, overuse, and possible dangerous drug interactions. The Pharmaceutical and Therapeutics Committee shall make recommendations to the agency on drugs for which prior authorization is required. The agency shall inform the Pharmaceutical and Therapeutics Committee of its decisions regarding drugs subject to prior authorization. The agency is authorized to limit the entities it contracts with or enrolls as Medicaid providers by developing a provider network through provider credentialing. The agency may competitively bid single-source-provider contracts if procurement of goods or services results in demonstrated cost savings to the state without limiting access to care. The agency may limit its network based on the assessment of beneficiary access to care, provider availability, provider quality standards, time and distance standards for access to care, the cultural competence of the provider network, demographic characteristics of Medicaid beneficiaries, practice and provider-to-beneficiary standards, appointment wait times, beneficiary use of services, provider

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turnover, provider profiling, provider licensure history, previous program integrity investigations and findings, peer review, provider Medicaid policy and billing compliance records, clinical and medical record audits, and other factors. Providers are not entitled to enrollment in the Medicaid provider network. The agency shall determine instances in which allowing Medicaid beneficiaries to purchase durable medical equipment and other goods is less expensive to the Medicaid program than long-term rental of the equipment or goods. The agency may establish rules to facilitate purchases in lieu of long-term rentals in order to protect against fraud and abuse in the Medicaid program as defined in s. 409.913. The agency may seek federal waivers necessary to administer these policies.

(13) The agency may not pay for psychotropic medication prescribed for a child in the Medicaid program without the express and informed consent of the child's parent or legal guardian. The physician shall document the consent in the child's medical record and provide a copy of such documentation to the pharmacy ~~with a signed attestation of this documentation~~ with the prescription. The express and informed consent or court authorization for a prescription of psychotropic medication for a child in the custody of the Department of Children and Families shall be obtained pursuant to s. 39.407.

Section 4. This act shall take effect July 1, 2026.



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LEGISLATIVE ACTION

Senate

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House

The Committee on Children, Families, and Elder Affairs (Garcia) recommended the following:

Senate Amendment (with directory and title amendments)

Delete lines 72 - 105

and insert:

Section 2. Paragraphs (a) and (e) of subsection (2) and paragraph (a) of subsection (3) of section 409.1451, Florida Statutes, are amended, and paragraphs (d) and (e) are added to subsection (6) of that section, to read:

409.1451 The Road-to-Independence Program.—

(2) POSTSECONDARY EDUCATION SERVICES AND SUPPORT.—



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(a) A young adult is eligible for services and support under this subsection if he or she:

1. Was living in licensed care on his or her 18th birthday or is currently living in licensed care; or was at least 14 years of age and was adopted from foster care or placed with a court-approved dependency guardian after spending at least 6 months in licensed care within the 12 months immediately preceding such placement or adoption;

2. Spent at least 6 months in licensed care before reaching his or her 18th birthday;

3. Earned a standard high school diploma pursuant to s. 1002.3105(5), s. 1003.4281, or s. 1003.4282, or its equivalent pursuant to s. 1003.435;

4. Has been admitted for enrollment as a full-time student or its equivalent in an eligible postsecondary educational institution as provided in s. 1009.533. For purposes of this section, the term "full-time" means 9 credit hours or the vocational school equivalent. A student may enroll part-time if he or she has a recognized disability or is faced with another challenge or circumstance that would prevent full-time attendance. A student needing to enroll part-time for any reason other than having a recognized disability must get approval from his or her academic advisor;

5. Has reached 18 years of age but is not yet 26 ~~23~~ years of age;

6. Has applied, with assistance from the young adult's caregiver and the community-based lead agency, for any other grants and scholarships for which he or she may qualify;

7. Submitted a Free Application for Federal Student Aid



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which is complete and error free; and

8. Signed an agreement to allow the department and the community-based care lead agency access to school records.

(e)1. The department must advertise the availability of the stipend and must provide notification of the criteria and application procedures for the stipend to children and young adults leaving, or who were formerly in, foster care; caregivers; case managers; guidance and family services counselors; principals or other relevant school administrators; and guardians ad litem.

2. If the award recipient transfers from one eligible institution to another and continues to meet eligibility requirements, the award shall be transferred with the recipient.

3. The department, or an agency under contract with the department, shall evaluate each Road-to-Independence award for renewal eligibility on an annual basis. In order to be eligible for a renewal award for the subsequent year, the young adult must:

a. Be enrolled for or have completed the number of hours, or the equivalent, to be considered a full-time student under subparagraph (a)4., unless the young adult qualifies for an exception under subparagraph (a)4.

b. Maintain standards of academic progress as defined by the education institution, except that if the young adult's progress is insufficient to renew the award at any time during the eligibility period, the young adult may continue to be enrolled for additional terms while attempting to restore eligibility as long as progress towards the required level is maintained.



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69 c. Not have exceeded the lifetime limit of 60 months of
70 financial assistance for services and support provided under
71 this subsection. The lifetime limit applies without exception
72 and regardless of whether the award recipient receives the
73 services and support under this subsection in consecutive or
74 nonconsecutive months.

75 4. Funds may be terminated during the interim between an
76 award and the evaluation for a renewal award if the department,
77 or an agency under contract with the department, determines that
78 the award recipient is no longer enrolled in an educational
79 institution as described in subparagraph (a)4. or is no longer a
80 resident of this state.

81 5. The department, or an agency under contract with the
82 department, shall notify a recipient who is terminated and
83 inform the recipient of his or her right to appeal.

84 6. An award recipient who does not qualify for a renewal
85 award or who chooses not to renew the award may apply for
86 reinstatement. An application for reinstatement must be made
87 before the young adult reaches 26 ~~23~~ years of age. In order to
88 be eligible for reinstatement, the young adult must meet the
89 eligibility criteria and the criteria for award renewal for the
90 program.

91 7. The department, or an agency under contract with the
92 department, shall work with the young adult to create a
93 financial plan that is guided by the young adult's financial
94 goals in meeting his or her needs while in postsecondary
95 education. The financial plan must be included in the transition
96 plan required under s. 39.6035. The department, or an agency
97 under contract with the department, shall review and, if



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necessary, update the financial plan with the young adult every 6 months until funding under this subsection is no longer provided.

8. The department, or an agency under contract with the department, shall review with the young adult the transition plan required under s. 39.6035 during the year before the young adult graduates from postsecondary education or the year before the young adult reaches 26 ~~23~~ years of age, whichever occurs first. The transition plan must include an assessment of the young adult's current and future needs and challenges for self-sufficiency and address, at a minimum, how the young adult will meet his or her financial needs and obligations when funding under this subsection is no longer provided.

(3) AFTERCARE SERVICES.—

(a)1. Aftercare services are available to a young adult who has reached 18 years of age but is not yet 26 ~~23~~ years of age and is:

a. Not in foster care.

b. Temporarily not receiving financial assistance under subsection (2) to pursue postsecondary education.

2. Subject to available funding, aftercare services are also available to a young adult who is between the ages of 18 and 25 ~~22~~, and is:

a. Receiving financial assistance under subsection (2), is experiencing an emergency situation, requires services as specified in subparagraph (b)8., and whose resources are insufficient to meet the emergency situation. Such assistance shall be in addition to any amount specified in paragraph (2)(b); or



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b. Was placed by a court in out-of-home care pursuant to chapter 39, lived in out-of-home care for at least 6 months after turning 14 years of age, and did not achieve reunification with his or her parent or guardian.

(6) ACCOUNTABILITY.—The department shall develop outcome measures for the program and other performance measures in order to maintain oversight of the program. No later than January 31 of each year, the department shall prepare a report on the outcome measures and the department's oversight activities and submit the report to the President of the Senate, the Speaker of the House of Representatives, and the committees with jurisdiction over issues relating to children and families in the Senate and the House of Representatives. The report must include:

(d) Specific metrics for postsecondary education services and support provided under subsection (2). Such metrics must be aggregated on a statewide basis and disaggregated by community-based care lead agency, age, race, and postsecondary educational institution type as provided in s. 1009.533. Such metrics must include, but are not limited to, the following information for the preceding state fiscal year:

1. The total number of young adults eligible for services and support under subsection (2).

2. The total number of applicants and the total number of applicants approved for financial assistance under subsection (2).

3. The rate of housing instability or homelessness experienced by award recipients during their enrollment period.

4. The percentage of award recipients described in



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subparagraph 3. who also received financial assistance under subsection (3) and the average amount of such assistance.

5. The primary reason for an award recipient's termination, discontinuation, or nonrenewal under the program, including, but not limited to, academic deficiency, voluntary withdrawal, reaching the age limit, or reaching the lifetime limit.

6. The educational achievements of award recipients, including, but not limited to:

a. The postsecondary student retention rate, expressed as a percentage of award recipients who remain continuously enrolled or reenroll for the subsequent academic term.

b. The postsecondary degree, certificate, or vocational program completion rate.

c. The average time in which award recipients complete their program of study.

d. The average unweighted grade point average of award recipients, aggregated on a statewide basis and disaggregated only by postsecondary educational institution type as provided in s. 1009.533.

e. The percentage of award recipients who graduated from a postsecondary educational institution.

(e) Specific metrics for aftercare services provided under subsection (3). Such metrics must be aggregated on a statewide basis and disaggregated by community-based care lead agency, age, race, and postsecondary educational institution type as provided in s. 1009.533. Such metrics must include, but are not limited to, the following information for the preceding state fiscal year:

1. The total number of young adults eligible for the



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aftercare services under subsection (3).

2. The total number of young adults who received aftercare services.

3. The average duration of a young adult's participation in the program.

4. The primary reason that a young adult seeks aftercare services.

5. The total number of financial assistance disbursements made under subparagraph (3)(b)7. for necessities or under subparagraph (3)(b)8. for emergency situations.

6. The utilization rate of key aftercare components, including, but not limited to, the percentage of participants who:

a. Receive mentoring or tutoring services.

b. Receive mental health or substance abuse counseling referrals.

c. Complete a life skill class, which may include, but is not limited to, a financial literacy or credit management class.

d. Receive job or career skills training.

e. Report housing stability within 90 days after receiving housing-related assistance, which may include, but is not limited to, security deposits for rent and utilities.

f. Enroll in educational or vocational programs, including, but not limited to, the postsecondary education services and support provided under subsection (2), while receiving at least one aftercare service disbursement.

===== D I R E C T O R Y C L A U S E A M E N D M E N T =====

And the directory clause is amended as follows:



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214 Delete lines 18 - 19
215 and insert:
216 Section 1. Paragraph (c) of subsection (3) of section
217 39.407, Florida Statutes, is
218
219 ===== T I T L E A M E N D M E N T =====
220 And the title is amended as follows:
221 Delete lines 7 - 9
222 and insert:
223 circumstances; amending s. 409.1451, F.S.; increasing
224 the maximum age of eligibility for certain
225 postsecondary education services and support and
226 aftercare services; revising the requirements for a
227 renewal award of postsecondary education services and
228 support; requiring the inclusion of specific metrics
229 for measuring outcomes and performance of
230 postsecondary education services and support and
231 aftercare services in a certain annual report;
232 conforming provisions to changes made by the act;
233 amending s. 409.175, F.S.; revising the

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 Children, Families, and Elder Affairs

BILL: SB 560

INTRODUCER: Senator Garcia

SUBJECT: Child Welfare

DATE: January 16, 2025

REVISED: _____

| | ANALYST | STAFF DIRECTOR | REFERENCE | ACTION |
|----|---------|----------------|-----------|--------------------|
| 1. | Rao | Tuszynski | CF | Pre-meeting |
| 2. | | | HP | |
| 3. | | | RC | |

I. Summary:

SB 560 streamlines the procedures to provide or continue a psychotropic medication prescription for a child in the legal custody of the Department of Children and Families (DCF). The bill clarifies the instances in which a *new* medical report must be filed and considers prescribing physicians and psychiatric nurses that belong to the same group practice as a single prescriber, removing potentially unnecessary and duplicative medical reports.

The bill standardizes the licensure and experience requirements for qualified evaluators for residential treatment centers, therapeutic group homes, and hospitals. The bill adds licensed clinical social workers and licensed marriage and family therapists to the list of professionals that can conduct an examination and suitability assessment for placement of a child in a residential treatment program.

The bill excludes dependent children or children in continuing care who have not yet reached 21 years of age from being subject to background screening requirements, to reduce duplicative screenings.

The bill requires physicians that prescribe psychotropic medication to a child in the Medicaid program to provide the pharmacy filling the prescription with a *copy* of the parent or legal guardian's consent, rather than a *signed attestation* of consent.

The bill may have an indeterminate positive fiscal impact on the private sector.

The bill is effective July 1, 2026.

II. Present Situation:

Florida's Child Welfare System

Chapter 39, F.S., creates Florida's dependency system charged with protecting children who have been abused, abandoned, or neglected.¹ Florida's child welfare system identifies children and families in need of services through reports to the central abuse hotline and child protective investigations.² The Department of Children and Families (DCF) and community-based care (CBC) lead agencies³ work with those families to address the problems endangering children, if possible. If the problems cannot be addressed, the child welfare system finds safe out-of-home placements for these children.⁴

The department's practice model for child and family well-being is a safety-focused, trauma-informed, and family-centered approach. It is implemented to ensure:

- Permanency. Florida's children should enjoy long-term, secure relationships within strong families and communities.
- Child Well-Being. Florida's children should be physically and emotionally healthy and socially competent.
- Safety. Florida's children should live free from maltreatment.
- Family Well-Being. Florida's families should nurture, protect, and meet the needs of their children, and should be well integrated into their communities.⁵

The department contracts with community-based care (CBC) lead agencies for case management, out-of-home services, and related services for children and families.⁶ The outsourced provision of child welfare services is intended to increase local community ownership of the services provided and their design. Lead agencies contract with many subcontractors for case management and direct-care services to children and their families.⁷ There are 16 lead agencies statewide that serve the states 20 judicial circuits.⁸ Ultimately, the DCF remains responsible for the operation of the central abuse hotline and investigations of

¹ Chapter 39, F.S.

² See generally s. 39.101, F.S. (establishing the central abuse hotline and timeframes for initiating investigations).

³ See s. 409.986(1)(a), F.S. (finding that it is the intent of the Legislature that the Department of Children and Families "provide child protection and child welfare services to children through contracting with CBC lead agencies"). A "community-based care lead agency" or "lead agency" means a single entity with which the DCF has a contract for the provision of care for children in the child protection and child welfare system, in a community that is no smaller than a county and no larger than two contiguous judicial circuits. Section 409.986(3)(d), F.S. The secretary of DCF may authorize more than one eligible lead agency within a single county if doing so will result in more effective delivery of services to children. *Id.*

⁴ Chapter 39, F.S.

⁵ See generally Department of Children and Families (DCF), *Florida's Child Welfare Practice Model*, available at: https://www.myflfamilies.com/sites/default/files/2022-12/FLCSPPracticeModel_0.pdf (last visited 1/14/25).

⁶ Section 409.986(3)(e), F.S.; see generally Part V, Chapter 409, F.S. (regulating community-based child welfare).

⁷ Department of Children and Families, *About Community-Based Care (CBC)*, available at: <https://www.myflfamilies.com/services/child-and-family-well-being/community-based-care/about> (last visited 1/14/25).

⁸ Department of Children and Families, *Lead Agency Information*, available at: <https://www.myflfamilies.com/services/child-family/child-and-family-well-being/community-based-care/lead-agency-information> (last visited 1/14/25).

abuse, abandonment, and neglect.⁹ Additionally, the department is responsible for all program oversight and the overall performance of the child welfare system.¹⁰

Dependency System Process

In some instances, services may not be enough to maintain a safe environment for a child to live in. When child welfare necessitates that the DCF remove a child from the home to ensure his or her safety, a series of dependency court proceedings must occur to place the child in an out-of-home placement, adjudicate the child dependent, and if necessary, terminate parental rights and free the child for adoption. This process is typically triggered by a report to the central abuse hotline and a child protective investigation that determines the child should not remain in his or her home, notwithstanding services DCF provides. Generally, the dependency process includes, but is not limited to:

- A report to the central abuse hotline.
- A child protective investigation to determine the safety of the child.
- A court finding that the child is dependent.¹¹
- Case planning to address the problems that resulted in the child's dependency.
- Reunification with the child's parent or another option, such as adoption, to establish permanency.¹²

A child is found to be dependent if he or she is found by the court to be:¹³

- Abandoned, abused, or neglected by a parent or legal custodian;
- Surrendered to the DCF or a licensed child-placing agency for purpose of adoption;
- Voluntarily placed with a licensed child-caring agency, a licensed child-placing agency, an adult relative, the DCF, or the former Department of Health and Rehabilitative Services, after which placement, under the requirements of Ch. 39, F.S., a case plan has expired and the parent or parents or legal custodians have failed to substantially comply with the requirements of the plan;
- Voluntarily placed with a licensed child-placing agency for the purposes of subsequent adoption, and a parent or parents have signed a consent pursuant to the Florida Rules of Juvenile Procedure;
- Have no parent or legal custodian capable of providing supervision and care;
- Are at substantial risk of imminent abuse, abandonment, or neglect by the parent or parents or legal custodians; or

⁹ Section 39.101, F.S.

¹⁰ *Id.*

¹¹ A "child who is found to be dependent" refers to a child who is found by the court: to have been abandoned, abused, or neglected by the child's parents or legal custodians; to have been surrendered to the DCF or licensed child-placing agency for the purpose of adoption; to have parents or legal custodians that failed to substantially comply with the requirements of a case plan for the purpose of reunification; to have been voluntarily placed with a licensed child-placing agency for the purposes of subsequent adoption; to have no parent or legal custodians capable of providing supervision and care; to be at substantial risk of imminent abuse, abandonment, or neglect; or to have been sexually exploited and to have no parent, legal custodian, or responsible adult relative available to provide the necessary and appropriate supervision. Section 39.01(15), F.S.

¹² Office of the State Courts Administrator, The Office of Family Courts, *A Caregiver's Guide to Dependency Court*, available at: <https://flcourts-media.flcourts.gov/content/download/218185/file/Web-Caregivers-Guide-Final-09.pdf> (last visited 1/14/25); see also ch. 39, F.S.

¹³ Section 39.01(15), F.S.

- Have been sexually exploited and have no parent, legal custodian, or responsible adult relative currently known and capable of providing the necessary and appropriate supervision and care.

A petition for dependency may be filed by an attorney for the DCF or another person who has knowledge of the facts alleged or is informed of them and believes they are true.¹⁴

Continuing Care for Young Adults

Children that “age out” of the child welfare system before achieving permanency may be eligible to remain in licensed care under the court’s jurisdiction and in the care of the DCF.¹⁵ If a child¹⁶ is living in licensed care on his or her 18th birthday and meets the following conditions, he or she is eligible to remain in licensed care:¹⁷

- The child is completing secondary education or a program leading to an equivalent credential;
- The child is enrolled in an institution that provides postsecondary or vocational education;
- The child is participating in a program or activity designed to promote or eliminate barriers to employment;
- The child is employed for at least 80 hours per month; or
- The child is unable to participate in the aforementioned programs or activities due to a physical, intellectual, emotional, or psychiatric condition that limits participation.

Psychotropic Medications for Children in the Child Welfare System

Psychotropic medication refers to any medication prescribed with the intent to stabilize or improve mood, mental status, behavioral symptomatology, or mental illness that have the effect of altering brain chemistry.¹⁸ The following medications are considered psychotropic medications:¹⁹

- Antipsychotics;
- Antidepressants;
- Sedative Hypnotics;
- Lithium;
- Stimulants;
- Non-stimulant Attention Deficit Hyperactivity Disorder medication;
- Anti-dementia medications and cognition enhancers; and
- Anticonvulsants.

In the early 2000s, reports began to circulate that children in the child welfare system were being prescribed psychotropic medications at a disproportionate rate when compared to children not in

¹⁴ Section 39.501, F.S.

¹⁵ Section 39.6251, F.S.

¹⁶ The term “child” refers to an individual who has not attained 21 years of age. *See* Section 39.6251 (1), F.S.

¹⁷ Section 39.6251(2), F.S.

¹⁸ 65C-35.001(22), F.A.C.

¹⁹ *Id.*

the child welfare system.²⁰ Thus, states examined the procedures for prescribing children psychotropic medication while in out-of-home care.

In 2005, the Florida Legislature created statutory procedures that allowed the DCF to provide children with psychotropic medications.²¹ The Legislature created different sets of procedures for initiating psychotropic medication for children that were not taking psychotropic medication at the time of removal, and children that had a current prescription for psychotropic medication at the time of removal.²²

As of December 22, 2025, there were 2,036 children in out-of-home care that had one or more current prescriptions for psychotropic medication.²³

Initiating the Prescription of Psychotropic Medications to a Child in Out-of-Home Care

When a child protective investigator (CPI) takes a child into the custody of the DCF, the CPI is required to ascertain if the child is taking psychotropic medications.²⁴ If the child is not currently on psychotropic medication but an assessment of the child determines the need for such medication, a prescribing physician or psychiatric nurse²⁵ may prescribe the child psychotropic medications, providing certain conditions are met.²⁶ The physician or psychiatric nurse is required to consider alternate treatment interventions and assess the child's prior health conditions to determine if the prescription of psychotropic medication is an appropriate treatment.²⁷ Additionally, the prescribing physician or psychiatric nurse must attempt to obtain express and informed consent²⁸ from the child's parent or legal guardian before prescribing the psychotropic medication.²⁹ Child protective staff and the prescribing physician or psychiatric nurse are required to make efforts to involve the parents, legal guardians, the child, and the child's caregiver in out-of-home placement during the treatment of the child.³⁰

The DCF may seek court authorization to provide psychotropic medications to a child if the parental rights of the parent have been terminated, the parent's location or identity is unknown

²⁰ National Library of Medicine, *State Variation in Psychotropic Medication Use by Foster Care Children with Autism Spectrum Disorder*, doi: 10.1542/peds.2008-3713, available at: <https://pubmed.ncbi.nlm.nih.gov/19620187/> (last visited 1/14/25).

²¹ Chapter 2005-65, L.O.F.

²² *Id.*

²³ Florida Department of Children and Families, *Psychotropic Medications Report for Children in Out-of-Home Care with One or More Current Prescriptions for a Psychotropic Medication*, available at:

<https://www.myflfamilies.com/sites/default/files/2025-12/Gabriel%20Myers%20-%20Medication%20Report%20%28December%2023%202025%29.pdf> (last visited 1/12/26).

²⁴ 65C-35.006, F.A.C.

²⁵ For use in this section, a "psychiatric nurse" uses the definition in s. 394.455, F.S. to refer to an advanced practice registered nurse licensed under s. 464.012, F.S. who has a master's or doctoral degree in psychiatric nursing and holds a national advanced practice certification as a psychiatric mental health advanced practice nurse, and has one year of post-master's clinical experience under the supervision of a physician. *See* Section 39.407(3)(a)1., F.S.

²⁶ 65C-35.002, F.A.C. and 65C-35.006, F.A.C.

²⁷ 65C-35.002, F.A.C.

²⁸ Express and informed consent refers to consent voluntarily given in writing, by a competent person, after sufficient explanation and disclosure of the subject matter involved to enable the person to make a knowing and willful decision without any element of force, fraud, deceit, duress, or other form of constraint or coercion. *See* Section 394.455(16), F.S.

²⁹ Section 39.407, F.S.

³⁰ 65C-35.003-65C-35.005, F.A.C. *See also* Section 39.407(3)(a)1., F.S.

and cannot be reasonably ascertained, or the parent declines to give express and informed consent.³¹

Continuity of Psychotropic Medication Prescription

If a child taken into the custody of the DCF is taking psychotropic medications at the time of removal, the CPI is required to determine the following:³²

- The purpose of the medication;
- The name and phone number of the prescribing physician or psychiatric nurse;
- The dosage;
- Instructions regarding the administration of the medication (e.g. timing, whether to administer with food); and
- Any other relevant information.

Florida law details the process that the DCF must take to obtain authorization to continue the provision of psychotropic medications to a child removed from his or her home.³³ Additionally, once the DCF has obtained this authorization, the DCF has administrative rules to ensure that children receive timely access to clinically appropriate psychotropic medications.³⁴ Current law requires these rules to include, but need not be limited to, the following:³⁵

- The process for determining which adjunctive services are needed;
- The uniform process for facilitating the prescribing physician's or psychiatric nurse's ability to obtain the express and informed consent of a child's parent or guardian;
- The procedures for obtaining court authorization for the provision of psychotropic medication;
- The frequency of medical monitoring and reporting on the status of the child to the court;
- How the child's parents will be involved in the treatment-planning process if their parental rights have not been terminated;
- How caretakers are to be provided with information contained in the physician's or psychiatric nurse's signed medical report; and
- Uniform forms to be used in requesting court authorization for the use of a psychotropic medication and provide for the integration of each child's treatment plan and case plan.

Medical Reports

When the DCF files a motion to seek the court's authorization to initiate or continue the provision of psychotropic medication to a child in legal custody, the motion must include a medical report signed by the prescribing physician or psychiatric nurse.³⁶ The medical report must include the following:³⁷

- The name of the child, the name and range of the dosage of psychotropic medication, and that there is a need to prescribe psychotropic medication to the child based upon a diagnosed condition for which such medication is being prescribed.

³¹ Section 39.407(3)(a)1., F.S.

³² 65C-35.006, F.A.C.

³³ Section 39.407, F.S.

³⁴ Section 39.407(3)(g), F.S.

³⁵ *Id.*

³⁶ Section 39.407(3)(c), F.S.

³⁷ *Id.*

- A statement indicating that the physician or psychiatric nurse has reviewed all medical information concerning the child which has been provided.
- A statement indicating that the psychotropic medication, at its prescribed dosage, is appropriate for treating the child's diagnoses medical condition, as well as the behaviors and symptoms the medication, at its prescribed dosage, is expected to address.
- An explanation of the nature and purpose of the treatment; the recognized side effects, risks, and contraindications of the medication; and how the treatment will be monitored, followed by a statement indicating that this explanation was provided to the child if age appropriate and to the child's caregiver.
- Documentation addressing whether the psychotropic medication will replace or supplement any other currently prescribed medications or treatments; the length of time the child is expected to be taking the medication; and any additional medical, mental health, behavioral, counseling, or other services that the prescribing physician or psychiatric nurse recommends.

Medicaid

The Medicaid program is a joint federal-state program that finances health coverage for individuals, including eligible low-income adults, children, pregnant women, elderly adults, and persons with disabilities.³⁸ In Florida, the Agency for Health Care Administration (AHCA) administers Medicaid.³⁹ AHCA is responsible for purchasing the goods and services Medicaid recipients receive, such as medications and medical equipment, provided the goods and services are cost-effective in a manner that is consistent with the delivery of quality medical care.⁴⁰

If a child is in the Medicaid program and requires psychotropic medications, AHCA is prohibited from paying for such psychotropic medication without the express and informed consent of the child's parent or legal guardian.⁴¹ Current law requires a physician to provide the pharmacy with a signed attestation of the parent or legal guardian's consent when ordering the prescription of psychotropic medication.⁴² If the child is in the custody of the DCF, the prescription must include the express and informed consent or court authorization pursuant to the procedures listed in s. 39.407, F.S., to prescribe psychotropic medications to a child in out-of-home care.⁴³

Residential Mental Health Treatment for Children

If the DCF believes that a child in its legal custody is emotionally disturbed and may require residential treatment,⁴⁴ the DCF may place the child, without prior court approval, in a residential treatment center or hospital for such treatment.⁴⁵ To be considered suitable for

³⁸ Medicaid.gov, *Medicaid*, available at: <https://www.medicaid.gov/medicaid> (last visited 1/12/26).

³⁹ Agency for Health Care Administration, *Medicaid*, available at: <https://ahca.myflorida.com/medicaid> (last visited 1/12/26).

⁴⁰ Section 409.912, F.S.

⁴¹ Section 409.912(13), F.S.

⁴² *Id.*

⁴³ *Id.*

⁴⁴ "Residential treatment" refers to a placement for observation, diagnosis, or treatment of an emotional disturbance in a residential treatment center licensed under s. 394.875, F.S. or a hospital licensed under Ch. 395, F.S.

⁴⁵ Section 39.407(6), F.S.

residential treatment, there must be a determination that a child or adolescent has an emotional disturbance⁴⁶ or serious emotional disturbance⁴⁷ that each of the following criteria is met:⁴⁸

- The child requires residential treatment.
- The child is in need of a residential treatment program and is expected to benefit from mental or behavioral health treatment.
- An appropriate, less restrictive alternative to residential treatment is unavailable.

Residential Treatment Centers

Residential treatment centers are 24-hour residential programs⁴⁹ licensed under Florida's Mental Health Act in Ch. 394, F.S..⁵⁰ In such programs, children receive mental health services in an environment that is the least restrictive and most normal environment that is clinically appropriate for the child's behavioral needs.⁵¹ Children that are experiencing an acute mental or emotional crisis; a serious emotional disturbance or mental illness; or an emotional disturbance are eligible for service in a residential treatment center.⁵² Children that are at risk of an emotional disturbance do not meet the level of need for service in a residential treatment center and may be served in a less restrictive environment.⁵³

Therapeutic Group Homes

Therapeutic group homes are a type of 24-hour residential program that provides community-based mental health treatment and mental health support services to children.⁵⁴ No more than 12 children are placed in a home-like therapeutic group home setting at a time.⁵⁵ Only children who already have an emotional disturbance or a serious emotional disturbance are eligible for placement in a therapeutic group home; children who are simply *at risk* of an emotional disturbance are not served by therapeutic group homes.⁵⁶

Hospitals

Hospitals are licensed under Ch. 395, F.S. and offer services more intensive than those required for room, board, personal services and general nursing care, and offers facilities and beds for use

⁴⁶ A child or adolescent who has an emotional disturbance means a person under 18 years of age who is diagnosed with a mental, emotional, or behavioral disorder of sufficient duration to meet one of the diagnostic categories specified in the most recent edition of the Diagnostic and Statistical Manual of the American Psychiatric Association, but who does not exhibit behaviors that substantially interfere with or limit his or her role or ability to function in the family, school, or community. The emotional disturbance must not be considered to be a temporary response to a stressful situation. The term does not include a child or adolescent who meets the criteria for involuntary placement under s. 394.467(1), F.S.

⁴⁷ A child or adolescent who has a serious emotional disturbance means a person under 18 years of age who is diagnosed with a mental, emotional, or behavioral disorder that meets one of the diagnostic categories specified in the most recent edition of the Diagnostic and Statistical Manual of the American Psychiatric Association; and exhibits behaviors that substantially interfere with or limit his or her role or ability to function in the family, school, or community, which behaviors are not considered to be a temporary response to a stressful situation. The term includes a child or adolescent who meets the criteria for involuntary placement under s. 394.467(1), F.S.

⁴⁸ Section 39.407(6)3., F.S.

⁴⁹ 65E-9.002(30), F.A.C.

⁵⁰ See Chapter 394, F.S.

⁵¹ Section 394.491, F.S.

⁵² Section 394.493, F.S.; Section 394.875, F.S.

⁵³ *Id.*

⁵⁴ Section 39.407(6)(a)4., F.S.

⁵⁵ *Id.*

⁵⁶ Section 394.492, F.S.

beyond 24 hours by individuals requiring medical, surgical, psychiatric, testing, diagnosis, treatment, or care for illness, injury, deformity, infirmity, abnormality, disease, or pregnancy.⁵⁷

Qualified Evaluators

In order for the DCF to place a child in residential treatment, it must appoint a qualified evaluator to conduct an examination and suitability assessment before the placement of the child.⁵⁸ The licensure requirements for a qualified evaluator differ based on the type of residential treatment program the child is placed in, as follows:⁵⁹

| Qualified Evaluator Requirements for Residential Treatment | | |
|--|--|--|
| Facility Type | Licensure Requirement | Experience Requirement |
| Residential treatment center* or hospital <i>*Other than a therapeutic group home</i> | - Psychiatrist or psychologist licensed in Florida | 3 years of experience in the diagnosis and treatment of serious emotional disturbances in children and adolescents and who has no actual or perceived conflict of interest with any inpatient facility or residential treatment center or program. |
| Therapeutic group home | - Psychiatrist licensed under Ch. 458, F.S. or Ch. 459, F.S.; - Psychologist licensed under Ch. 490, F.S.; or - Mental health counselor licensed under Ch. 491, F.S. | 2 years of experience in the diagnosis and treatment of serious emotional or behavioral disturbance in children and adolescents and who has no actual or perceived conflict of interest with any residential treatment center or program. |

After an examination and suitability assessment of a child, the qualified evaluator must make written findings that include the following:⁶⁰

- The child appears to have an emotional disturbance serious enough to require treatment in a residential treatment program and is reasonably likely to benefit from the treatment.
- The child has been provided with a clinically appropriate explanation of the nature and purpose of the treatment.
- All available modalities of treatment less restrictive than residential treatment have been considered, and a less restrictive alternative that would offer comparable benefits to the child is unavailable.

The DCF must be provided with the opportunity to discuss the findings of the examination and suitability assessment with the qualified evaluator.⁶¹

Licensed Clinical Social Workers and Licensed Marriage and Family Therapists

Licensed Clinical Social Workers

Licensed clinical social workers (LCSWs) hold a master's degree in social work, have completed a supervised field placement providing direct clinical services to clients, have passed a national

⁵⁷ Agency for Health Care Administration, *Hospitals*, available at: <https://ahca.myflorida.com/health-quality-assurance/bureau-of-health-facility-regulation/hospital-outpatient-services-unit/hospitals> (last visited 1/12/26).

⁵⁸ Section 39.407(6)(b), F.S.

⁵⁹ Section 39.407(6)(b), F.S.

⁶⁰ Section 39.407(6)(c), F.S.

⁶¹ Section 39.407(6), F.S.

examination, and have completed two years of post-master's experience under the supervision of a current LCSW that consisted of the following:⁶²

- At least 100 hours of supervision in no less than 100 weeks;
- 1,500 hours of face-to-face psychotherapy with clients; and
- 1 hour of supervision every two weeks.

Once licensed, LCSWs must complete continuing education requirements in subjects such as ethics and boundaries, laws and rules, and domestic violence.⁶³

Licensed Marriage and Family Therapist

Licensed marriage and family therapists (LMFTs) have earned a master's degree with major emphasis in marriage and family therapy, have completed a supervised clinical practicum, internship, or field experience in a Marriage and Family Setting, have passed a national examination, and have completed two years of post-master's experience under qualified supervision that consisted of the following:⁶⁴

- At least 100 hours of supervision in no less than 100 weeks;
- 1,500 hours of face-to-face psychotherapy with clients; and
- 1 hour of supervision every two weeks.

LMFTs are required to participate in regular continuing education courses approved by the Florida Board of Clinical Social Work, Marriage & Family Therapy and Mental Health Counseling.⁶⁵

III. Effect of Proposed Changes:

Section 1 of the bill amends s. 39.407, F.S., which establishes procedures for the provision or continuation of a prescription for psychotropic medication for a child in the legal custody of the DCF. The bill requires a new medical report *only* when there is a change in the following:

- The dosage or dosage range of the medication;
- The type of medication prescribed;
- The manner of medication administration; or
- The prescribing physician or psychiatric nurse.

The bill considers prescribing physicians and psychiatric nurses that belong to the same group practice as a single prescriber; thus, this removes the need for multiple new medical reports if the only change in the youth's circumstance is that he or she sees a different prescribing physician or psychiatric nurse in the same practice. However, a new medical report is still required upon a change in the other aforementioned conditions (such as a change in dosage or medication

⁶² Florida Board of Clinical Social Work, Marriage & Family Therapy and Mental Health Counseling, *Licensed Clinical Social Worker*, available at: <https://floridasmentalhealthprofessions.gov/licensed-clinical-social-worker/> (last visited 1/12/26).

⁶³ *Id.*

⁶⁴ Florida Board of Clinical Social Work, Marriage & Family Therapy and Mental Health Counseling, *Licensed Marriage and Family Therapist*, available at: <https://floridasmentalhealthprofessions.gov/licensed-marriage-and-family-therapist/> (last visited 1/12/26).

⁶⁵ *Id.*

administration), regardless of the prescribing physician or psychiatric nurse belonging to the same group practice.

The bill standardizes the licensure and experience requirements for qualified evaluators for residential treatment centers, therapeutic group homes, and hospitals, as opposed to the current statutory carveout in licensure requirements for qualified evaluators for therapeutic group homes. Under the bill, to be a qualified evaluator for residential treatment centers, therapeutic group homes, or hospitals, an individual must:

- Be a psychiatrist or a psychologist licensed in Florida with at least three years of experience in the diagnosis and treatment of serious emotional disturbances in children and adolescents; or
- Be a licensed clinical social worker or a licensed marriage and family therapist with comparable experience.

Qualified evaluators must not have actual or perceived conflicts of interest with any inpatient facility or residential treatment center or program.

Section 2 of the bill amends s. 409.175, F.S. to exclude dependent children or children in continuing care who have not yet reached 21 years of age from the definition of “personnel” and “household member.” These changes exclude such children from being subject to background screening requirements such as fingerprinting or criminal history records checks.

Section 3 of the bill amends s. 409.912, F.S. to require a physician prescribing psychotropic medication to a child in the Medicaid program to provide a *copy* of the parent or legal guardian’s consent to the pharmacy with the prescription, rather than a signed attestation of the parent or guardian’s consent.

Section 4 of the bill provides an effective date of July 1, 2026.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

There is a potential, indeterminate, likely insignificant positive fiscal impact to the private sector relating to the reduced number of medical reports required for prescriptions of psychotropic medications for children in out-of-home care, and the streamlining of qualified evaluators that are able to conduct examinations and suitability assessments for placement in a residential treatment program.

C. Government Sector Impact:

None.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 39.407, 409.175, 409.912

IX. Additional Information:

A. Committee Substitute – Statement of Changes:

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

None.

B. Amendments:

None.

By Senator Bradley

6-00623-26

2026590__

A bill to be entitled

An act relating to the statute of limitations period for violations involving required reports concerning children; amending s. 775.15, F.S.; providing that the limitations period for offenses concerning specified required reports about children does not begin to run until a law enforcement agency is made aware of the violation; providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. Subsection (23) is added to section 775.15, Florida Statutes, to read:

775.15 Time limitations; general time limitations; exceptions.—

(23) If the offense is a violation of s. 39.201, the applicable period of limitation does not begin to run until a law enforcement agency or other governmental agency, excluding any institution where the violation occurs, is made aware of the violation.

Section 2. This act shall take effect July 1, 2026.



853776

LEGISLATIVE ACTION

Senate

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House

The Committee on Children, Families, and Elder Affairs (Bradley)
recommended the following:

Senate Amendment (with title amendment)

Delete line 20
and insert:
violation. This subsection applies to any offense that is not
otherwise barred from prosecution on or before July 1, 2026.

===== T I T L E A M E N D M E N T =====

And the title is amended as follows:

Delete line 8



853776

11 and insert:
12 violation; providing applicability; providing an
13 effective date.

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 Children, Families, and Elder Affairs

BILL: SB 590

INTRODUCER: Senator Bradley

SUBJECT: Statute of Limitations Period for Violations Involving Required Reports Concerning Children

DATE: January 16, 2026

REVISED: _____

| | ANALYST | STAFF DIRECTOR | REFERENCE | ACTION |
|----|---------|----------------|-----------|--------------------|
| 1. | Parker | Stokes | CJ | Favorable |
| 2. | Fiore | Tuszynski | CF | Pre-meeting |
| 3. | | | RC | |

I. Summary:

SB 590 amends s. 775.15, F.S., to provide that the statute of limitations is tolled for a violation of an offense of failing to make a mandatory report of known or suspected child abuse, including sexual abuse, abandonment, and neglect, until a law enforcement agency or other governmental agency, excluding any institution where the violation occurs, is made aware of the violation.

Section 39.201, F.S., provides that a person is required to report immediately to the central abuse hotline in writing, through a call to the toll-free telephone number, or through electronic reporting, if he or she knows, or has reason to suspect, that any child abuse has occurred.

The bill may have a positive indeterminate prison bed impact (unquantifiable increase prison bed impact) on the Department of Corrections.

The bill takes effect on July 1, 2026.

II. Present Situation:

Department of Children and Families' Central Abuse Hotline

The Florida Abuse Hotline serves as the central reporting center for allegations of abuse, neglect, and/or exploitation for all children and vulnerable adults in Florida. The Hotline receives calls, faxes, and web based reports from citizens and professionals with concerns of abuse, neglect, or exploitation of children and vulnerable adults in Florida.¹

¹ Florida Department of Children and Families, *About the Florida Abuse Hotline*, available at <https://www.myflfamilies.com/services/abuse-hotline/about> (last visited on January 6, 2026).

Mandatory Reporting of Child Abuse

A provides that a person is required to report immediately to the central abuse hotline in writing, through a call to the toll-free telephone number, or through electronic reporting, if he or she knows, or has reasonable cause to suspect that any of the following has occurred²:

- Child abuse, abandonment, or neglect by a parent or caregiver, which includes, but is not limited to, when a child is abused, abandoned, or neglected by a parent, legal custodian, caregiver, or other person responsible for the child's welfare or when a child is in need of supervision and care and has no parent, legal custodian, or responsible adult relative immediately known and available to provide such supervision and care.³
- Child abuse by an adult other than a parent, legal guardian, caregiver, or other person responsible for the child's welfare. The central abuse hotline must immediately electronically transfer such reports to the appropriate county sheriff's office.⁴

Any person who knows, or has reasonable cause to suspect, that a child is the victim of sexual abuse or juvenile sexual abuse must report such knowledge or suspicion to the central abuse hotline, including if the alleged incident involves a child who is in the custody of or under the protective supervision of the department.⁵

Mandatory Reporters

A person from the general public may make a report to the central abuse hotline anonymously if he or she chooses to do so.⁶ However, A person making a report to the central abuse hotline whose occupation is in any of the following categories is required to provide his or her name to the central abuse hotline counselors:

- Physician, osteopathic physician, medical examiner, chiropractic physician, nurse, or hospital personnel engaged in the admission, examination, care, or treatment of persons;⁷
- Health care professional or mental health professional;⁸
- Practitioner who relies solely on spiritual means for healing;⁹
- School teacher or other school official or personnel;¹⁰
- Social worker, day care center worker, or other professional child care worker, foster care worker, residential worker, or institutional worker;¹¹
- Law enforcement officer;¹²
- Judge;¹³ or
- Animal control officer.¹⁴

² Section 39.201, F.S.

³ Section 39.201(1)(a)1.a., F.S.

⁴ Section 39.201(1)(a)1.b., F.S.

⁵ Section 39.201(1)2., F.S.

⁶ Section 39.201(1)2.(b)1., F.S.

⁷ Section 39.201(1)(b)2.a., F.S.

⁸ Section 39.201(1)(b)2.b., F.S.

⁹ Section 39.201(1)(b)2.c., F.S.

¹⁰ Section 39.201(1)(b)2.d., F.S.

¹¹ Section 39.201(1)(b)2.e., F.S.

¹² Section 39.201(1)(b)2.f., F.S.

¹³ Section 39.201(1)(b)2.g., F.S.

¹⁴ Section 39.201(1)(b)2.h., F.S.

Failure to Report – Penalties

A person who knowingly and willfully fails to report to the central abuse hotline known or suspected child abuse, abandonment, or neglect, or who knowingly and willfully prevents another person from doing so, commits a third degree felony.¹⁵

Any person, official, or institution participating in good faith in any act authorized or required by this chapter or reporting in good faith any instance of child abuse, abandonment, or neglect to the department or any law enforcement agency, is to be immune from any civil or criminal liability which might otherwise result by reason of such action.¹⁶

Statute of Limitations

The purpose of a statute of limitations is to limit exposure to criminal prosecution to a certain fixed period of time following the occurrence of those acts the legislature has decided to punish by criminal sanctions. Such a limitation is designed to protect individuals from having to defend themselves against charges when the basic facts may have become obscured by the passage of time and to minimize the danger of official punishment because of acts in the far-distant past.¹⁷

Courts have held that the statute of limitations affect substantive rights and that the statute of limitations that applies in a criminal case is the one that was in effect at the time of the incidents that gave rise to the charges.¹⁸

In general, time starts to run on the day after the offense is committed. An offense is committed either when every element has occurred or, if a legislative purpose to prohibit a continuing course of conduct plainly appears, at the time when the course of conduct or the defendant's complicity therein is terminated.¹⁹

Prosecution on a charge for which the defendant has previously been arrested or served with a summons is commenced by the filing of an indictment, information, or other charging document.²⁰

A prosecution on a charge for which the defendant has not previously been arrested or served with a summons is commenced when either an indictment or information is filed, provided the *capias*, summons, or other process issued on such indictment or information is executed without unreasonable delay. In determining what is reasonable, inability to locate the defendant after diligent search or the defendant's absence from the state shall be considered. The failure to execute process on or extradite a defendant in another state who has been charged by information or indictment with a crime in this state does not constitute an unreasonable delay.²¹

¹⁵ Section 39.205(1), F.S.

¹⁶ Section 39.203(1)(a), F.S.

¹⁷ *Reino v. State*, 352 So.2d 853, 860 (Fla. 1977) (citing *Toussie v. United States*, 397 U.S. 112, 114-15, 90 S.Ct. 858, 25 L.Ed.2d 156 (1970)).

¹⁸ *Torgerson v. State*, 964 So.2d 178, 179 (Fla. 4th DCA 2007) (citing *State v. Shamy*, 759 So.2d 728 (Fla. 4th DCA 2000)).

¹⁹ Section 775.15(3), F.S.

²⁰ Section 775.15(4)(a), F.S.

²¹ Section 775.15(4)(b), F.S.

The period of limitation does not run during any time when the defendant is continuously absent from the state or has no reasonably ascertainable place of abode or work within the state. However, this does not extend the period of limitation otherwise applicable by more than 3 years. This does not limit the prosecution of a defendant who has been timely charged by indictment or information or other charging document and who has not been arrested due to his or her absence from this state or has not been extradited for prosecution from another state.²²

General Time Limitations

A prosecution for a capital felony, a life felony, or a felony that resulted in a death may be commenced at any time. If the death penalty is held to be unconstitutional by the Florida Supreme Court or the United States Supreme Court, all crimes designated as capital felonies are be considered life felonies, and prosecution for such crimes may be commenced at any time.

Prosecution for offenses other than capital felony, life felony or a felony that resulted in death are subject to the following periods of limitations:

- A prosecution for a first degree felony must be commenced within 4 years after it is committed.²³
- A prosecution for any other felony must be commenced within 3 years after it is committed.²⁴
- A prosecution for a first degree misdemeanor must be commenced within 2 years after it is committed.²⁵
- A prosecution for a second degree misdemeanor or a noncriminal violation must be commenced within 1 years after it is committed.²⁶

Exceptions – Time Limitations

The Legislature may create statutory exceptions to otherwise applicable time limitations by delaying when a limitation period begins, extending it, or eliminating it entirely for specific offenses or circumstances.

Some examples of legislative exceptions to time limitations include:

- There is no time limitation for prosecuting a sexual battery committed on or after July 1, 2020, on a victim who is under 18 years of age at the time of the offense.²⁷
- Sexual battery offenses involving victims under 16 years of age may be prosecuted at any time, except when prosecution was already barred on or before July 1, 2010.²⁸
- For victims aged 16 or older, prosecution may be commenced at any time if reported within 72 hours, or otherwise must be commenced within eight years, subject to statutory exceptions.²⁹

²² Section 775.15(5), F.S.

²³ Section 775.15(2)(a), F.S.

²⁴ Section 775.15(2)(b), F.S.

²⁵ Section 775.15(2)(c), F.S.

²⁶ Section 775.15(2)(d), F.S.

²⁷ Section 775.15(20), F.S.

²⁸ Section 775.15(13)(c), F.S.

²⁹ Section 775.15(14)(a), F.S.

III. Effect of Proposed Changes:

The bill amends s. 775.15, F.S., to provide that the statute of limitations is tolled for a violation of s. 39.201, F.S., until a law enforcement agency or other governmental agency, excluding any institution where the violation occurs, is made aware of the violation.

The bill takes effect on July 1, 2026.

IV. Constitutional Issues:**A. Municipality/County Mandates Restrictions:**

The bill does not appear to require cities and counties to expend funds or limit their authority to raise revenue or receive state-shared revenues as specified by Article VII, s. 18, of the State Constitution.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None identified.

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

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

The Criminal Justice Impact Conference, which provides the final official estimate of the prison bed impact, if any, of legislation, has not yet reviewed the bill. The bill tolls the statute of limitations for criminal prosecution of failure to report known or suspected child abuse. The bill may have a positive indeterminate prison bed impact (unquantifiable increase prison bed impact) on the Department of Corrections.

VI. Technical Deficiencies:

The bill does not include a barred prosecution date for offenses occurring on or before the effective date.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends the following section 775.15 of the Florida Statutes.

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

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

None.

B. Amendments:

None.

By Senator Simon

3-00840-26

2026778__

A bill to be entitled
An act relating to forensic services for certain
defendants; amending s. 916.106, F.S.; revising the
definition of the term "forensic client" or "client";
reenacting s. 402.164(2)(b), F.S., relating to the
definition of the term "client," to incorporate the
amendment made to s. 916.106, F.S., in a reference
thereto; providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. Subsection (9) of section 916.106, Florida
Statutes, is amended to read:

916.106 Definitions.—For the purposes of this chapter, the
term:

(9) "Forensic client" or "client" means any defendant who
has been committed to the department or agency pursuant to s.
916.13, s. 916.15, ~~or~~ s. 916.302, or s. 916.303(3).

Section 2. For the purpose of incorporating the amendment
made by this act to section 916.106, Florida Statutes, in a
reference thereto, paragraph (b) of subsection (2) of section
402.164, Florida Statutes, is reenacted to read:

402.164 Legislative intent; definitions.—

(2) As used in this section through s. 402.167, the term:

(b) "Client" means a client of the Agency for Persons with
Disabilities, the Agency for Health Care Administration, the
Department of Children and Families, or the Department of
Elderly Affairs, as defined in s. 393.063, s. 394.67, s.
397.311, or s. 400.960, a forensic client or client as defined

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2026778__

in s. 916.106, a child or youth as defined in s. 39.01, a child as defined in s. 827.01, a family as defined in s. 414.0252, a participant as defined in s. 429.901, a resident as defined in s. 429.02, a Medicaid recipient or recipient as defined in s. 409.901, a child receiving child care as defined in s. 402.302, a disabled adult as defined in s. 410.032 or s. 410.603, or a victim as defined in s. 39.01 or s. 415.102 as each definition applies within its respective chapter.

Section 3. This act shall take effect July 1, 2026.

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 Children, Families, and Elder Affairs

BILL: SB 778

INTRODUCER: Senator Simon

SUBJECT: Forensic Services for Certain Defendants

DATE: January 16, 2025

REVISED: _____

| | ANALYST | STAFF DIRECTOR | REFERENCE | ACTION |
|----|---------|----------------|-----------|--------------------|
| 1. | Rao | Tuszynski | CF | Pre-meeting |
| 2. | | | AHS | |
| 3. | | | FP | |

I. Summary:

Chapter 916, F.S. requires the state to maintain facilities that house individuals with intellectual disabilities or autism that have had criminal charges against them dropped due to an incompetency to proceed in a criminal proceeding. Additionally, the state is required to maintain facilities to house defendants who are adjudicated not guilty by reason of insanity. Generally, this network of facilities managed by the Agency for Persons with Disabilities (APD) is part of the state's larger criminal forensic system, and the APD is not allowed to house forensic clients with non-forensic clients.

SB 778 amends the definition of "forensic client" to include individuals involuntarily committed to the APD that have had their charges dismissed due to an intellectual disability or autism. This allows the APD to house such individuals with other Ch. 916, F.S. residents, which is estimated to reduce duplicative staffing requirements.

The bill has an indeterminate positive fiscal impact on the APD due to the cost savings associated with the reduction of duplicative staffing requirements.

The bill is effective July 1, 2026.

II. Present Situation:

Florida's Forensic System

Chapter 916, F.S., governs the state's forensic system, which is a network of state facilities and programs for individuals who have mental health issues, an intellectual disability, or autism, and

are involved with the criminal justice system.¹ The state considers such individuals “forensic clients” and requires the Department of Children and Families (DCF) and the Agency for Persons with Disabilities (APD) to establish and maintain separate and secure forensic facilities to treat felony defendants found incompetent to proceed² in their criminal proceedings due to their intellectual disability or autism, as well as defendants who are adjudicated not guilty by reason of insanity.³ The following chart displays the different circumstances in which a defendant may be involuntarily committed for treatment based on if they have mental illness or an intellectual disability or autism:

| Statute | Type of Defendant | Goal of Involuntary Commitment |
|--|--|--|
| Defendants with Mental Illness | | |
| Section 916.13, F.S. | Felony defendant adjudicated incompetent to proceed in a criminal proceeding due to mental illness. | Provides for the involuntary commitment for treatment of mental illness to restore the defendant’s competence. |
| Section 916.15, F.S. | Defendant found not guilty by reason of insanity. | Provides for the involuntary commitment for treatment to restore the defendant’s competence, or stabilization of the defendant’s mental illness. |
| Defendants with an Intellectual Disability or Autism | | |
| Section 916.302, F.S. | Felony defendant adjudicated incompetent to proceed due to intellectual disability or autism. | Provides for the involuntary commitment for training of intellectual disability or autism to restore the defendant’s competence. |
| Section 916.303, F.S. | Defendant that has had his or her charges dismissed due to the defendant’s incompetency to proceed due to intellectual disability or autism. | Provides for the involuntary commitment for the defendant. The goal is not competency restoration, but merely placement in a secure facility for safety and treatment. |

Some defendants are dually diagnosed; meaning, they have both an intellectual disability or autism and mental illness. In these circumstances, an evaluation must be conducted to address if the defendant’s incompetency to proceed is primarily affected by the defendant’s mental illness or intellectual disability or autism.⁴ The defendant will be referred to the appropriate civil or forensic facility based on such an evaluation.⁵

A circuit court⁶ may involuntarily commit the defendant to state civil and forensic treatment facilities, or in lieu of such commitment, may be released on conditional release⁷ by the circuit

¹ Section 916.105(1), F.S.

² A defendant is “incompetent to proceed” if the “defendant does not have sufficient present ability to consult with his or her lawyer with a reasonable degree of rational understanding or if the defendant has no rational, as well as factual, understanding of the proceedings against her or him.” Section 916.12(1), F.S.

³ Section 916.105(1), F.S.

⁴ Section 916.302(3), F.S.

⁵ *Id.*

⁶ Section 916.13, 916.15, and 916.302, F.S.

⁷ Conditional release refers to release into the community accompanied by outpatient care and treatment. Section 916.17, F.S.

court if the person is not serving a prison sentence.⁸ The committing court retains jurisdiction over the defendant while the defendant is under involuntary commitment or conditional release and a defendant may not be released from either commitment or conditional release except by order of the committing court.⁹

Incompetent to Proceed

An individual is considered “incompetent to proceed” during a criminal proceeding if he or she cannot proceed at any material stage of a criminal proceeding, including the trial, pretrial hearings, entry of a plea, proceedings for violation of probation or community control, sentencing, and hearing.¹⁰ To determine a defendant’s competency to proceed, the court appoints a mental health expert¹¹ to determine if the defendant has a mental illness, and if he or she has the capacity to:¹²

- Appreciate the charges or allegations against himself or herself.
- Appreciate the range and nature of possible penalties, if applicable, that may be imposed in the proceedings against him or her.
- Understand the adversarial nature of the legal process.
- Disclose to counsel facts pertinent to the proceedings at issue.
- Manifest appropriate courtroom behavior.
- Testify relevantly.

If a defendant is deemed incompetent to proceed and meets the criteria for involuntary commitment, the defendant is committed to the DCF.¹³ Through training and education, the DCF aims to restore the defendant’s competency, at which time the defendant would resume the legal proceedings against him or her.¹⁴ If the defendant remains incompetent to proceed for five continuous, uninterrupted years, the charges against the defendant shall be dismissed without prejudice to the state. The court may dismiss charges three years after a determination the defendant’s competency cannot be restored, based on the severity of the offense. The state may refile dismissed charges if the defendant regains competency in the future.¹⁵

Defendant Found Not Guilty by Reason of Insanity

Florida law provides for an affirmative defense against criminal prosecution if, at the time of the commission of the acts constituting the offense, the defendant was insane. The law establishes insanity as when:¹⁶

- The defendant had a mental infirmity, disease, or defect; and
- Because of this condition, the defendant:

⁸ Section 916.17(1), F.S.

⁹ Section 916.16(1), F.S.

¹⁰ Section 916.106(11), F.S.

¹¹ Court-appointed experts must (1) be a psychiatrist, licensed psychologist, or physician; (2) have completed initial and annual forensic evaluator training, provided by the DCF; and (3) if performing juvenile evaluations, have completed initial and annual juvenile forensic competency evaluation training provided by the department. Section 916.115, F.S.

¹² Section 916.12(3), F.S.

¹³ Section 916.13, F.S.

¹⁴ Section 916.13, F.S.

¹⁵ Section 916.145, F.S.

¹⁶ Section 775.027, F.S.

- Did not know what he or she was doing or its consequences; or
- Although the defendant knew what he or she was doing and its consequences, the defendant did not know that what he or she was doing was wrong.

To be acquitted of criminal charges by reason of insanity, the defendant must have a mental illness that causes him or her to be manifestly dangerous to himself or herself or others.¹⁷ Upon such an acquittal, the DCF admits the defendant to the appropriate facility for treatment.¹⁸

Developmental Disabilities Defendant Program (DDDP) and Pathways

The APD operates the Developmental Disabilities Defendant Program (DDDP) and Pathways forensic programs that serve individuals with developmental disabilities that have been charged with a felony crime.¹⁹ At such programs, defendants receive competency training to restore their competency to stand trial and acquire skills to prepare them for future success.²⁰ The program also serves individuals whose felony charges have been dismissed but still require a secure placement per court order for full time supervision, treatment, and care.²¹

As of November 1, 2025, there were 95 residents at DDDP and 32 residents at Pathways.²² The DDDP facility in Chattahoochee has a capacity of 146 secure beds and the Pathways facility at the Sunland campus in Marianna has a capacity of 34 secure beds.²³ The average population for DDDP/Pathways between October 2021 and October 2025 was 125.24 residents with a minimum total population of 107 residents and a maximum total number of residents at 149 residents.²⁴

Forensic and Non-forensic Clients

The Legislature requires the DCF or APD to serve forensic clients in a “forensic facility” which separately houses persons with mental illness from persons with intellectual disabilities or autism. Additionally, forensic facilities separately house individuals who have been involuntarily committed pursuant to Ch. 916, F.S. from non-forensic residents.²⁵ Current Florida law defines forensic clients as any defendant who has been committed to the DCF or APD pursuant to the following statutes:²⁶

- **Section 916.13, F.S.:** Felony defendant adjudicated incompetent to proceed in a criminal proceeding due to mental illness.
- **Section 916.15, F.S.:** Defendant found not guilty by reason of insanity.

¹⁷ Section 916.15, F.S.

¹⁸ *Id.*

¹⁹ Agency for Persons with Disabilities, *Developmental Disabilities Defendant Program*, available at: <https://apd.myflorida.com/dddp/index.htm> (last visited 1/15/25).

²⁰ *Id.*

²¹ 2026 Agency Bill Analysis, pg. 2 (on file with the Senate committee on Children, Families, and Elder Affairs).

²² *Id.*

²³ Office of Program Policy Analysis and Government Accountability, *Agency for Persons with Disabilities*, available at: <https://oppaga.fl.gov/ProgramSummary/ProgramDetail?programNumber=5060> (last visited 1/15/25).

²⁴ *Id.*

²⁵ Section 916.106(10), F.S.

²⁶ Section 916.106(9), F.S.

- **Section 916.302, F.S.:** Felony defendant adjudicated incompetent to proceed due to intellectual disability or autism.

The definition does not include individuals under s. 916.303(3), F.S., who have had their charges dismissed but remain committed to the APD under the jurisdiction of the committing court.²⁷ Thus, the APD is required to separate these residents, leading to reports of bed underutilization and a duplication of APD's resources.²⁸ Further, the APD reports this statute creates safety concerns, as the APD is required to house residents based off of secure orders, rather than individual behavioral needs.²⁹

According to the APD, the underutilization of beds is approximately 20% at any given time, due to various requirements to separate residents.³⁰ If more residents enter the facility, current placement restrictions can pose a challenge for APD staff to determine how to separate residents, due to the inability to combine residents based on behavioral appropriateness.³¹

The number of staff required on the ward is based on the behavioral acuity of the residents placed in the ward. However, the wards have a minimum coverage of at least two staff members, to ensure a staff member is never left alone in a ward for safety purposes.³² As of December 16, 2025, there are 28 staff required per shift due to the behavioral needs of the residents, as shown below:³³

| Staffing Requirements based on Resident Census 12/16/25 | | | | |
|---|-----------------|------------------------------|--------------------|---|
| Male/Female | Commitment Type | Number of Residents 12/16/25 | Ward Type | Staffing Requirement for Number of Residents as of 12/16/25 |
| Male | 916.302 | 0 | Temporarily Closed | 0 |
| Male | 916.302 | 14 | | 3 |
| Male | 916.302 | 12 | | 2 |
| Male | 916.302 | 20 | | 4 |
| Male | 916.302 | 10 | Vulnerable | 2 |
| Male | 916.303(3) | 13 | Behavioral | 4 |
| Male | 916.302 | 13 | Honors Ward | 2 |
| Female | 916.302 | 13 | Female | 3 |
| Female | 916.303(3) | 2 | Female | 2 |
| Male | 916.303(3) | 17 | Pathways | 3 |
| Male | 916.303(3) | 16 | Pathways | 3 |
| Total | | 130 | | 28 |

²⁷ 2026 Agency Bill Analysis, pg. 3 (on file with the Senate committee on Children, Families, and Elder Affairs).

²⁸ *Id.*

²⁹ *Id.*

³⁰ *Id.*

³¹ 2026 Agency Bill Analysis, pg. 3 (on file with the Senate committee on Children, Families, and Elder Affairs).

³² E-mail with Emily Reeves, Agency for Persons with Disabilities Legislative Affairs Director, on file with the Senate Committee on Children, Families, and Elder Affairs.

³³ E-mail with Emily Reeves, Agency for Persons with Disabilities Legislative Affairs Director, on file with the Senate Committee on Children, Families, and Elder Affairs.

If the DDDP/Pathways program was able to combine individuals under s. 916.303(3), F.S. with other individuals pursuant to Ch. 916, F.S. on the same ward, the APD reports the level of staffing could be lowered to 22 staff members, due to the ability for the Pathways program to house Honors Ward residents, lowering the level of staffing coverage from three staff to two staff per ward per shift. Furthermore, the APD reports an additional ward could be created from the gained bed capacity for the female residents who have been successful or to separate residents that exhibit challenging behavior.³⁴ The following chart demonstrates the potential staffing requirements if s. 393.303(3) residents are considered forensic clients and can be housed with other Ch. 916, F.S. clients.³⁵

| Potential Staffing Requirements if s. 393.303(3), F.S. Clients are Considered Forensic | | | | |
|---|------------------------|-------------------------------------|--------------------|--|
| Male/Female | Commitment Type | Number of Residents 12/16/25 | Ward Type | Staffing Requirement for Number of Residents as of 12/16/25 |
| Male | 916 Forensic | 0 | Temporarily Closed | 0 |
| Male | 916 Forensic | 0 | Temporarily Closed | 0 |
| Female | 916 Forensic | 15 | Female | 3 |
| Male | 916 Forensic | 16 | Behavioral | 3 |
| Male | 916 Forensic | 14 | Resource | 2 |
| Male | 916 Forensic | 13 | Behavioral | 4 |
| Male | 916 Forensic | 15 | Honors Ward | 2 |
| Male | 916 Forensic | 15 | Honors Ward | 2 |
| Male | 916 Forensic | 8 | Vulnerable | 2 |
| Male | 916 Forensic | 17 | Honors Ward | 2 |
| Male | 916 Forensic | 17 | Honors Ward | 2 |
| Total | | 130 | | 22 |

The APD estimates that using current resident census numbers, six less staff will be required if s. 916.303(3) are considered forensic clients, due to the ability to combine female wards, create an additional honors ward, and adjust behavioral ward staffing requirements.³⁶

Staff Safety

From September 1, 2024, through September 30, 2025, there were 152 reported workers compensation incidents that resulted in 3,531 days of work lost.³⁷ Of such incidents, 144 incidents were associated with resident involvement; however, none of the incidents occurred in the Honors ward, indicating there are lower workers' compensation claims in resident areas where residents are grouped based on behavioral needs opposed to commitment status.³⁸

³⁴ *Id.*

³⁵ *Id.*

³⁶ E-mail with Emily Reeves, Agency for Persons with Disabilities Legislative Affairs Director, on file with the Senate Committee on Children, Families, and Elder Affairs.

³⁷ 2026 Agency Bill Analysis, pg. 3 (on file with the Senate committee on Children, Families, and Elder Affairs).

³⁸ *Id.*

III. Effect of Proposed Changes:

Section 1 of the bill amends s. 916.106 F.S. to include individuals ordered to involuntary residential services in a forensic facility pursuant to s. 916.303(3), F.S. to the definition of forensic client, allowing the APD to house residents based on behavioral appropriateness, rather than judicial determination.

Section 2 of the bill reenacts s. 402.164, F.S., relating to the definition of “client,” to incorporate the amendment made to s. 916.106, F.S., by the bill.

Section 3 of the bill provides an effective date of July 1, 2026.

IV. Constitutional Issues:**A. Municipality/County Mandates Restrictions:**

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None identified.

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

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

The bill is expected to have an indeterminate, positive fiscal impact on the APD due to the cost savings associated with a reduction in staffing across forensic facilities. The APD reports that allowing the APD to house residents based on behavioral needs, rather than

judicial determination, will provide the APD with increased flexibility to manage bed space and staffing ratios.³⁹

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 916.106

IX. Additional Information:

A. Committee Substitute – Statement of Changes:

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

None.

B. Amendments:

None.

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

³⁹ 2026 Agency Bill Analysis, pg. 5 (on file with the Senate committee on Children, Families, and Elder Affairs).

By Senator Yarborough

4-01353B-26

20261010__

A bill to be entitled

An act relating to enforcement of protections for minors; amending s. 456.52, F.S.; providing criminal penalties for health care practitioners who willfully or actively aid or abet another in a violation of specified provisions; amending s. 766.318, F.S.; authorizing the Attorney General to conduct investigations of alleged violations of a specified provision and commence a civil action for damages, injunctive relief, and civil penalties upon determining a violation has occurred; providing that damages recovered pursuant to certain civil actions accrue to the benefit of the injured minor; creating s. 1014.07, F.S.; creating a cause of action to recover damages against certain public employees and health care practitioners for violations of specified provisions; authorizing the Attorney General to conduct investigations of alleged violations of specified provisions and commence a civil action for damages, injunctive relief, and civil penalties upon determining a violation has occurred; providing that damages recovered pursuant to certain civil actions accrue to the benefit of the injured minor; providing that certain limitations on punitive damages do not apply to such actions; specifying the timeframe within which such actions may be commenced; providing construction; reenacting s. 456.074(5)(c), F.S., relating to the immediate suspension of license of certain health care practitioners, to incorporate the

4-01353B-26

20261010__

amendment made to s. 456.52, F.S., in a reference
thereto; providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. Paragraph (b) of subsection (5) of section
456.52, Florida Statutes, is amended to read:

456.52 Sex-reassignment prescriptions and procedures;
prohibitions; informed consent.—

(5)

(b) Any health care practitioner who willfully or actively
participates, or aids or abets another, in a violation of
subsection (1) commits a felony of the third degree, punishable
as provided in s. 775.082, s. 775.083, or s. 775.084.

Section 2. Section 766.318, Florida Statutes, is amended to
read:

766.318 Civil liability for provision of sex-reassignment
prescriptions or procedures to minors.—

(1) A cause of action exists to recover damages for
personal injury or death resulting from the provision of sex-
reassignment prescriptions or procedures, as defined in s.
456.001, to a person younger than 18 years of age which are
prohibited by s. 456.52(1).

(2) The Attorney General may conduct investigations of
alleged violations of s. 456.52(1) and, if the Attorney General
determines that such a violation has occurred, may commence a
civil action under this section for damages, injunctive relief,
and civil penalties of up to \$100,000 for each violation.

(3) Any damages recovered pursuant to a civil action

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20261010__

brought under this section will accrue to the benefit of the injured minor.

~~(4)(2)~~ The limitations on punitive damages in s. 768.73(1) do not apply to actions brought under this section.

~~(5)(3)~~ An action brought under this section:

(a) May be commenced within 20 years after the cessation or completion of the sex-reassignment prescription or procedure.

(b) Is in addition to any other remedy authorized by law.

~~(6)(4)~~ The cause of action created by this section does not apply to:

(a) Treatment with sex-reassignment prescriptions if such treatment is consistent with s. 456.001(9)(a)1. or 2. and was commenced on or before, and is still active on, May 17, 2023.

(b) Sex-reassignment prescriptions or procedures that were ceased or completed on or before May 17, 2023.

Section 3. Section 1014.07, Florida Statutes, is created to read:

1014.07 Civil liability.—

(1) A cause of action exists against an employee of the state, any of its political subdivisions, or any other governmental entity who violates any of the parental rights specified in s. 1014.04 or against a health care practitioner who provides, or solicits or arranges to provide, health care services or prescribes medicinal drugs to a minor child without parental consent in violation of s. 1014.06.

(2) The Attorney General may conduct investigations of alleged violations of s. 1014.04 or s. 1014.06 and, if the Attorney General determines that such a violation has occurred, may commence a civil action under this section for damages,

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20261010__

injunctive relief, and civil penalties of up to \$100,000 for each violation.

(3) Any damages recovered pursuant to a civil action brought under this section will accrue to the benefit of the affected minor.

(4) The limitations on punitive damages in s. 768.73(1) do not apply to actions brought under this section.

(5) An action brought under this section:

(a) May be commenced within 2 years after the violation occurs.

(b) Is in addition to any other remedy authorized by law.

Section 4. For the purpose of incorporating the amendment made by this act to section 456.52, Florida Statutes, in a reference thereto, paragraph (c) of subsection (5) of section 456.074, Florida Statutes, is reenacted to read:

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

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

(c) Section 456.52(5)(b), relating to prescribing, administering, or performing sex-reassignment prescriptions or procedures for a patient younger than 18 years of age.

Section 5. This act shall take effect July 1, 2026.



235940

LEGISLATIVE ACTION

Senate

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House

The Committee on Children, Families, and Elder Affairs
(Yarborough) recommended the following:

Senate Amendment (with title amendment)

Delete lines 48 - 95
and insert:

(1) A private cause of action exists to recover damages for
personal injury or death resulting from the provision of sex-
reassignment prescriptions or procedures, as defined in s.
456.001, to a person younger than 18 years of age which are
prohibited by s. 456.52(1). An individual may recover all
economic and non-economic damages for injuries he or she



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sustained before or after age 18 that are the result of sex-reassignment prescriptions or procedures provided in violation of s. 456.52(1).

(2) The Attorney General may conduct investigations of alleged violations of s. 456.52(1) and, if the Attorney General determines that such a violation has occurred, may commence a civil action under this subsection for damages, injunctive relief, and civil penalties of up to \$100,000 for each violation. Any damages recovered pursuant to a civil action brought under this subsection must accrue to the benefit of the individual injured as the result of sex-reassignment prescriptions or procedures provided in violation of s. 456.52(1).

(3)~~(2)~~ The limitations on punitive damages in s. 768.73(1) do not apply to actions brought under this section.

(4)~~(3)~~ An action brought under this section:

(a) May be commenced within 20 years after the cessation or completion of the sex-reassignment prescription or procedure.

(b) Is in addition to any other remedy authorized by law.

(5)~~(4)~~ The cause of action created by this section does not apply to:

(a) Treatment with sex-reassignment prescriptions if such treatment is consistent with s. 456.001(9)(a)1. or 2. and was commenced on or before, and is still active on, May 17, 2023.

(b) Sex-reassignment prescriptions or procedures that were ceased or completed on or before May 17, 2023.

Section 3. Section 1014.07, Florida Statutes, is created to read:

1014.07 Civil liability.—



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(1) A private cause of action exists against an employee of the state, any of its political subdivisions, or any other governmental entity who violates any of the parental rights specified in s. 1014.04 or against a health care practitioner who provides, solicits or arranges to provide, or aids or abets another to provide, health care services or prescription of medicinal drugs to a minor child without parental consent in violation of s. 1014.06. An individual may recover all economic and non-economic damages resulting from a violation of s. 1014.04 or s. 1014.06. All damages recovered pursuant to a civil action brought under this subsection must accrue to the benefit of the affected minor.

(2) The Attorney General may conduct investigations of alleged violations of s. 1014.04 or s. 1014.06 and, if the Attorney General determines that such a violation has occurred, may commence a civil action under this subsection for damages, injunctive relief, and civil penalties of up to \$100,000 for each violation. All damages recovered pursuant to a civil action brought under this subsection must accrue to the benefit of the affected minor.

(3) The limitations on punitive damages in s. 768.73(1) do not apply to actions brought under this section.

(4) An action brought under this section:

===== T I T L E A M E N D M E N T =====
And the title is amended as follows:

Delete lines 7 - 23

and insert:

clarifying that a private cause of action exists to



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recover damages for personal injury or death resulting from a violation of a specified provision; providing that an individual may recover economic and non-economic damages for injuries sustained before or after age 18 that result from such violation; authorizing the Attorney General to conduct investigations of alleged violations of a specified provision and commence a separate civil action for damages, injunctive relief, and civil penalties upon determining a violation has occurred; providing that damages recovered pursuant to such civil actions accrue to the benefit of the injured individual; creating s. 1014.07, F.S.; creating a private cause of action to recover damages against certain public employees and health care practitioners for violations of specified provisions; providing that an individual may recover economic and non-economic damages that result from such violations; providing that damages recovered pursuant to such civil actions accrue to the benefit of the affected minor; authorizing the Attorney General to conduct investigations of alleged violations of specified provisions and commence a civil action for damages, injunctive relief, and civil penalties upon determining a violation has occurred; providing that damages recovered pursuant to such civil actions accrue to the benefit of the affected minor; providing

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 Children, Families, and Elder Affairs

BILL: SB 1010

INTRODUCER: Senator Yarborough

SUBJECT: Enforcement of Protections for Minors

DATE: January 16, 2026

REVISED: _____

| | ANALYST | STAFF DIRECTOR | REFERENCE | ACTION |
|----|---------|----------------|-----------|--------------------|
| 1. | Fiore | Tuszynski | CF | Pre-meeting |
| 2. | | | HP | |
| 3. | | | RC | |

I. Summary:

SB 1010 strengthens enforcement mechanisms pertaining to statutory prohibitions on sex-reassignment prescriptions and procedures for minors under Florida law, and parental rights in health care decision-making. The bill amends s. 456.52, Florida Statutes (F.S.), to add criminal penalties for health care practitioners who willfully or actively aid or abet a minor in obtaining sex-reassignment prescriptions or procedures. It also amends s. 766.318, F.S., to authorize the Attorney General to investigate alleged violations relating to sex-reassignment for minors and commence a civil action for damages, injunctive relief, and civil penalties of up to \$100,000 per violation for the benefit of the injured minor.

The bill creates s. 1014.07, F.S., to provide a cause of action within 2 years of the occurrence to recover damages against certain public employees and health care practitioners for violations of any parental rights under s. 1014.04, F.S. and provisions of health services or drugs to minors without parental consent under s. 1014.06, F.S., respectively. The bill authorizes the Attorney General to investigate alleged violations and commence a civil action for damages, injunctive relief, and civil penalties of up to \$100,000 per violation for the benefit of the injured minor.

The bill has no anticipated fiscal impact.

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

II. Present Situation:

Sex-Reassignment Prescriptions and Procedures for Minors

In 2023, the Legislature passed SB 254, which was signed into law and took effect on May 17, 2023.¹ Under this law, sex-reassignment prescriptions and procedures for patients under 18 years of age were prohibited, subject to a grandfather provision allowing minors who were already receiving this care to continue do so.² “Sex-reassignment prescriptions and procedures” are defined as puberty blockers, hormones, or medical or surgical procedures used to affirm a person’s perceived sex when it differs from their biological sex, but exclude good-faith treatment of medically verifiable disorders of sexual development, care for conditions caused by such procedures, and medically necessary treatment to prevent imminent death or serious bodily impairment.³ Rules adopted by the Boards of Medicine and Osteopathic Medicine further implement standards and consent requirements.⁴

Health Care Practitioners

Florida law defines a health care practitioner as any person licensed under a broad range of health-related professional regulations. The definition covers practitioners licensed under statutes regulating physicians, nurses, pharmacists, mental health professionals, and other medical providers.⁵

Health care practitioners include, but are not limited to:

- Medical doctors and osteopathic physicians (Chapters 458 and 459, F.S.).
- Chiropractic physicians and podiatrists (Chapters 460 and 461, F.S.).
- Optometrists and pharmacists (Chapters 463 and 465, F.S.).
- Nurses, including advanced practice registered nurses (Chapter 464, F.S.).
- Dentists and midwives (Chapters 466 and 467, F.S.).
- Physical therapists, occupational therapists, and speech-language pathologists (Chapters 468 and 486, F.S.).
- Psychologists, clinical social workers, marriage and family therapists, and mental health counselors (Chapters 490 and 491, F.S.).

Health care practitioners who “willfully or actively participate” in violating prohibitions on sex-reassignment prescriptions and procedures for minors are to be charged with a third-degree felony; carrying potential penalties under Florida law of up to five years’ imprisonment, a fine of up to \$5,000, and, if applicable, enhanced sentencing for habitual felony offenders as provided in ss. 775.082, 775.083, and 775.084, F.S.⁶ In addition, violation of this provision is grounds for terminating a healthcare practitioner's license.⁷

¹ Ch. 2023-90, Laws of Florida; *See also*, CS/SB 254: Treatments for Sex Reassignment at <https://www.flsenate.gov/Session/Bill/2023/254>.

² Section 456.52(1), F.S.

³ Section 456.001(9), F.S.

⁴ 64B8-9.019, F.A.C.; 64B15-14.014, F.A.C.; 64B8-ER23-7, F.A.C.; and 64B15-ER2-9, F.A.C.; *see also* Patient Information and Informed Parental Consent and Assent for Minor Form at <https://flboardofmedicine.gov/forms/Puberty-Suppression-Treatment-for-Patients-with-Gender-Dysphoria-Patient-Information-and-Parental-Consent-and-Assent-for-Minors.pdf>.

⁵ Section 456.001(4), F.S.

⁶ Section 456.52(5)(b), F.S.

⁷ Section 456.52(5)(a), F.S.

There is also a civil cause of action for personal injury or death resulting from providing prohibited sex-reassignment prescriptions or procedures to minors; punitive damage limits do not apply.⁸ Such actions may be commenced no later than 20 years after the cessation or completion of the prescription or procedure; however, the cause of action shall not apply to prescriptions or procedures that ceased or completed on or before May 17, 2023, nor to treatments with puberty blockers, hormones, or hormone antagonists if the treatments were commenced before, and were still active on, May 17, 2023.⁹

Legal Challenge

Florida was one of a handful of states, alongside Tennessee, Arkansas, Alabama, Kentucky, and Idaho, that saw challenges to the constitutionality of laws passed by state legislatures seeking to restrict sex-reassignment prescriptions or procedures (also referred to as “gender-affirming care”) for minors.¹⁰ The federal district courts in these states adopted the plaintiffs’ equal-protection position, nearly unanimously holding the bans unconstitutional. Some federal district courts determined that the interests asserted by the states were pretextual, with certain courts further concluding that the bans were driven by animus toward transgender individuals.¹¹ States defended their bans by contending that the effectiveness of gender-affirming care is unproven,¹² that such treatment involves risks,¹³ that gender dysphoria may naturally resolve over time,¹⁴ that minors could later regret irreversible interventions,¹⁵ and that patients may receive care without adequate informed consent.¹⁶ The Florida district court rejected these arguments, finding that gender-affirming care is supported by substantial research and endorsed by leading medical organizations, and observing that its risks are comparable to those of other medical treatments excluded from the scope of the ban.¹⁷

On appeal, the Sixth and Eleventh Circuits issued opinions lifting the preliminary injunctions against the bans in Tennessee, Kentucky, Alabama, and Florida.¹⁸ These courts rejected claims that the bans merit heightened scrutiny, instead subjecting them only to rational-basis review and dismissed the plaintiffs’ equal-protection challenges to the bans. In reviewing the Florida district court specifically, the Eleventh Circuit concluded that the district court likely erred by finding Florida’s law was motivated by discriminatory animus, holding instead that binding circuit precedent requires a presumption of legislative good faith. The court found the State showed a strong likelihood of success on the merits and that the remaining stay factors—irreparable harm

⁸ Section 766.318(1)-(2), F.S.

⁹ Section 766.318(3)-(4), F.S.

¹⁰ Doe v. Ladapo, 737 F. Supp. 3d 1240 (N.D. Fla. 2024); *see also* L.W. ex rel. Williams v. Skrmetti, 679 F. Supp. 3d 677 (M.D. Tenn. 2023); Brandt v. Rutledge, 677 F. Supp. 3d 877 (E.D. Ark. 2023); Eknes-Tucker v. Marshall, 603 F. Supp. 3d 1131 (M.D. Ala. 2022); Doe I v. Thornbury, 679 F. Supp. 3d 576 (W.D. Ky. 2023); and Poe by & through Poe v. Labrador, 709 F. Supp. 3d 1169 (D. Idaho 2023).

¹¹ Doe v. Ladapo, 737 F. Supp. 3d 1240, 1273-75 (N.D. Fla. 2024).

¹² Poe, 709 F. Supp. 3d at 1193.

¹³ *Id.* at 1193-94.

¹⁴ Eknes-Tucker, 603 F. Supp. 3d at 1142-43.

¹⁵ Doe, 737 F. Supp. 3d at 1291-92.

¹⁶ *Id.* at 1287.

¹⁷ *Id.* at 1258-59.

¹⁸ L.W. ex rel. Williams v. Skrmetti, 73 F.4th 408, 413 (6th Cir. 2023); Doe v. Thornbury, 75 F.4th 655, 657 (6th Cir. 2023); Eknes-Tucker v. Governor of Ala., 80 F.4th 1205, 1231 (11th Cir. 2023); and Doe v. Surgeon Gen., No. 24-11996, 2024 WL 4132455 (11th Cir. Aug. 26, 2024).

to the State, limited harm to plaintiffs, and the public interest in protecting children and enforcing duly enacted laws—favored Florida. Accordingly, the court stayed the district court’s injunction.¹⁹

Moreover, the United States Supreme Court upheld Tennessee’s statewide ban on prescribing puberty blockers and hormone therapy for the treatment of gender dysphoria, concluding under rational basis review that the law does not violate the Equal Protection Clause of the Fourteenth Amendment.²⁰

Parental Rights in Florida

Chapter 1014, F.S., known as the “Parents’ Bill of Rights,” affirms that parents have a fundamental right to direct the upbringing, education, and health care of their minor children.²¹ Parents have the right to direct the education and care of their minor child.²² Parents may choose the type of schooling for their child, including public, private, religious, or home education programs;²³ and access and review all school records related to their minor child.²⁴ Parents also have the right to direct the moral or religious upbringing of their child.²⁵

Schools must promptly notify parents if a school employee suspects a criminal offense has been committed against their child, unless notification interferes with a law enforcement or child protective investigation.²⁶

Parents have the right to make health care decisions for their minor children, including access to medical records and control over medical services and personal health data.²⁷ Except where otherwise authorized by law, health care practitioners must obtain parental consent before providing medical services to a minor.²⁸

Parents also retain the right to access and review all medical records, unless the parent is under investigation for a crime against the child and law enforcement has requested records not be released;²⁹ and provide written consent before any biometric scan or DNA sample is taken, stored, or shared.³⁰

Additionally, written parental consent is required before video or voice recording of a minor child is created by a government entity, except for purposes such as classroom instruction, security monitoring, or forensic investigations.³¹

¹⁹ Doe v. Surgeon Gen., No. 24-11996, 2024 WL 4132455, at *3-4 (11th Cir. Aug. 26, 2024).

²⁰ United States v. Skrmetti, 605 U.S. 495 (2025).

²¹ Section 1014.04(1), F.S.

²² Section 1014.04(1)(a), F.S.

²³ Section 1014.04(1)(c), F.S.

²⁴ Section 1014.04(1)(d), F.S.

²⁵ Section 1014.04(1)(b), F.S.

²⁶ Section 1014.04(1)(j), F.S.

²⁷ Section 1014.04(1)(e)-(f), F.S.

²⁸ Section 1014.06(1), F.S.

²⁹ Section 1014.04(1)(f), F.S.

³⁰ Section 1014.04(1)(g)-(h), F.S.

³¹ Section 1014.04(1)(i), F.S.

Examples of exceptions to the written parental consent requirement include circumstances involving criminal or juvenile justice processing, such as DNA collection upon arrest or during a sexual offense investigation.³²

Exceptions to Parental Consent

Under current law, minors may independently consent to certain health care services without parental approval. These exceptions include:

- Treatment for Sexually Transmissible Diseases (STDs) – A minor may consent to examination and treatment for STDs without parental involvement.³³
- Emergency Medical Treatment – A minor may receive emergency medical care if parental consent is unavailable.³⁴
- Emergency Behavioral Health Care – A minor may be taken into custody and receive emergency mental health or substance abuse evaluation and treatment under the Baker Act³⁵ or Marchman Act³⁶ without parental consent.
- Mental Health Services – A minor aged 13 or older may consent to diagnostic and evaluative mental health services. However, parental consent is required for therapeutic services beyond two visits within a one-week period.³⁷
- Blood Donation – A minor who is at least 17 years old may donate blood, provided there is no written objection from the parent or guardian.³⁸
- Pregnancy-Related Care – An unwed, pregnant minor may consent to medical or surgical care related to her pregnancy. However, this does not include medical care unrelated to pregnancy.³⁹
- Substance Abuse Treatment – A minor may consent to substance abuse treatment without parental approval.⁴⁰
- When the disability of nonage has been removed pursuant to specific statutes in chapter 743, F.S.
- Substitute Consent – If a parent or legal guardian is unavailable and cannot be contacted after reasonable attempts, certain relatives—including stepparents, grandparents, adult siblings, or adult aunts and uncles—may provide consent for the minor’s medical treatment.⁴¹

When a Parent is Prohibited by Law from Making Health Care Decisions

In certain circumstances, a parent may be legally prohibited from making health care decisions for their minor child, including:

³² Sections 943.325 and 943.326, F.S.

³³ Section 384.30, F.S.

³⁴ Section 743.064, F.S.

³⁵ Section 394.463, F.S.

³⁶ Section 397.675, F.S.

³⁷ Section 394.4784, F.S.

³⁸ Section 743.06, F.S.

³⁹ Section 743.065, F.S.

⁴⁰ Section 397.601, F.S.

⁴¹ Section 743.0645, F.S.

- Termination or Restriction of Parental Rights – A parent loses medical decision-making authority if a court terminates their rights due to abuse, neglect, or abandonment. In such cases, a legal guardian, foster parent, or the Department of Children and Families assumes this role.⁴²
- Court Orders for Abuse, Neglect, or Domestic Violence – A court may issue a protective order restricting a parent’s ability to make medical decisions.⁴³
- Incapacity or Unfitness of the Parent – A parent deemed legally incapacitated, such as due to severe mental illness or substance abuse, may lose decision-making authority, which transfers to a court-appointed guardian.⁴⁴
- Court-Ordered Medical Treatment – A court may override parental consent if a parent refuses life-saving or medically necessary treatment for their child.⁴⁵

Disciplinary Actions for Violations of Parental Consent Requirements

Florida law subjects health care practitioners to disciplinary action for violations of professional standards or statutory requirements.⁴⁶ Failure to comply with parental consent requirements is a disciplinary violation, and practitioners may face penalties for providing services to a minor without obtaining required parental consent.⁴⁷

Enforcement and Legal Actions

Florida law establishes enforcement mechanisms to ensure compliance with health care regulations. These include:

- Assessment of investigative and prosecution costs against the practitioner if disciplinary action is taken.⁴⁸
- An injunction or writ of mandamus to prohibit continued violations of the regulations.⁴⁹
- Permanent revocation of a license for severe violations, with limited options for reapplication.⁵⁰

III. Effect of Proposed Changes:

Section 1 amends s. 456.52(5)(b), F.S., to establish that a health care practitioner that aids or abets another in violating prohibitions on sex-reassignment prescriptions or procedures for minors commits a third-degree felony. This explicitly extends criminal liability to accomplices, not only direct actors.

Section 2 amends s. 766.318, F.S., to authorize the Attorney General to investigate alleged violations of s. 456.52(1), F.S., and commence civil actions for damages, injunctive relief, and

⁴² Section 39.806, F.S.

⁴³ Section 741.30, F.S.

⁴⁴ Section 744.3215, F.S.

⁴⁵ Section 39.407(2), F.S.

⁴⁶ Section 456.072(1), F.S.

⁴⁷ Section 456.072(1)(rr), F.S.

⁴⁸ Section 456.072(4), F.S.

⁴⁹ Section 456.072(5), F.S.

⁵⁰ Section 456.072(6), F.S.

civil penalties up to \$100,000 per violation. The section requires all recovered damages accrue to benefit the affected minor. The section maintains existing provisions related to limitations periods, exceptions for certain ongoing treatments, and punitive damages considerations.

Section 3 creates s. 1014.07, F.S., to establish a civil cause of action against: a state or local government employee who violates parental rights under s. 1014.04, F.S.; or health care practitioner who provides, solicits, or arranges health care services or prescribes medicinal drugs to a minor without parental consent in violation of s. 1014.06, F.S.

The section also authorizes the Attorney General to investigate and bring civil enforcement actions for alleged violation of ss. 1014.04 or s. 1014.06, F.S. If the AG determines such a violation has occurred, they may seek damages, injunctive relief, and civil penalties up to \$100,000 per violation. The section requires all recovered damages accrue to benefit the affected minor. The bill also specifies that punitive damages caps do not apply and establishes a two-year statute of limitations.

Section 4 reenacts s. 456.074(5)(c), F.S., to incorporate the substantive changes in the bill relating to emergency licensure suspension authority for practitioners upon arrest for relevant violations.

Section 5 provides an effective date of July 1, 2026.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None identified.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

None.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 456.52, 766.318, 456.074.

This bill creates the following section of the Florida Statutes: 1014.07.

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

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

None.

B. Amendments:

None.