

Tab 1 SB 1082 by Grall (CO-INTRODUCERS) Gaetz; Identical to H 01449 Statewide Provider and Health Plan Claim Dispute Resolution Program						
925054	A	S	RCS	HP, Grall	Delete L.37 - 40:	01/27 09:21 AM

Tab 2 SB 1168 by Grall; Identical to H 01069 Background Screenings						
266302	A	S	RCS	HP, Grall	btw L.369 - 370:	01/27 09:21 AM

Tab 3 SB 1756 by Yarborough; Similar to H 00917 Medical Freedom						
882450	A	S	RCS	HP, Harrell	btw L.180 - 181:	01/27 09:21 AM
560756	A	S	WD	HP, Harrell	Delete L.209:	01/27 09:21 AM
205828	SA	S	UNFAV	HP, Harrell	Delete L.209:	01/27 09:21 AM

Tab 4 SB 1156 by Trumbull; Similar to H 01207 Ambulatory Surgical Centers						
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Tab 5 SB 1480 by Burton; Temporary Certificates for Practice in Areas of Critical Need						
755302	D	S	RCS	HP, Burton	Delete everything after	01/27 09:21 AM

The Florida Senate
COMMITTEE MEETING EXPANDED AGENDA

HEALTH POLICY
Senator Burton, Chair
Senator Harrell, Vice Chair

MEETING DATE: Monday, January 26, 2026

TIME: 3:30—5:30 p.m.

PLACE: Pat Thomas Committee Room, 412 Knott Building

MEMBERS: Senator Burton, Chair; Senator Harrell, Vice Chair; Senators Berman, Calatayud, Davis, Gaetz, Leek, Massullo, Osgood, Passidomo, and Trumbull

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
1	SB 1082 Grall (Identical H 1449)	Statewide Provider and Health Plan Claim Dispute Resolution Program; Specifying additional circumstances under which a disputed claim is not subject to review under the statewide provider and health plan claim dispute resolution program, etc. HP 01/26/2026 Fav/CS BI RC	Fav/CS Yeas 10 Nays 0
2	SB 1168 Grall (Identical H 1069, Compare H 1229, S 1438)	Background Screenings; Specifying additional disqualifying offenses under the background screening requirements for certain persons; requiring the Agency for Health Care Administration, beginning on a specified date or as soon as practicable thereafter, to review and determine eligibility for all criminal history checks submitted to the Care Provider Background Screening Clearinghouse by specified agencies; providing that, beginning on a specified date, an independent sanctioning authority is considered a qualified entity for the purpose of participating in the clearinghouse; requiring qualified entities conducting background criminal history checks to designate a user administrator for a specified purpose, etc. HP 01/26/2026 Fav/CS AHS FP	Fav/CS Yeas 10 Nays 0

COMMITTEE MEETING EXPANDED AGENDA

Health Policy

Monday, January 26, 2026, 3:30—5:30 p.m.

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
3	SB 1756 Yarborough (Similar H 917)	Medical Freedom; Citing this act as the "Medical Freedom Act"; requiring certain health care practitioners and paramedics to, before administering a vaccine to a minor child, inform the parent or legal guardian of certain information using materials approved and adopted by joint rule of the Board of Medicine and the Board of Osteopathic Medicine; providing that specified amendments made by the act to s. 456.0575, F.S., take effect within a specified timeframe after the Board of Medicine and the Board of Osteopathic Medicine adopt certain materials by joint rule; authorizing pharmacists to provide ivermectin to adults without a prescription as a behind-the-counter medication until the United States Food and Drug Administration approves it for over-the-counter sale; revising exemptions from school-entry immunization requirements, etc. HP 01/26/2026 Fav/CS AP RC	Fav/CS Yeas 6 Nays 4
4	SB 1156 Trumbull (Similar H 1207, Compare S 1596)	Ambulatory Surgical Centers; Specifying requirements for issuance, denial, suspension, and revocation of ambulatory surgical center licenses; requiring each licensed facility to maintain and provide upon request records of all inspection reports pertaining to that facility; prohibiting any person from paying or receiving a commission, bonus, kickback, or rebate or engaging in any split-fee arrangement for referring a patient to a licensed facility; prohibiting a licensed facility from denying, for a specified reason, the applications of certain licensed health care practitioners for staff membership and clinical privileges; requiring licensed facilities to provide for peer review of certain physicians and develop procedures to conduct such reviews, etc. HP 01/26/2026 Favorable FP	Favorable Yeas 10 Nays 0
5	SB 1480 Burton	Temporary Certificates for Practice in Areas of Critical Need; Authorizing certain health care practitioners practicing under a temporary certificate to practice in areas of critical need to continue to practice after such areas lose such designation if certain conditions are met, etc. HP 01/26/2026 Fav/CS AHS RC	Fav/CS Yeas 9 Nays 0

Other Related Meeting Documents

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

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

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

BILL: CS/SB 1082

INTRODUCER: Health Policy Committee and Senators Grall and Gaetz

SUBJECT: Statewide Provider and Health Plan Claim Dispute Resolution Program

DATE: January 28, 2026

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Rainer	Brown	HP	Fav/CS
2.			BI	
3.			RC	

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/SB 1082 amends the Statewide Provider and Health Plan Dispute Resolution Program under s. 408.7057, F.S. The bill adds two additional matters to the list of health services claims which may not be reviewed by the program. First, it would exclude any claim involving emergency care by a licensed hospital if the claim was submitted to the federal independent dispute resolution process and also meets the criteria for the federal process. Second, it would exclude any claim by an out-of-network provider if the claim was submitted to the federal independent dispute resolution process and also meets the criteria for the federal process.

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

II. Present Situation:

Balance Billing and Surprise Billing

In 1999 the Florida Legislature established the Advisory Group on Submission and Payment of Health Claims. The Advisory Group was to review and provide recommendations as to prompt payment of health insurance claims. The group submitted a report to the Legislature on February 1, 2000.¹

¹ Senate Staff Analysis, SB 1508 and 706 and 2234, Apr. 26, 2000, available at:
https://www.flsenate.gov/Session/Bill/2000/1508/Analyses/20001508SFP_SB1508.fp.pdf

The report dealt, in part, with concerns as to “balance billing.” Balance billing occurs when a health care provider seeks to collect from the member/subscriber of a health plan, the difference between what the provider charges and what is paid by the health plan. The report noted that in 1988, the Legislature passed s. 641.315, F.S., which prohibits a provider of services from billing a member of a health maintenance organization (HMO) for any service that is covered by the HMO. It was further noted that there was some ambiguity whether the prohibition on subscriber billing applied to health care providers who did not have a contract with the HMO; i.e. noncontracted or out-of-network providers.²

The report also recognized that the Agency for Health Care Administration (AHCA) had performed an emergency room claims payment survey and that there were some methodology concerns with the survey. It was acknowledged that s. 395.1041, F.S., provides for universal access to hospital emergency departments.³ In 1986, the U.S. Congress enacted the Emergency Medical Treatment and Active Labor Act (EMTALA). The EMTALA imposes obligations for hospitals that have Medicare contracts to provide emergency services to all patients who are present at an emergency department. Section 395.1041, F.S., extends such EMTALA obligations to all Florida hospitals with an emergency department.

The report noted some billing code problems with emergency department claims. Also, a concern was recognized that not all providers in the emergency department necessarily had contracts with a patient’s HMO for services, e.g. anesthesia, physicians, radiology, and pathology.

The report further noted the Statewide Provider and Subscriber Assistance Program. However, the program only addressed grievances that HMO members had with their HMO and providers within the HMO’s provider network. The program was limited to quality of care concerns and did not apply to payment issues. Disputes between the provider, HMO, and members as to payment of claim were not within the jurisdiction of the program.⁴

In 2000, the Legislature adopted ch. 2000-252, Laws of Florida, which addressed many of the concerns raised in the report. In particular, as to the balance billing issues, s. 641.315, F.S., was amended to recognize that a provider who has a contract with an HMO cannot balance bill a member of the HMO. The amendment did not address whether the HMO was liable for non-authorized care such as emergency care and treatment.⁵

Next, the 2000 law created a new s. 641.3154, F.S., which established that if a noncontracted provider follows an HMO’s authorization procedures and receives authorization, then the HMO is solely liable for the payment and the provider may not balance bill the HMO member. However, the law was unclear whether the HMO would be liable to noncontracted providers who did not obtain authorization when providing emergency care and treatment.⁶

² *Id.*

³ *Id.*

⁴ *Id.*

⁵ *Id.*

⁶ *Id.*

The 2000 law also adopted a new s. 408.7057, F.S., which created the Statewide Provider and Managed Care Organization Claim Dispute Resolution Program. The program was to be administered by the AHCA and established by January 1, 2001. The AHCA was required to contract with an independent third-party claims dispute resolution organization. The resolution organization would provide assistance and review of claims disputes between providers, both contracted and noncontracted, and managed care organizations. The AHCA was directed to adopt rules for jurisdictional amounts for claims, batching of claims, the process to submit and review claim disputes, and the issuing of recommendations.

Within 30 days of the resolution organization issuing its recommendations, the AHCA is required to issue a final order. The 2000 law also contained a list of claims parameters which were not subject to dispute resolution by the program.⁷ It is this last requirement, i.e. the list of exclusions,⁸ which is the subject of SB 1082.

In 2002, the Legislature amended s. 408.7057, F.S., to change the name of the program to Statewide Provider and Health Plan Claim Dispute Resolution Program. The scope of managed care plans and insurers who could participate in the program was expanded significantly. There were also timeframes established for various parts of the process, i.e., submittal of the claim, submittal of supporting documentation, and review time by the resolution organization. A default process was provided. The authority was provided to the AHCA to report health plans or health care providers who had a 12-month pattern of noncompliance with Florida's Prompt Pay Law⁹ to their applicable licensing or certification entity. Also, if the AHCA issued a final order pursuant to the resolution process, and the final order was not paid or was otherwise violated, then the AHCA is to notify in seven days the appropriate licensing or certification entity of the offender about the offender's noncompliance. Lastly, the AHCA was to be directed to annually report to the Governor and Legislature, by February 1 of each year, the number of claims dismissed, defaults issued, and failure to comply with the AHCA's final orders on award amounts.¹⁰

In 2016, the Legislature again considered the issues of balance billing in a number of different bills. For this round of law making, the issue was referred to as "Surprise Billing." Surprise billing was recognized as patient encounters in which:

- An HMO member or health insurance policy holder utilizes an in-network hospital but is billed by noncontracted providers who provide services at such hospital or are consulted by a network physician. This could happen in the emergency or nonemergency scenario.
- An HMO member or health insurance policy holder receives out-of-network emergency care from an out-of-network hospital.¹¹

The Legislature adopted ch. 2016-222, Laws of Florida. The 2016 law required all hospitals to post on their websites those health plans with which they are a contracted network provider. In addition, a hospital was required to deliver a statement to patients that the patient has the

⁷ Chapter 2000-252, Laws of Florida, pp 10-12.

⁸ Section 408.7057,(2)(b), F.S.

⁹ Sections 627.6131 and 641.3155, F.S.

¹⁰ Chapter 2002-389, Laws of Florida, pp 9-12.

¹¹ House Staff Analysis, HB 221, April 15, 2016, available at:

<https://www.flsenate.gov/Session/Bill/2016/221/Analyses/h0221z1.IBS.PDF>

obligation to determine which health care providers involved in their care are contracted with the patient's health plan.

Next, the 2016 law recognized that the obligation to provide emergency care is a mandated coverage under Florida law and made changes to ensure such mandated coverage for emergency services covered all types of health plans and insurers, not just HMOs.¹² All providers, whether contracted or noncontracted, who provide emergency services are to be paid by the health plan.¹³

If nonemergency care is provided by an in-network hospital which has noncontracted providers, then for any covered services, the health plan must likewise cover such services.¹⁴ Lastly, the 2016 law provided that any dispute by a nonparticipating provider only has jurisdiction in a court of competent jurisdiction or "through the voluntary dispute resolution process in s. 408.7057, F.S."¹⁵

Finally, amendments were made to s. 408.7057, F.S., in 2016.¹⁶ A subsection was added for a settlement process. Authorization was provided that the resolution organization could receive witnesses, evidence, and conduct a hearing. *Ex parte* communication with the dispute organization was prohibited. The resolution organization was required to issue a written recommendation with findings of fact, its method of calculating any award, and to indicate what evidence it relied upon. Lastly, jurisdiction was provided to review any final order pursuant to s. 120.68, F.S.

In 2022, the Legislature expanded the scope of the dispute resolution process to pharmacies.¹⁷

Statewide Provider and Health Plan Claim Dispute Resolution Program

The AHCA has been administering the program for approximately 25 years and has developed a website for access to the program.¹⁸ The dispute resolution entity is Capitol Bridge, LLC.¹⁹ Rule 59A-12.030, F.A.C. has been published as to the program's administration. The rule provides the following categories of claims which are to be submitted:

- Hospital inpatient services claims.
- Hospital outpatient services claims.
- Professional services claims.

¹² Chapter 2016-222, Laws of Florida, pp 6- 8.

¹³ *Id.*

¹⁴ Sections 627.64194(3) and 641.3154, F.S.

¹⁵ Section 627.64193(6), F.S. It is unclear whether such jurisdictional requirement applies to HMOs.

¹⁶ *Id.* at Section 7, (pages 3-5)

¹⁷ Agency for Health Care Administration, Statewide Provider and Health Plan Claim Dispute Program, 2024 Annual Report; page 1, available at: <https://ahca.myflorida.com/health-quality-assurance/bureau-of-health-facility-regulation/certificate-of-need-and-commercial-managed-care-unit/commercial-managed-care/statewide-provider-and-health-plan-claim-dispute-resolution-program> (last visited Jan. 23, 2026)

¹⁸ Available at: <https://ahca.myflorida.com/health-quality-assurance/bureau-of-health-facility-regulation/certificate-of-need-and-commercial-managed-care-unit/commercial-managed-care/statewide-provider-and-health-plan-claim-dispute-resolution-program> (last visited Jan. 23, 2026)

¹⁹ Capitol Bridge, LLC is also a certified independent dispute resolution entity for the federal No Surprises Act process. *See*: <https://www.cms.gov/nosurprises/help-resolve-payment-disputes/certified-idre-list> (last visited Jan. 23, 2026)

Pursuant to s. 408.7057, F.S., and the rule, claims that meet the following parameters are not eligible for the program:

- Is related to interest payment;
- Does not meet the following jurisdictional amounts²⁰;
 - Hospital inpatient claims: a total amount of \$25,000 + for health plan contracted hospitals and \$10,000 + for non-contracted hospitals
 - Hospital outpatient claims: a total amount of \$10,000 + for health plan contracted hospitals, and \$3,000 + for non-contracted hospitals
 - Professional Services: a minimum amount of \$500 +
- Is part of an internal grievance in a Medicare managed care organization or a reconsideration appeal through the Medicare appeals process;
- Is related to a health plan that is not regulated by the state;
- Is part of a Medicaid fair hearing pursued under 42 C.F.R. ss. 431.220 et seq;
- Is the basis for an action pending in state or federal court;
- Is subject to a binding claim-dispute-resolution process provided by contract entered into prior to October 1, 2000, between the provider and the managed care organization;
- When a contract requires exhaustion of an internal dispute-resolution process as a prerequisite to the submission of a claim by a provider or a health plan to the resolution organization; and
- A disputed claim which is more than 12 months after a final determination has been made on a claim by a health plan or provider.

The annual reports which the AHCA has submitted to the Legislature contain the following statistics.²¹

Year	Number of Claims Submitted	Number of Claims Deemed Eligible	Claims Range
2024	77	58	\$396.45 to \$22,379,900.00
2023	296	137	\$34.44 to \$10,879.6660
2022	563	443	\$539.17 to \$1,001,694,838.00
2021	111	73	\$893.19 to \$2,320399.58

Federal No Surprises Act Independent Resolution Process (IDR)

The federal government has been likewise active in legislating in this area. In 1986, the genesis of this legislative matter commenced with the adoption of Emergency Medical Treatment and Active Labor Act (EMTALA).²² The EMTALA requires hospitals that participate in the Medicare program and which offer emergency services to provide medical screening and

²⁰ Claims can be aggregated to reach these jurisdictional amounts. Rule, 59A-12.030(5)(c), F.A.C. Rural hospitals are exempt from such aggregation requirement. Rule, 59A-12.030(5)(d), F.A.C.

²¹ The annual reports are available at: <https://ahca.myflorida.com/health-quality-assurance/bureau-of-health-facility-regulation/certificate-of-need-and-commercial-managed-care-unit/commercial-managed-care/statewide-provider-and-health-plan-claim-dispute-resolution-program> (last visited Jan. 23, 2026)

²² 42 U.S.C. §1395dd.; see also Centers for Medicare & Medicaid Services, Emergency Medical Treatment & Labor Act (EMTALA), <http://www.cms.gov/Regulations-and-Guidance/Legislation/EMTALA/index.html?redirect=/emtal/> (last visited Jan. 23, 2026)

stabilization to any person who presents with an emergency medical condition or active labor, regardless of the ability to pay or payor source. Florida adopted a very similar requirement in s. 395.1041, F.S., but extended it to all hospitals as a condition of licensure. The AHCA has the full range of administrative remedies and sanctions for any violation, from licensure revocation to fines up to \$10,000 per violation.²³ Criminal sanctions can be imposed against hospital administrative or medical staff for violations.²⁴ In addition, physicians licensed under ch. 458 or 459, F.S., who violate the statute can be fined.²⁵ Lastly, a private cause of action can be asserted against a hospital or licensed physician who violates the statute.²⁶

Numerous disputes between health plans and insurers, and hospitals or health care providers have been filed as to the payment of claims for patients who presented to noncontracted hospitals and providers. Florida law was at the forefront of resolving the issue of payment liability for such patients. Florida holds the patient harmless and requires the hospital or health care provider to either resort to a suit in court or dispute resolution through the Statewide Provider and Health Plan Claim Dispute Resolution Program.²⁷

The federal government, in 2010, began legislating on these topics with adoption of the Patient Protection and Affordable Care Act (ACA).²⁸ The ACA provided, in part, that health plans, if they offered any coverage for emergency benefits, could not require prior authorization nor the use of only contracted providers for emergency services.²⁹ However, the ACA did not prohibit balance billing. Rather, it provides for a cost sharing requirement by the patient, and a minimum rate that health plans are to reimburse noncontracted providers.³⁰ Yet, the ACA provides that such cost sharing requirements do not apply if state law prohibits balance billing or the plan is contractually liable for the payment.³¹

The federal government again addressed these issues in 2020 with the adoption of the “No Surprises Act” (NSA).³² This was a comprehensive approach by Congress as to the patient, provider, and payor issues concerning surprise billing for emergency services. The NSA covers situations where a patient receives an unexpected medical bill from a noncontracted provider without having had a chance to select a contracted provider, e.g. medical emergency.³³ Federal protections are now provided for patients against surprise billing, and a patient has to only pay the same co-pays or coinsurance amount as if they had presented to a contracted provider.³⁴

²³ Section 395.1041(5)(a), F.S.

²⁴ Section 395.1041(5)(c), F.S.

²⁵ Section 395.1041(5)(e), F.S.

²⁶ Section 395.1041(5)(b), F.S.

²⁷ Sections 627.64194 and 641.3154, F.S.

²⁸ Patient Protection and Affordable Care Act, Pub. L. No. 111-148, H.R. 3590, 11th Cong. (March 23, 2010). On March 30, 2010, PPACA was amended by P.L. 111-152, the Health Care and Education Reconciliation Act of 2010; 42 U.S.C. 300gg through 300gg-63, 300gg-91, 300gg-92, and 300gg-111 through 300gg-139.

²⁹ 42 C.F.R. § 147.138(b)

³⁰ 42 C.F.R. § 147.138(b)(3)

³¹ House Staff Analysis, HB 221, April 15, 2016.

³² PL 116-260, December 27, 2020, 134 Stat 1182, Consolidated Appropriations Act, 2021, Division BB - Title I sections 101 through 118; 42 U.S.C. § 300gg-111.

³³ Federal Independent Dispute Resolution (IDR) Process Guidance for Disputing Parties October 2022, page 4, available at: <https://www.cms.gov/files/document/federal-independent-dispute-resolution-guidance-disputing-parties.pdf>

³⁴ *Id.*

Providers and health plan payment disputes were also addressed by the NSA. A health plan is required to pay the amount determined by a “specified state law” or, if there is no specified state law, the amount they negotiate, or as determined by an “independent dispute review” (IDR) program set forth in federal rule. The health plan must make a payment within 30 days of receiving a claim from a noncontracted provider or deny the claim. If either party disputes the payment amount or denial of claim, the party must notify the other party that they want to negotiate. The parties have 30 business days to openly negotiate. If, after this 30-day period, the parties are unable to agree, they then can submit the claims to the federal IDR.³⁵ A determination is made by a certified IDR entity. The determination is binding on the parties and is subject to judicial review in very limited circumstances.³⁶

The federal IDR recently has commenced activity. There are 15 entities certified for accepting disputes.³⁷ At the start of 2025, there were more than 600,000 disputes awaiting determination.³⁸ The IDR at times receives 200,000 + disputes a month for resolution.³⁹ Nevertheless, 90 percent of all disputes submitted have been resolved.⁴⁰ The program will be adding more certified IDR entities and updating its web portal to streamline operations.⁴¹

A significant part of the workload of the federal IDR process is determining if a dispute is eligible for determination. In approximately 45 percent of the cases, the non-initiating party challenges the eligibility.^{42, 43} Even if not challenged, the IDR entity must still review and determine eligibility of a claim.⁴⁴ The volume of claims found ineligible has ranged between 18 percent and 22 percent.⁴⁵

³⁵ Federal Independent Dispute Resolution (IDR) Process Guidance for Disputing Parties, October 2022, page 4.

³⁶ 42 U.S.C.A. § 300gg-111(c)(5)(E)

³⁷ Centers for Medicare & Medicaid Services, Fact Sheet: Clearing the Independent Dispute Resolution Backlog, September 2025, available at: <https://www.cms.gov/files/document/fact-sheet-clearing-independent-dispute-resolution-backlog.pdf>

³⁸ *Id.*

³⁹ Centers for Medicare & Medicaid Services, Independent Dispute Resolution Reports, available at: <https://www.cms.gov/nosurprises/policies-and-resources/reports> (last visited Jan. 23, 2026)

⁴⁰ Centers for Medicare & Medicaid Services, Fact Sheet: Clearing the Independent Dispute Resolution Backlog, September 2025

⁴¹ *Id.*

⁴² Supplemental Background on Federal Independent Dispute Resolution Public Use Files January 1, 2024 – June 30, 2024, available at: <https://www.cms.gov/files/document/supplemental-background-federal-idr-puf-january-1-june-30-2024-march-18-2025.pdf>

⁴³ There has been litigation concerning the question of eligibility at both the state and federal levels. In the State of Florida, the case of *Blue Cross Blue Shield of Fla., Inc. v. Outpatient Surgery Ctr. of St. Augustine*, 66 So. 3d 952 (Fla. 1st DCA 2011), raised the question of whether a non-initiating could opt-out of the State IDR. It was held that a non-initiating party could “opt out” at any time before fact finding, by filing a complaint in court. *Id.* There was a dissent that questioned whether the statutes truly allow opting out. At the federal level, there has been a significant amount of recent litigation by health plans asserting that providers are using the federal IDR to flood the plans with claims that are ineligible and are getting improper IDR awards. Anthem sues 11 Prime hospitals, alleges \$15M in fraudulent No Surprises Act awards, January 7, 2026. See: <https://www.beckerspayer.com/legal/anthem-sues-11-prime-hospitals-alleges-15m-in-fraudulent-no-surprises-act-awards/> (last visited Jan. 23, 2026)

⁴⁴ Federal Independent Dispute Resolution Process –Status Update, April 27, 2023, available at: <https://www.cms.gov/files/document/federal-idr-processstatus-update-april-2023.pdf>

⁴⁵ Supplemental Background on Federal Independent Dispute Resolution Public Use Files January 1, 2024 – June 30, 2024.

One basis for ineligibility is that a state law establishes the method for determining the dispute.⁴⁶ The federal IDR Process is not available to the disputing parties when there is a “specified state law.” The NSA defines “specified state law” as follows.⁴⁷

The term “specified State law” means, with respect to a State, an item or service furnished by a nonparticipating provider or nonparticipating emergency facility during a year and a group health plan or group or individual health insurance coverage offered by a health insurance issuer, a State law that provides for a method for determining the total amount payable under such a plan, coverage, or issuer, respectively (to the extent such State law applies to such plan, coverage, or issuer, subject to section 1144 of Title 29) in the case of a participant, beneficiary, or enrollee covered under such plan or coverage and receiving such item or service from such a nonparticipating provider or nonparticipating emergency facility.

Florida has confirmed the fact that it has the requisite “specified state law” for resolving disputed claims. In June 2021, the federal Centers for Medicare & Medicaid Services (CMS) sent a written survey to the State of Florida as to the state’s assessment of which provisions of the NSA it will enforce with state laws.⁴⁸

In answering whether the State has the authority and intended to enforce its laws as to out-of-network rates and the resolution of such claims, the AHCA, the Florida Office of Insurance Regulation, and the Department of Health stated that sections 408.7057, 627.42397, 627.64194(4), 627.64194(6), 641.513(5), and 641.514, F.S., and Rule 59A-12.030, F.A.C., would apply.⁴⁹ The CMS accepted Florida’s assertion of its “specified state laws” and that the federal IDR would therefore not be available for the majority of claims from Florida. It was acknowledged that for claims which are under the jurisdictional amounts set forth in Rule 59A-12.030, F.A.C, health plans would be able to file for resolution under the federal IDR.⁵⁰

The CMS has published a “Chart for Determining Applicability for Federal Independent Dispute Resolution (IDR) Process.”⁵¹ The chart indicates for which states the federal IDR process does not apply to claims. Disputes that have the requisite nexus with the State of Florida, along with 20 other states, are listed as not being available for the federal IDR.⁵²

⁴⁶ Federal Independent Dispute Resolution (IDR) Process Guidance for Disputing Parties October 2022, page 6.

⁴⁷ 42 U.S.C.A. § 300gg-111(3)(I)

⁴⁸ See: CMS Letter, dated January 28, 2022, available at: <https://www.cms.gov/ccio/programs-and-initiatives/other-insurance-protections/caa-enforcement-letters-florida.pdf>

⁴⁹ *Id* at page 5.

⁵⁰ *Id*. The Federal IDR would also be available to noncontracted providers of air ambulance services.

⁵¹ See: <https://www.cms.gov/marketplace/about/oversight/other-insurance-protections/consolidated-appropriations-act-2021-caa> (last visited Jan. 23, 2026)

⁵² To change this designation, the State of Florida would have to apply to CMS and comply with the No Surprises Act regulations found at 45 C.F.R. Part 149. Under CS/SB 1082, Florida claims could be eligible to file in either the Federal or State IDR process.

III. Effect of Proposed Changes:

Section 1 amends s. 408.7057(2)(b), F.S., to add to the current list of claims which are not to be reviewed by the Florida dispute resolution program. Added claims to be excluded are:

- Service for emergency services provided under EMTALA, i.e. 42 U.S.C. s. 1395dd, or s. 395.1041, F.S., and have been submitted to the federal independent dispute resolution process, while also meeting the criteria for the federal process.
- Services rendered by out-of-network providers and have been submitted to the federal independent dispute resolution process, while also meeting the criteria for the federal process.

Section 2 provides for 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:

None.

C. Government Sector Impact:

None.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends section 408.7057 of the Florida Statutes.

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

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

CS by Health Policy on January 26, 2026:

The committee substitute alters the underlying bill's criteria for claims to be excluded from the state's claim dispute resolution program by providing that such claims are excluded from the state process if they have been submitted to the federal dispute resolution process *and* meet the criteria for the federal process. The underlying bill omits the latter condition.

B. Amendments:

None.



925054

LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
01/27/2026	.	
	.	
	.	
	.	

The Committee on Health Policy (Grall) recommended the following:

Senate Amendment

Delete lines 37 - 40
and insert:
or 42 U.S.C. s. 1395dd and has been submitted and meets the
criteria for resolution through the federal independent dispute
resolution process; or
9. Is related to services rendered by out-of-network
providers and has been submitted and meets the criteria for
resolution through the

By Senator Grall

29-01080-26

20261082__

A bill to be entitled
An act relating to the statewide provider and health
plan claim dispute resolution program; amending s.
408.7057, F.S.; specifying additional circumstances
under which a disputed claim is not subject to review
under the statewide provider and health plan claim
dispute resolution program; providing an effective
date.

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

Section 1. Paragraph (b) of subsection (2) of section
408.7057, Florida Statutes, is amended to read:

408.7057 Statewide provider and health plan claim dispute
resolution program.—

(2)

(b) The resolution organization shall review claim disputes
filed by contracted and noncontracted providers and health plans
unless the disputed claim:

1. Is related to interest payment;

2. Does not meet the jurisdictional amounts or the methods
of aggregation established by agency rule, as provided in
paragraph (a);

3. Is part of an internal grievance in a Medicare managed
care organization or a reconsideration appeal through the
Medicare appeals process;

4. Is related to a health plan that is not regulated by the
state;

5. Is part of a Medicaid fair hearing pursued under 42

29-01080-26

20261082__

C.F.R. ss. 431.220 et seq.;

6. Is the basis for an action pending in state or federal court; ~~or~~

7. Is subject to a binding claim-dispute-resolution process provided by contract entered into prior to October 1, 2000, between the provider and the managed care organization;

8. Is related to services initiated pursuant to s. 395.1041 or 42 U.S.C. s. 1395dd and has been submitted for resolution through the federal independent dispute resolution process; or

9. Is related to services rendered by out-of-network providers and has been submitted for resolution through the federal independent dispute resolution process.

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



The Florida Senate

Committee Agenda Request

To: Senator Colleen Burton, Chair
Committee on Health Policy

Subject: Committee Agenda Request

Date: January 12, 2026

I respectfully request that **Senate Bill #1082**, relating to Statewide Provider and Health Plan Claim Dispute Resolution Program, be placed on the:

- ☒ committee agenda at your earliest possible convenience.
- ☐ next committee agenda.

A handwritten signature in blue ink that reads "Erin K. Grall".

Senator Erin Grall
Florida Senate, District 29

The Florida Senate

APPEARANCE RECORD

Deliver both copies of this form to
Senate professional staff conducting the meeting

1/26/26
Meeting Date

Health Policy
Committee

1082
Bill Number or Topic

Amendment Barcode (if applicable)

Name Blake Buchanan, MD

Phone (863) 255-2315

Address 3608 Shadow Arbor Way
Street

Email BlakeBuchanan87@gmail.com

Lutz FL 33548
City State Zip

Speaking: ☒ For ☐ Against ☐ Information **OR** Waive Speaking: ☐ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☒ I am appearing without
compensation or sponsorship.

☐ I am a registered lobbyist,
representing:

☐ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

This form is part of the public record for this meeting.

S-001 (08/10/2021)

The Florida Senate

APPEARANCE RECORD

1092

Bill Number or Topic

Meeting Date

Deliver both copies of this form to
Senate professional staff conducting the meeting

Amendment Barcode (if applicable)

1/26/20
Health Policy
Committee
Name Heather Turnbull

Phone 305-495-3868

Address 504 Plankton Rd.
Street
Tallahassee FL 32303
City State Zip

Email Heather@whinturnball.com

Speaking:

☒ For

☐ Against

☐ Information

OR

Waive Speaking:

☒ In Support

☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☐ I am appearing without compensation or sponsorship.

☒ I am a registered lobbyist, representing:

HCA

☐ I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022JointRules.pdf \(flsenate.gov\)](#)

This form is part of the public record for this meeting.

S-001 (08/10/2021)

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

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

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

BILL: CS/SB 1168

INTRODUCER: Health Policy Committee and Senator Grall

SUBJECT: Background Screenings

DATE: January 28, 2026

REVISED: _____

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

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/SB 1168 amends multiple sections of the Florida statutes related to background screening in general and one section specific to the background screening of athletic coaches. The bill:

- Adds several offenses to the list of disqualifying offenses in s. 435.04, F.S.
- Makes the Agency for Health Care Administration (AHCA) the agency in charge of determining eligibility for all specified agencies.
- Requires qualified entities to designate a user administrator to act as the primary point of contact to manage compliance with state and federal laws regarding the security and privacy of criminal history information.
- Prohibits persons screened through the Care Provider Background Screening Clearinghouse by certain entities from denying or failing to acknowledge arrests, whether or not their records have been sealed or expunged.
- Specifies that independent sanctioning authorities, in charge of approving athletic coaches, be considered qualified entities for the purpose of background screening and removes obsolete dates related to requiring athletic coaches to be background screened.

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

II. Present Situation:

Background Screening

Florida provides standard procedures for screening a prospective employee¹ where the Legislature has determined it is necessary to conduct a criminal history background check to protect vulnerable persons.² Chapter 435, F.S., establishes procedures for criminal history background screening of prospective employees and outlines the screening requirements. There are two levels of background screening: Level 1 and Level 2.

- Level 1 screening includes, at a minimum, employment history checks, statewide criminal correspondence checks through the Florida Department of Law Enforcement (FDLE), and a check of the Dru Sjodin National Sex Offender Public Website,³ and may include criminal records checks through local law enforcement agencies. A Level 1 screening may be paid for and conducted through FDLE's website, which provides immediate results.⁴
- Level 2 screening includes, at a minimum, fingerprinting for statewide criminal history records checks through FDLE and national criminal history checks through the Federal Bureau of Investigation (FBI), and may include local criminal records checks through local law enforcement agencies.⁵

Florida law authorizes and outlines specific elements required for Level 1 and Level 2 background screening and establishes requirements for determining whether an individual passes a screening regarding an individual's criminal history. All individuals subject to background screening must be confirmed to have not been arrested for and waiting final disposition of, been found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to, or been adjudicated delinquent, and the record has not been sealed or expunged for, any of 52 offenses prohibited under Florida law, or similar law of another jurisdiction:⁶

- Section 393.135, F.S., relating to sexual misconduct with certain developmentally disabled clients and reporting of such sexual misconduct.
- Section 394.4593, F.S., relating to sexual misconduct with certain mental health patients and reporting of such sexual misconduct.
- Section 415.111, F.S., relating to adult abuse, neglect, or exploitation of aged persons or disabled adults.
- Section 777.04, F.S., relating to attempts, solicitation, and conspiracy to commit an offense listed in s. 435.04(2), F.S.
- Section 782.04, F.S., relating to murder.
- Section 782.07, F.S., relating to manslaughter, aggravated manslaughter of an elderly person or disabled adult, or aggravated manslaughter of a child.
- Section 782.071, F.S., relating to vehicular homicide.

¹ Section 435.02(2), F.S., defines "employee" to mean any person required by law to be screened pursuant to this chapter, including, but not limited to, persons who are contractors, licensees, or volunteers.

² Chapter 435, F.S.

³ The Dru Sjodin National Sex Offender Public Website is a U.S. government website that links public state, territorial, and tribal sex offender registries in one national search site. available at www.nsopw.gov (last visited Jan. 22, 2026).

⁴ Florida Department of Law Enforcement, State of Florida Criminal History Records Check. available at <http://www.fdle.state.fl.us/Criminal-History-Records/Florida-Checks.aspx> (last visited Jan. 22, 2026).

⁵ Section 435.04, F.S.

⁶ Section 435.04(2), F.S.

- Section 782.09, F.S., relating to killing of an unborn child by injury to the mother.
- Chapter 784, F.S., relating to assault, battery, and culpable negligence, if the offense was a felony.
- Section 784.011, F.S., relating to assault, if the victim of the offense was a minor.
- Section 784.03, F.S., relating to battery, if the victim of the offense was a minor.
- Section 787.01, F.S., relating to kidnapping.
- Section 787.02, F.S., relating to false imprisonment.
- Section 787.025, F.S., relating to luring or enticing a child.
- Section 787.04(2), F.S., relating to taking, enticing, or removing a child beyond the state limits with criminal intent pending custody proceedings.
- Section 787.04(3), F.S., relating to carrying a child beyond the state lines with criminal intent to avoid producing a child at a custody hearing or delivering the child to the designated person.
- Section 790.115(1), F.S., relating to exhibiting firearms or weapons within 1,000 feet of a school.
- Section 790.115(2)(b), F.S., relating to possessing an electric weapon or device, destructive device, or other weapon on school property.
- Section 794.011, F.S., relating to sexual battery.
- Former s. 794.041, F.S., relating to prohibited acts of persons in familial or custodial authority.
- Section 794.05, F.S., relating to unlawful sexual activity with certain minors.
- Chapter 796, F.S., relating to prostitution.
- Section 798.02, F.S., relating to lewd and lascivious behavior.
- Chapter 800, F.S., relating to lewdness and indecent exposure.
- Section 806.01, F.S., relating to arson.
- Section 810.02, F.S., relating to burglary.
- Section 810.14, F.S., relating to voyeurism, if the offense is a felony.
- Section 810.145, F.S., relating to video voyeurism, if the offense is a felony.
- Chapter 812, F.S., relating to theft, robbery, and related crimes, if the offense is a felony.
- Section 817.563, F.S., relating to fraudulent sale of controlled substances, only if the offense was a felony.
- Section 825.102, F.S., relating to abuse, aggravated abuse, or neglect of an elderly person or disabled adult.
- Section 825.1025, F.S., relating to lewd or lascivious offenses committed upon or in the presence of an elderly person or disabled adult.
- Section 825.103, F.S., relating to exploitation of an elderly person or disabled adult, if the offense was a felony.
- Section 826.04, F.S., relating to incest.
- Section 827.03, F.S., relating to child abuse, aggravated child abuse, or neglect of a child.
- Section 827.04, F.S., relating to contributing to the delinquency or dependency of a child.
- Former s. 827.05, F.S., relating to negligent treatment of children.
- Section 827.071, F.S., relating to sexual performance by a child.
- Section 843.01, F.S., relating to resisting arrest with violence.
- Section 843.025, F.S., relating to depriving a law enforcement, correctional, or correctional probation officer of means of protection or communication.

- Section 843.12, F.S., relating to aiding in an escape.
- Section 843.13, F.S., relating to aiding in the escape of juvenile inmates in correctional institutions.
- Chapter 847, F.S., relating to obscene literature.
- Section 874.05, F.S., relating to encouraging or recruiting another to join a criminal gang.
- Chapter 893, F.S., relating to drug abuse prevention and control, only if the offense was a felony or if any other person involved in the offense was a minor.
- Section 916.1075, F.S., relating to sexual misconduct with certain forensic clients and reporting of such sexual misconduct.
- Section 944.35(3), F.S., relating to inflicting cruel or inhuman treatment on an inmate resulting in great bodily harm.
- Section 944.40, F.S., relating to escape.
- Section 944.46, F.S., relating to harboring, concealing, or aiding an escaped prisoner.
- Section 944.47, F.S., relating to introduction of contraband into a correctional facility.
- Section 985.701, F.S., relating to sexual misconduct in juvenile justice programs.
- Section 985.711, F.S., relating to contraband introduced into detention facilities.

Exemptions

Should a person be disqualified from employment due to failing a background screening, he or she may apply to the secretary of the appropriate agency for an exemption. Current law allows the secretary to exempt applicants from disqualification under certain circumstances, including:⁷

- Felonies for which at least three years have elapsed since the applicant for the exemption has completed or been lawfully released from confinement, supervision, or nonmonetary condition imposed by the court for the disqualifying felony;
- Misdemeanors prohibited under any of the cited statutes or under similar statutes of other jurisdictions for which the applicant for the exemption has completed or been lawfully released from confinement, supervision, or nonmonetary condition imposed by the court;
- Offenses that were felonies when committed but that are now misdemeanors and for which the applicant for the exemption has completed or been lawfully released from confinement, supervision, or nonmonetary condition imposed by the court; or
- Findings of delinquency. For offenses that would be felonies if committed by an adult and the record has not been sealed or expunged, this exemption may not be granted until at least three years have elapsed since the applicant for the exemption has completed or been lawfully released from confinement, supervision, or nonmonetary condition imposed by the court for the disqualifying offense.

An individual who receives an exemption may be employed in a profession or workplace where background screening is statutorily required despite the disqualifying offense in that person's past. Certain criminal backgrounds, however, render a person ineligible for an exemption. A

⁷ Section 435.07, F.S.

person who is considered a sexual predator,⁸ career offender,⁹ or registered sexual offender¹⁰ is not eligible for exemption.¹¹

Care Provider Background Screening Clearinghouse

Florida has established different programs for the facilitation of background screenings. The Care Provider Background Screening Clearinghouse (Clearinghouse) is used by state agencies for statutorily-required screenings, including screenings required as part of the licensure process for specified health care professionals.

In 2012, the Legislature created the Clearinghouse to create a single program of screening individuals and allow for the results of criminal history checks of persons acting as covered care providers to be shared among the specified agencies.¹² Current designated agencies participating in the Clearinghouse include:¹³

- The Agency for Health Care Administration (AHCA);
- The Department of Health (DOH);
- The Department of Children and Families (DCF);
- The Department of Elder Affairs (DOEA);
- The Agency for Persons with Disabilities (APD);
- The Department of Education (DOE);
- Regional workforce boards providing services as defined in s. 445.002(3), F.S.; and
- Local licensing agencies approved pursuant to s. 402.307, F.S., when these agencies are conducting state and national criminal history background screening on persons who work with children or persons who are elderly or disabled.

Employers whose employees are screened through an agency participating in the Clearinghouse must maintain the status of individuals being screened and update the Clearinghouse regarding any employment changes within 10 business days of the change.¹⁴

The Clearinghouse allows for constant review of new criminal history information through the federal Rap Back Service¹⁵ which continually matches fingerprints against new arrests or convictions that occur after the individual was originally screened. Once a person's screening

⁸ Section 775.21, F.S.

⁹ Section 775.261, F.S.

¹⁰ Section 943.0435, F.S.

¹¹ Section 435.07(4)(b), F.S.

¹² Chapter 2012-73, L.O.F.

¹³ Section 435.02(5), F.S. Additional entities were added to the list of designated entities beginning in 2023; these entities include district units, special district units, the Florida School for the Deaf and Blind, the Florida Virtual School, virtual instruction programs, charter schools, hope operators, private schools participating in certain scholarship programs, and alternative schools. *See also*, Ch. 2022-154, L.O.F.

¹⁴ Section 435.12(2)(c), F.S.; Beginning January 1, 2024, employers must report changes in an employee's status within five business days for employees screened after January 1, 2024.

¹⁵ The Rap Back Service is managed by the FBI's Criminal Justice Information Services Division. For more information, see the Federal Bureau of Investigation, Privacy Impact Assessment for the Next Generation Identification (NGI) Rap Back Service. available at <https://www.fbi.gov/file-repository/pia-ngi-rap-back-service.pdf/view> (last visited January 22, 2026).

record is in the Clearinghouse, that person may avoid the need for any future state screenings and related fees for screenings, depending on the screening agencies or organizations.¹⁶

Sealed and Expunged Criminal Records

Sections 943.0585 and 943.059, F.S., allow a person to petition a court to expunge or seal his or her criminal record, respectively. Among other effects of expunging or sealing a criminal record, those statutes allow the person to lawfully deny or fail to acknowledge the arrests covered by the expunged or sealed record except in certain specified circumstances. One such circumstance is when the person is seeking to be employed or licensed to contract with a list of state agencies that largely matches with the agencies included as specified agencies under s. 435.02(7), F.S.¹⁷ Current law, however, does not prohibit a person from denying or failing to acknowledge arrests when seeking to be employed by a qualified entity.

Background Screening of Youth Athletic Team Coaches

An independent sanctioning authority is a private, non-governmental entity that organizes, operates, or coordinates a youth athletic team in Florida which includes one or more minors and is not affiliated with a private school.¹⁸ Beginning January 1, 2026, an independent sanctioning authority is required to conduct a Level 2 background screening of each current and prospective athletic coach. The authority is not authorized to delegate the responsibility to conduct the required screening to an individual team and may not authorize any person to serve as an athletic coach¹⁹ unless a Level 2 screening has been conducted, and the screening does not result in his or her disqualification.

Before January 1, 2026, or a later date as determined by the AHCA, the authority must disqualify any person who does not pass the background screening qualifications established in s. 435.04, F.S., from acting as an athletic coach except that the authority may authorize such person to serve as an athletic coach if the person meets the requirements for an exemption in s. 435.07, F.S. Additionally, on or after January 1, 2026, or a later date as determined by the AHCA, an authority may not allow any person to act as an athletic coach if he or she does not pass the required background screening except that the authority may allow such a person to serve if he or she successfully completes the exemption process under s. 435.07, F.S.

¹⁶ Agency for Health Care Administration, *Clearinghouse Renewals*, available at https://ahca.myflorida.com/MCHQ/Central_Services/Background_Screening/Renewals.shtml (last visited January 22, 2026). Fingerprints are retained for five years. Employers have an option to renew screenings at the end of the five-year period through a “Clearinghouse Renewal” process which allows employee’s fingerprints to be retained without being re-fingerprinted.

¹⁷ Sections 943.0585(6)(b)5. and 943.059(6)(b)5., F.S.

¹⁸ Sections 1002.01 and 943.0438(1)(b), F.S.

¹⁹ “Athletic coach” means a person who is authorized by an independent sanctioning authority to work as a coach, assistant coach, or referee for whether for compensation or as a volunteer, for a youth athletic team in this state; and has direct contact with one or more minors on the youth athletic team. Section 943.0438(1)(a), F.S.

III. Effect of Proposed Changes:

Section 1 amends s. 435.04, F.S., to add the following offenses to the list of offenses that cause an individual to fail a Level 2 background screening:

- DUI manslaughter;
- Domestic violence;²⁰
- Offenses against intellectual property;
- Offenses against users of computers, computer systems, computer networks, and electronic devices;
- Animal cruelty;
- Making or having instruments and material for counterfeiting driver licenses or identification cards;
- Threats and extortion;
- Bribery; and
- Contraband articles in county detention facilities.

Section 2 amends s. 435.12, F.S., to, beginning July 1, 2028, require the AHCA to review and determine eligibility for all criminal history checks submitted by specified agencies.²¹ The bill also requires the Clearinghouse to share eligibility determinations with specified agencies and provides that specified agencies and qualified entities are responsible for processing exemptions for disqualification.

Section 3 specifies that the amendments in Section 2 of the bill must be implemented by July 1, 2028, or as soon as thereafter as determined by the AHCA.

Section 4 amends s. 943.0438, F.S., to specify that independent sanctioning authorities, in charge of approving athletic coaches, be considered qualified entities for the purpose of background screening and to remove obsolete dates related to requiring athletic coaches to be background screened. The bill also specifies that persons who have not undergone a background check may serve as an athletic coach if he or she is under the direct supervision of an athletic coach who has been background screened.

Section 5 amends s. 943.0542, F.S., to require qualified entities²² to designate a user administrator to act as a primary point of contact and to manage compliance with state and federal laws regarding the security and privacy of criminal history information. The bill allows qualified entities to designate additional authorized users with delegated authority to manage or access the system for the purpose of requesting and reviewing background screening information.

²⁰ Domestic violence is already a disqualifying offense under current law; however, it was partitioned out into subsection (3) of s. 435.04, F.S. The bill brings domestic violence into subsection (2) with the other qualifying offenses. This change has the effect of applying domestic violence as a disqualifying offense for positions regulated by the Department of Education. *See* AHCA analysis of SB 1168, Jan. 8, 2026, on file with Senate Health Policy Committee staff.

²¹ “Specified agencies” is defined in s. 435.02, F.S.

²² As defined in s. 943.0542(1)(b), F.S.

Sections 6 and 7 amend ss. 943.0585 and 943.059, F.S., related to the expunction and sealing of criminal histories, respectively, to prohibit a person from denying or failing to acknowledge an arrest if the person is screened through the Care Provider Background Screening Clearinghouse by a specified agency or qualified entity regardless of whether the person's criminal record has been expunged or sealed.

Sections 8 through 17 amend various sections of the Florida Statutes to conform cross-references and reenact statutes to comply with the changes made in the bill.

Section 18 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:

CS/SB 1168 may have an indeterminate negative fiscal impact on persons who may be disqualified for employment under the additional offenses added by the bill.

C. Government Sector Impact:

The AHCA states that CS/SB 1168 will have an annual negative fiscal impact on the AHCA of approximately \$4.5 million.²³ However, this impact is due to the AHCA taking over responsibilities from other state agencies and, as such, the positive fiscal impacts to those agencies might offset the negative fiscal impact to the AHCA in the aggregate.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 435.04, 435.12, 943.0438, 943.0542, 943.0585, 943.059, 44.407, 501.9741, 397.487, 397.4871, 409.913, 435.03, 1012.22, 1012.315, 1012.797, and 1012.799.

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

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

CS by health Policy on January 26, 2026:

The committee substitute prohibits persons screened through the Care Provider Background Screening Clearinghouse by certain entities from denying or failing to acknowledge arrests regardless of whether their records have been expunged or sealed.

B. Amendments:

None.

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

²³ *Supra* n. 19.



266302

LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
01/26/2026	.	
	.	
	.	
	.	

The Committee on Health Policy (Grall) recommended the following:

Senate Amendment (with title amendment)

Between lines 369 and 370
insert:

Section 6. Paragraph (b) of subsection (6) of section
943.0585, Florida Statutes, is amended to read:

943.0585 Court-ordered expunction of criminal history
records.—

(6) EFFECT OF EXPUNCTION ORDER.—

(b) The person who is the subject of a criminal history



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record that is expunged under this section or under other provisions of law, including former ss. 893.14, 901.33, and 943.058, may lawfully deny or fail to acknowledge the arrests covered by the expunged record, except when the subject of the record:

1. Is a candidate for employment with a criminal justice agency;

2. Is a defendant in a criminal prosecution;

3. Concurrently or subsequently petitions for relief under this section, s. 943.0583, or s. 943.059;

4. Is a candidate for admission to The Florida Bar;

5. Is seeking to be employed or licensed by or to contract with the Department of Children and Families, the Division of Vocational Rehabilitation within the Department of Education, the Agency for Health Care Administration, the Agency for Persons with Disabilities, the Department of Health, the Department of Elderly Affairs, or the Department of Juvenile Justice or to be employed or used by such contractor or licensee in a sensitive position having direct contact with children, the disabled, or the elderly;

6.a. Is seeking to be employed or licensed by, or contract with, the Department of Education, any district unit under s. 1001.30, any special district unit under s. 1011.24, the Florida School for the Deaf and the Blind under s. 1002.36, the Florida Virtual School under s. 1002.37, any virtual instruction program under s. 1002.45, any charter school under s. 1002.33, any hope operator under s. 1002.333, any alternative school under s. 1008.341, any private or parochial school, or any local governmental entity that licenses child care facilities;



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b. Is seeking to be employed or used by a contractor or licensee under sub-subparagraph a.; or

c. Is a person screened under s. 1012.467;

7. Is seeking to be licensed by the Division of Insurance Agent and Agency Services within the Department of Financial Services; ~~or~~

8. Is seeking to be appointed as a guardian pursuant to s. 744.3125; or

9. Is a person screened through the Care Provider Background Screening Clearinghouse by a specified agency or qualified entity pursuant to s. 435.12.

Section 7. Paragraph (b) of subsection (6) of section 943.059, Florida Statutes, is amended to read:

943.059 Court-ordered sealing of criminal history records.—

(6) EFFECT OF ORDER.—

(b) The subject of the criminal history record sealed under this section or under other provisions of law, including former ss. 893.14, 901.33, and 943.058, may lawfully deny or fail to acknowledge the arrests covered by the sealed record, except when the subject of the record:

1. Is a candidate for employment with a criminal justice agency;

2. Is a defendant in a criminal prosecution;

3. Concurrently or subsequently petitions for relief under this section, s. 943.0583, or s. 943.0585;

4. Is a candidate for admission to The Florida Bar;

5. Is seeking to be employed or licensed by or to contract with the Department of Children and Families, the Division of Vocational Rehabilitation within the Department of Education,



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the Agency for Health Care Administration, the Agency for Persons with Disabilities, the Department of Health, the Department of Elderly Affairs, or the Department of Juvenile Justice or to be employed or used by such contractor or licensee in a sensitive position having direct contact with children, the disabled, or the elderly;

6.a. Is seeking to be employed or licensed by, or contract with, the Department of Education, a district unit under s. 1001.30, a special district unit under s. 1011.24, the Florida School for the Deaf and the Blind under s. 1002.36, the Florida Virtual School under s. 1002.37, a virtual instruction program under s. 1002.45, a charter school under s. 1002.33, a hope operator under s. 1002.333, an alternative school under s. 1008.341, a private or parochial school, or a local governmental entity that licenses child care facilities;

b. Is seeking to be employed or used by a contractor or licensee under sub-subparagraph a.; or

c. Is a person screened under s. 1012.467;

7. Is attempting to purchase a firearm from a licensed importer, licensed manufacturer, or licensed dealer and is subject to a criminal history check under state or federal law;

8. Is seeking to be licensed by the Division of Insurance Agent and Agency Services within the Department of Financial Services;

9. Is seeking to be appointed as a guardian pursuant to s. 744.3125; ~~or~~

10. Is seeking to be licensed by the Bureau of License Issuance of the Division of Licensing within the Department of Agriculture and Consumer Services to carry a concealed weapon or



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concealed firearm. This subparagraph applies only in the
determination of an applicant's eligibility under s. 790.06; or
11. Is a person screened through the Care Provider
Background Screening Clearinghouse by a specified agency or
qualified entity pursuant to s. 435.12.

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

And the title is amended as follows:

Delete line 37

and insert:

circumstances; amending ss. 943.0585 and 943.059,
F.S.; prohibiting certain persons from denying or
failing to acknowledge certain criminal history
records that have been expunged or sealed,
respectively; amending ss. 44.407 and 501.9741, F.S.;

By Senator Grall

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A bill to be entitled
An act relating to background screenings; amending s.
435.04, F.S.; specifying additional disqualifying
offenses under the background screening requirements
for certain persons; amending s. 435.12, F.S.;
requiring the Agency for Health Care Administration,
beginning on a specified date or as soon as
practicable thereafter, to review and determine
eligibility for all criminal history checks submitted
to the Care Provider Background Screening
Clearinghouse by specified agencies; requiring the
clearinghouse to share eligibility determinations with
specified agencies; requiring specified agencies and
qualified entities to process exemptions from
disqualification pursuant to a specified provision;
requiring the implementation of a specified provision
of the act by a specified date, or as soon as
practicable thereafter as determined by the agency;
amending s. 943.0438, F.S.; making a technical change;
providing that, beginning on a specified date, an
independent sanctioning authority is considered a
qualified entity for the purpose of participating in
the clearinghouse; authorizing a person who has not
undergone certain background screening to act as an
athletic coach if he or she is under the direct
supervision of an athletic coach who meets certain
background screening requirements; reenacting and
amending s. 943.0542, F.S.; requiring qualified
entities conducting background criminal history checks

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to designate a user administrator for a specified purpose; authorizing such qualified entities to designate additional authorized users with certain delegated authority; authorizing the clearinghouse, beginning on a specified date, to provide national criminal history record information to qualified entities, rather than only under certain circumstances; amending ss. 44.407 and 501.9741, F.S.; conforming cross-references; reenacting ss. 397.487(6) and (8)(d), 397.4871(5) and (6)(b), 409.913(13), 435.03(2), 1012.22(1)(j), 1012.315(1), 1012.797, and 1012.799(2), F.S., relating to voluntary certification of recovery residences; recovery residence administrator certification; oversight of the integrity of the Medicaid program; level 1 screening standards; public school personnel and powers and duties of the district school board; screening standards; notification of certain charges against employees; and reporting and self-reporting certain offenses, respectively, to incorporate the amendment made to s. 435.04, F.S., in references thereto; providing an effective date.

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

Section 1. Subsections (2) and (3) of section 435.04, Florida Statutes, are amended to read:

435.04 Level 2 screening standards.—

(2) The security background investigations under this

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section must ensure that persons subject to this section have not been arrested for and are awaiting final disposition of; have not been found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to; or have not been adjudicated delinquent and the record has not been sealed or expunged for, any offense prohibited under any of the following provisions of state law or similar law of another jurisdiction:

(a) Section 39.205, relating to the failure to report child abuse, abandonment, or neglect.

(b) Section 316.193(3)(c)3., relating to DUI manslaughter.

(c) Section 393.135, relating to sexual misconduct with certain developmentally disabled clients and reporting of such sexual misconduct.

(d)~~(e)~~ Section 394.4593, relating to sexual misconduct with certain mental health patients and reporting of such sexual misconduct.

(e)~~(d)~~ Section 414.39, relating to fraud, if the offense was a felony.

(f)~~(e)~~ Section 415.111, relating to adult abuse, neglect, or exploitation of aged persons or disabled adults.

(g) Section 741.28, relating to domestic violence.

(h)~~(f)~~ Section 777.04, relating to attempts, solicitation, and conspiracy to commit an offense listed in this subsection.

(i)~~(g)~~ Section 782.04, relating to murder.

(j)~~(h)~~ Section 782.07, relating to manslaughter, aggravated manslaughter of an elderly person or disabled adult, or aggravated manslaughter of a child.

(k)~~(i)~~ Section 782.071, relating to vehicular homicide.

(l)~~(j)~~ Section 782.09, relating to killing of an unborn

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child by injury to the mother.

(m)~~(k)~~ Chapter 784, relating to assault, battery, and culpable negligence, if the offense was a felony.

(n)~~(l)~~ Section 784.011, relating to assault, if the victim of the offense was a minor.

(o)~~(m)~~ Section 784.021, relating to aggravated assault.

(p)~~(n)~~ Section 784.03, relating to battery, if the victim of the offense was a minor.

(q)~~(o)~~ Section 784.045, relating to aggravated battery.

(r)~~(p)~~ Section 784.075, relating to battery on staff of a detention or commitment facility or on a juvenile probation officer.

(s)~~(q)~~ Section 787.01, relating to kidnapping.

(t)~~(r)~~ Section 787.02, relating to false imprisonment.

(u)~~(s)~~ Section 787.025, relating to luring or enticing a child.

(v)~~(t)~~ Section 787.04(2), relating to taking, enticing, or removing a child beyond the state limits with criminal intent pending custody proceedings.

(w)~~(u)~~ Section 787.04(3), relating to carrying a child beyond the state lines with criminal intent to avoid producing a child at a custody hearing or delivering the child to the designated person.

(x)~~(v)~~ Section 787.06, relating to human trafficking.

(y)~~(w)~~ Section 787.07, relating to human smuggling.

(z)~~(x)~~ Section 790.115(1), relating to exhibiting firearms or weapons within 1,000 feet of a school.

(aa)~~(y)~~ Section 790.115(2)(b), relating to possessing an electric weapon or device, destructive device, or other weapon

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on school property.

(bb)~~(z)~~ Section 794.011, relating to sexual battery.

(cc)~~(aa)~~ Former s. 794.041, relating to prohibited acts of persons in familial or custodial authority.

(dd)~~(bb)~~ Section 794.05, relating to unlawful sexual activity with certain minors.

(ee)~~(ee)~~ Section 794.08, relating to female genital mutilation.

(ff)~~(dd)~~ Chapter 796, relating to prostitution.

(gg)~~(ee)~~ Section 798.02, relating to lewd and lascivious behavior.

(hh)~~(ff)~~ Chapter 800, relating to lewdness and indecent exposure and offenses against students by authority figures.

(ii)~~(gg)~~ Section 806.01, relating to arson.

(jj)~~(hh)~~ Section 810.02, relating to burglary.

(kk)~~(ii)~~ Section 810.14, relating to voyeurism, if the offense is a felony.

(ll)~~(jj)~~ Section 810.145, relating to digital voyeurism, if the offense is a felony.

(mm)~~(kk)~~ Chapter 812, relating to theft, robbery, and related crimes, if the offense is a felony.

(nn) Section 815.04, relating to offenses against intellectual property.

(oo) Section 815.06, relating to offenses against users of computers, computer systems, computer networks, and electronic devices.

(pp)~~(ll)~~ Section 817.563, relating to fraudulent sale of controlled substances, only if the offense was a felony.

(qq)~~(mm)~~ Section 825.102, relating to abuse, aggravated

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abuse, or neglect of an elderly person or disabled adult.

(rr)~~(nn)~~ Section 825.1025, relating to lewd or lascivious offenses committed upon or in the presence of an elderly person or disabled adult.

(ss)~~(oo)~~ Section 825.103, relating to exploitation of an elderly person or disabled adult, if the offense was a felony.

(tt)~~(pp)~~ Section 826.04, relating to incest.

(uu)~~(qq)~~ Section 827.03, relating to child abuse, aggravated child abuse, or neglect of a child.

(vv)~~(rr)~~ Section 827.04, relating to contributing to the delinquency or dependency of a child.

(ww)~~(ss)~~ Former s. 827.05, relating to negligent treatment of children.

(xx)~~(tt)~~ Section 827.071, relating to sexual performance by a child.

(yy) Chapter 828, relating to animal cruelty.

(zz) Section 831.29, relating to making or having instruments and material for counterfeiting driver licenses or identification cards.

(aaa)~~(uu)~~ Section 831.311, relating to the unlawful sale, manufacture, alteration, delivery, uttering, or possession of counterfeit-resistant prescription blanks for controlled substances.

(bbb) Section 836.05, relating to threats and extortion.

(ccc)~~(vv)~~ Section 836.10, relating to written or electronic threats to kill, do bodily injury, or conduct a mass shooting or an act of terrorism.

(ddd) Section 838.015, relating to bribery.

(eee)~~(ww)~~ Section 843.01, relating to resisting arrest with

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175 violence.

176 (fff)~~(xx)~~ Section 843.025, relating to depriving a law
177 enforcement, correctional, or correctional probation officer
178 means of protection or communication.

179 (ggg)~~(yy)~~ Section 843.12, relating to aiding in an escape.

180 (hhh)~~(zz)~~ Section 843.13, relating to aiding in the escape
181 of juvenile inmates in correctional institutions.

182 (iii)~~(aa)~~ Chapter 847, relating to obscene literature.

183 (jjj)~~(bb)~~ Section 859.01, relating to poisoning food or
184 water.

185 (kkk)~~(cc)~~ Section 873.01, relating to the prohibition on
186 the purchase or sale of human organs and tissue.

187 (lll)~~(dd)~~ Section 874.05, relating to encouraging or
188 recruiting another to join a criminal gang.

189 (mmm)~~(ee)~~ Chapter 893, relating to drug abuse prevention
190 and control, only if the offense was a felony or if any other
191 person involved in the offense was a minor.

192 (nnn)~~(ff)~~ Section 916.1075, relating to sexual misconduct
193 with certain forensic clients and reporting of such sexual
194 misconduct.

195 (ooo)~~(gg)~~ Section 944.35(3), relating to inflicting cruel
196 or inhuman treatment on an inmate resulting in great bodily
197 harm.

198 (ppp)~~(hh)~~ Section 944.40, relating to escape.

199 (qqq)~~(ii)~~ Section 944.46, relating to harboring,
200 concealing, or aiding an escaped prisoner.

201 (rrr)~~(jj)~~ Section 944.47, relating to introduction of
202 contraband into a correctional facility.

203 (sss) Section 951.22, relating to contraband articles in

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204 county detention facilities.

205 (ttt)~~(kkk)~~ Section 985.701, relating to sexual misconduct
206 in juvenile justice programs.

207 (uuu)~~(lll)~~ Section 985.711, relating to contraband
208 introduced into detention facilities.

209 ~~(3) The security background investigations under this~~
210 ~~section must ensure that no person subject to this section has~~
211 ~~been arrested for and is awaiting final disposition of, been~~
212 ~~found guilty of, regardless of adjudication, or entered a plea~~
213 ~~of nolo contendere or guilty to, any offense that constitutes~~
214 ~~domestic violence as defined in s. 741.28, whether such act was~~
215 ~~committed in this state or in another jurisdiction.~~

216 Section 2. Subsection (1) of section 435.12, Florida
217 Statutes, is amended to read:

218 435.12 Care Provider Background Screening Clearinghouse.—

219 (1) The Agency for Health Care Administration in
220 consultation with the Department of Law Enforcement shall create
221 a secure web-based system, which shall be known as the "Care
222 Provider Background Screening Clearinghouse" or "clearinghouse."
223 The clearinghouse must allow the results of criminal history
224 checks provided to the specified agencies and, beginning January
225 1, 2026, or a later date as determined by the Agency for Health
226 Care Administration, to qualified entities participating in the
227 clearinghouse for screening of persons qualified as care
228 providers under s. 943.0542 to be shared among the specified
229 agencies and qualified entities when a person has applied to
230 volunteer, be employed, be licensed, enter into a contract, or
231 has an affiliation that allows or requires a state and national
232 fingerprint-based criminal history check. Beginning January 1,

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2025, or a later date as determined by the Agency for Health Care Administration, the Agency for Health Care Administration shall review and determine eligibility for all criminal history checks submitted to the clearinghouse for the Department of Education. The clearinghouse shall share eligibility determinations with the Department of Education and the qualified entities. Beginning July 1, 2028, or as soon as practicable thereafter as determined by the Agency for Health Care Administration, the Agency for Health Care Administration shall review and determine eligibility for all criminal history checks submitted to the clearinghouse by specified agencies as defined in s. 435.02. The clearinghouse shall share eligibility determinations with the specified agencies. Each specified agency and qualified entity is responsible for processing exemptions from disqualification pursuant to s. 435.07. The Agency for Health Care Administration and the Department of Law Enforcement may adopt rules to create forms or implement procedures needed to carry out this section.

Section 3. The amendments made by this act to s. 435.12(1), Florida Statutes, must be implemented by July 1, 2028, or as soon as practicable thereafter as determined by the Agency for Health Care Administration.

Section 4. Paragraph (a) of subsection (1) and paragraphs (a), (b), and (d) of subsection (2) of section 943.0438, Florida Statutes, are amended, and subsection (5) is added to that section, to read:

943.0438 Athletic coaches for independent sanctioning authorities.—

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

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(a) "Athletic coach" means a person who:

1. Is authorized by an independent sanctioning authority to work as a coach, an assistant coach, a manager, or a referee, whether for compensation or as a volunteer, for a youth athletic team based in this state; and

2. Has direct contact with one or more minors on the youth athletic team.

(2) An independent sanctioning authority shall:

(a) Effective July 1, 2026:7

1. Conduct a level 2 background screening under s. 435.04 of each current and prospective athletic coach. The authority may not delegate this responsibility to an individual team and may not authorize any person to act as an athletic coach unless a level 2 background screening is conducted and does not result in disqualification under subparagraph 3 ~~paragraph (b)~~.

~~2.(b)1. Be considered a~~ Before January 1, 2026, or a later date as determined by the Agency for Health Care Administration for the participation of qualified entity for purposes of participating entities in the Care Provider Background Screening Clearinghouse under s. 435.12, ~~disqualify any person from acting as an athletic coach as provided in s. 435.04. The authority may allow a person disqualified under this subparagraph to act as an athletic coach if it determines that the person meets the requirements for an exemption from disqualification under s. 435.07.~~

~~3.2. On or after January 1, 2026, or a later date as determined by the Agency for Health Care Administration,~~ Not allow a ~~any~~ person to act as an athletic coach if he or she does not pass the background screening qualifications in s. 435.04.

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The authority may allow a person disqualified under this subparagraph to act as an athletic coach if the person has successfully completed the exemption from the disqualification process under s. 435.07.

~~(c)-(d)~~ Maintain for at least 5 years documentation of:

1. The results for each person screened under subparagraph (a)1. paragraph (a); and
2. The written notice of disqualification provided to each person under paragraph (b) ~~(e)~~.

(5) Notwithstanding paragraph (2)(a), a person who has not undergone background screening pursuant to this section may act as an athletic coach if he or she is under the direct supervision of an athletic coach who meets the background screening requirements of this section.

Section 5. Paragraph (a) of subsection (2) and subsection (4) of section 943.0542, Florida Statutes, are amended, and subsection (5) of that section is reenacted, to read:

943.0542 Access to criminal history information provided by the department to qualified entities.—

(2)(a) A qualified entity conducting background criminal history checks under this section must:

1. Register with the department before submitting a request for screening under this section. Each such request must be voluntary and conform to the requirements established in the National Child Protection Act of 1993, as amended. As a part of the registration, the qualified entity must agree to comply with state and federal law and must so indicate by signing an agreement approved by the department. The qualified entity shall designate a user administrator to act as the primary point of

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contact and to manage compliance with state and federal laws
regarding the security and privacy of criminal history
information. The qualified entity may designate additional
authorized users with delegated authority to manage or access
the system for the purpose of requesting and reviewing
background screening information pursuant to this section. The
department shall periodically audit qualified entities to ensure
compliance with federal law and this section.

2. Before January 1, 2026, or a later date as determined by
the Agency for Health Care Administration, submit to the
department, and effective January 1, 2026, or a later date as
determined by the Agency for Health Care Administration, submit
to the agency a request for screening an employee or volunteer
or person applying to be an employee or volunteer by submitting
fingerprints, or the request may be submitted electronically.
The qualified entity must maintain a signed waiver allowing the
release of the state and national criminal history record
information to the qualified entity.

(4) The national criminal history data is available to
qualified entities to use only for the purpose of screening
employees and volunteers or persons applying to be an employee
or volunteer with a qualified entity. Through December 31, 2026,
or a later date as determined by the Agency for Health Care
Administration, the department shall provide this national
criminal history record information directly to the qualified
entity as authorized by the written waiver required for
submission of a request. Effective January 1, 2026, or a later
date as determined by the Agency for Health Care Administration,
the Care Provider Background Screening Clearinghouse may provide

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such record information to the qualified entity ~~only if the~~
~~person requests an exemption from the qualified entity under s.~~
~~435.07.~~

(5) The entity making the determination regarding screening shall apply the criteria under s. 435.04(2) to the state and national criminal history record information received from the department for those persons subject to screening. The determination whether the criminal history record shows that the employee or volunteer has not been arrested for and is awaiting final disposition of, regardless of adjudication, or entered a plea of nolo contendere or guilty to, or has been adjudicated delinquent and the record has not been sealed or expunged for, any offense listed under s. 435.02(2) shall be made by the qualified entity through December 31, 2025, or a later date as determined by the Agency for Health Care Administration. Beginning January 1, 2026, or a later date as determined by the Agency for Health Care Administration, the Agency for Health Care Administration shall determine the eligibility of the employee or volunteer of a qualified entity. This section does not require the department to make such a determination on behalf of any qualified entity.

Section 6. Paragraph (a) of subsection (5) of section 44.407, Florida Statutes, is amended to read:

44.407 Elder-focused dispute resolution process.—

(5) QUALIFICATIONS FOR ELDERCARE COORDINATORS.—

(a) The court shall appoint qualified eldercaring coordinators who:

1. Meet one of the following professional requirements:

a. Are licensed as a mental health professional under

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chapter 491 and hold at least a master's degree in the professional field of practice;

b. Are licensed as a psychologist under chapter 490;

c. Are licensed as a physician under chapter 458 or chapter 459;

d. Are licensed as a nurse under chapter 464 and hold at least a master's degree;

e. Are certified by the Florida Supreme Court as a family mediator and hold at least a master's degree;

f. Are a member in good standing of The Florida Bar; or

g. Are a professional guardian as defined in s. 744.102(17) and hold at least a master's degree.

2. Have completed all of the following:

a. Three years of postlicensure or postcertification practice;

b. A family mediation training program certified by the Florida Supreme Court; and

c. An eldercaring coordinator training program certified by the Florida Supreme Court. The training must total at least 44 hours and must include advanced tactics for dispute resolution of issues related to aging, illness, incapacity, or other vulnerabilities associated with elders, as well as elder, guardianship, and incapacity law and procedures and less restrictive alternatives to guardianship; phases of eldercaring coordination and the role and functions of an eldercaring coordinator; the elder's role within eldercaring coordination; family dynamics related to eldercaring coordination; eldercaring coordination skills and techniques; multicultural competence and its use in eldercaring coordination; at least 6 hours of the

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implications of elder abuse, neglect, and exploitation and other safety issues pertinent to the training; at least 4 hours of ethical considerations pertaining to the training; use of technology within eldercaring coordination; and court-specific eldercaring coordination procedures. Pending certification of a training program by the Florida Supreme Court, the eldercaring coordinator must document completion of training that satisfies the hours and the elements prescribed in this sub-subparagraph.

3. Have successfully passed a level 2 background screening as provided in s. 435.04(2) ~~and (3)~~ or are exempt from disqualification under s. 435.07. The prospective eldercaring coordinator must submit a full set of fingerprints to the court or to a vendor, entity, or agency authorized by s. 943.053(13). The court, vendor, entity, or agency shall forward the fingerprints to the Department of Law Enforcement for state processing, and the Department of Law Enforcement shall forward the fingerprints to the Federal Bureau of Investigation for national processing. The prospective eldercaring coordinator shall pay the fees for state and federal fingerprint processing. The state cost for fingerprint processing shall be as provided in s. 943.053(3)(e) for records provided to persons or entities other than those specified as exceptions therein.

4. Have not been a respondent in a final order granting an injunction for protection against domestic, dating, sexual, or repeat violence or stalking or exploitation of an elder or a disabled person.

5. Have met any additional qualifications the court may require to address issues specific to the parties.

Section 7. Subsection (5) of section 501.9741, Florida

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Statutes, is amended to read:

501.9741 Assisting in veterans' benefits matters.—

(5) BACKGROUND SCREENING.—A provider must ensure that all individuals who directly assist a veteran in a veterans' benefits matter complete a level 2 background screening that screens for any offenses identified in s. 408.809(4) or s. 435.04(2)(e), (f), or (ss) or (3) ~~s. 435.04(2)(d), (e), or (oo) or (4)~~ before entering into any agreement with a veteran for veterans' benefits matters. An individual must submit a full set of fingerprints to the Department of Law Enforcement or to a vendor, entity, or agency authorized by s. 943.053(13), which shall forward the fingerprints to the Department of Law Enforcement for state processing. The Department of Veterans' Affairs shall transmit the background screening results to the provider, which results must indicate whether an individual's background screening contains any of the offenses listed in this subsection. Fees for state and federal fingerprint processing must be borne by the provider or individual. The state cost for fingerprint processing is as provided in s. 943.053(3)(e). This subsection does not imply endorsement, certification, or regulation of providers by the Department of Veterans' Affairs.

Section 8. For the purpose of incorporating the amendment made by this act to section 435.04, Florida Statutes, in references thereto, subsection (6) and paragraph (d) of subsection (8) of section 397.487, Florida Statutes, are reenacted to read:

397.487 Voluntary certification of recovery residences.—

(6) All owners, directors, and chief financial officers of an applicant recovery residence are subject to level 2

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background screening as provided under s. 408.809 and chapter 435. A recovery residence is ineligible for certification, and a credentialing entity shall deny a recovery residence's application, if any owner, director, or chief financial officer has been found guilty of, or has entered a plea of guilty or nolo contendere to, regardless of adjudication, any offense listed in s. 408.809(4) or s. 435.04(2) unless the department has issued an exemption under s. 435.07. Exemptions from disqualification applicable to service provider personnel pursuant to s. 397.4073 or s. 435.07 shall apply to this subsection. In accordance with s. 435.04, the department shall notify the credentialing agency of an owner's, director's, or chief financial officer's eligibility based on the results of his or her background screening.

(8) Onsite followup monitoring of a certified recovery residence may be conducted by the credentialing entity to determine continuing compliance with certification requirements. The credentialing entity shall inspect each certified recovery residence at least annually to ensure compliance.

(d) If any owner, director, or chief financial officer of a certified recovery residence is arrested and awaiting disposition for or found guilty of, or enters a plea of guilty or nolo contendere to, regardless of whether adjudication is withheld, any offense listed in s. 435.04(2) while acting in that capacity, the certified recovery residence must immediately remove the person from that position and notify the credentialing entity within 3 business days after such removal. The credentialing entity must revoke the certificate of compliance of a certified recovery residence that fails to meet

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these requirements.

Section 9. For the purpose of incorporating the amendment made by this act to section 435.04, Florida Statutes, in references thereto, subsection (5) and paragraph (b) of subsection (6) of section 397.4871, Florida Statutes, are reenacted to read:

397.4871 Recovery residence administrator certification.—

(5) All applicants are subject to level 2 background screening as provided under chapter 435. An applicant is ineligible, and a credentialing entity shall deny the application, if the applicant has been found guilty of, or has entered a plea of guilty or nolo contendere to, regardless of adjudication, any offense listed in s. 408.809 or s. 435.04(2) unless the department has issued an exemption under s. 435.07. Exemptions from disqualification applicable to service provider personnel pursuant to s. 397.4073 or s. 435.07 shall apply to this subsection. In accordance with s. 435.04, the department shall notify the credentialing agency of the applicant's eligibility based on the results of his or her background screening.

(6) The credentialing entity shall issue a certificate of compliance upon approval of a person's application. The certification shall automatically terminate 1 year after issuance if not renewed.

(b) If a certified recovery residence administrator of a recovery residence is arrested and awaiting disposition for or found guilty of, or enters a plea of guilty or nolo contendere to, regardless of whether adjudication is withheld, any offense listed in s. 435.04(2) while acting in that capacity, the

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certified recovery residence must immediately remove the person from that position and notify the credentialing entity within 3 business days after such removal. The certified recovery residence shall retain a certified recovery residence administrator within 90 days after such removal. The credentialing entity must revoke the certificate of compliance of any recovery residence that fails to meet these requirements.

Section 10. For the purpose of incorporating the amendment made by this act to section 435.04, Florida Statutes, in a reference thereto, subsection (13) of section 409.913, Florida Statutes, is reenacted to read:

409.913 Oversight of the integrity of the Medicaid program.—The agency shall operate a program to oversee the activities of Florida Medicaid recipients, and providers and their representatives, to ensure that fraudulent and abusive behavior and neglect of recipients occur to the minimum extent possible, and to recover overpayments and impose sanctions as appropriate. Each January 15, the agency and the Medicaid Fraud Control Unit of the Department of Legal Affairs shall submit a report to the Legislature documenting the effectiveness of the state's efforts to control Medicaid fraud and abuse and to recover Medicaid overpayments during the previous fiscal year. The report must describe the number of cases opened and investigated each year; the sources of the cases opened; the disposition of the cases closed each year; the amount of overpayments alleged in preliminary and final audit letters; the number and amount of fines or penalties imposed; any reductions in overpayment amounts negotiated in settlement agreements or by other means; the amount of final agency determinations of

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overpayments; the amount deducted from federal claiming as a result of overpayments; the amount of overpayments recovered each year; the amount of cost of investigation recovered each year; the average length of time to collect from the time the case was opened until the overpayment is paid in full; the amount determined as uncollectible and the portion of the uncollectible amount subsequently reclaimed from the Federal Government; the number of providers, by type, that are terminated from participation in the Medicaid program as a result of fraud and abuse; and all costs associated with discovering and prosecuting cases of Medicaid overpayments and making recoveries in such cases. The report must also document actions taken to prevent overpayments and the number of providers prevented from enrolling in or reenrolling in the Medicaid program as a result of documented Medicaid fraud and abuse and must include policy recommendations necessary to prevent or recover overpayments and changes necessary to prevent and detect Medicaid fraud. All policy recommendations in the report must include a detailed fiscal analysis, including, but not limited to, implementation costs, estimated savings to the Medicaid program, and the return on investment. The agency must submit the policy recommendations and fiscal analyses in the report to the appropriate estimating conference, pursuant to s. 216.137, by February 15 of each year. The agency and the Medicaid Fraud Control Unit of the Department of Legal Affairs each must include detailed unit-specific performance standards, benchmarks, and metrics in the report, including projected cost savings to the state Medicaid program during the following fiscal year.

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(13) The agency shall terminate participation of a Medicaid provider in the Medicaid program and may seek civil remedies or impose other administrative sanctions against a Medicaid provider, if the provider or any principal, officer, director, agent, managing employee, or affiliated person of the provider, or any partner or shareholder having an ownership interest in the provider equal to 5 percent or greater, has been convicted of a criminal offense under federal law or the law of any state relating to the practice of the provider's profession, or a criminal offense listed under s. 408.809(4), s. 409.907(10), or s. 435.04(2). If the agency determines that the provider did not participate or acquiesce in the offense, termination will not be imposed. If the agency effects a termination under this subsection, the agency shall take final agency action.

Section 11. For the purpose of incorporating the amendment made by this act to section 435.04, Florida Statutes, in a reference thereto, subsection (2) of section 435.03, Florida Statutes, is reenacted to read:

435.03 Level 1 screening standards.—

(2) Any person required by law to be screened pursuant to this section must not have an arrest awaiting final disposition, must not have been found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to, and must not have been adjudicated delinquent and the record has not been sealed or expunged for, any offense prohibited under s. 435.04(2) or similar law of another jurisdiction.

Section 12. For the purpose of incorporating the amendment made by this act to section 435.04, Florida Statutes, in a reference thereto, paragraph (j) of subsection (1) of section

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1012.22, Florida Statutes, is reenacted to read:

1012.22 Public school personnel; powers and duties of the district school board.—The district school board shall:

(1) Designate positions to be filled, prescribe qualifications for those positions, and provide for the appointment, compensation, promotion, suspension, and dismissal of employees as follows, subject to the requirements of this chapter:

(j) *Temporary removal from the classroom.*—The district school board shall adopt a policy temporarily removing instructional personnel from the classroom within 24 hours after a notification by law enforcement or a self-reporting employee of his or her arrest for a felony offense or for a misdemeanor offense listed in s. 435.04(2).

Section 13. For the purpose of incorporating the amendment made by this act to section 435.04, Florida Statutes, in a reference thereto, subsection (1) of section 1012.315, Florida Statutes, is reenacted to read:

1012.315 Screening standards.—

(1) A person is ineligible for educator certification or employment in any position that requires direct contact with students in a district school system, a charter school, or a private school that participates in a state scholarship program under chapter 1002, which includes being an owner or operator of a private school that participates in a scholarship program under chapter 1002, if the person:

(a) Is on the disqualification list maintained by the department under s. 1001.10(4)(b);

(b) Is registered as a sex offender as described in 42

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U.S.C. s. 9858f(c)(1)(C);

(c) Is ineligible based on a security background investigation under s. 435.04(2). The Agency for Health Care Administration shall determine the eligibility of employees in any position that requires direct contact with students in a district school system, a charter school, or a private school that participates in a state scholarship program under chapter 1002;

(d) Would be ineligible for an exemption under s. 435.07(4)(c); or

(e) Has been convicted or found guilty of, has had adjudication withheld for, or has pled guilty or nolo contendere to:

1. Any criminal act committed in another state or under federal law which, if committed in this state, constitutes a disqualifying offense under s. 435.04(2).

2. Any delinquent act committed in this state or any delinquent or criminal act committed in another state or under federal law which, if committed in this state, qualifies an individual for inclusion on the Registered Juvenile Sex Offender List under s. 943.0435(1)(h)1.d.

Section 14. For the purpose of incorporating the amendment made by this act to section 435.04, Florida Statutes, in a reference thereto, section 1012.797, Florida Statutes, is reenacted to read:

1012.797 Notification of certain charges against employees.—Notwithstanding s. 985.04(7) or any other law to the contrary, a law enforcement agency shall, within 48 hours, notify the appropriate district school superintendent, charter

29-01214C-26

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668 school governing board, private school owner or administrator,
669 president of the Florida School for the Deaf and the Blind, or
670 university lab schools director or principal, as applicable,
671 when its employee is arrested for a felony or a misdemeanor
672 involving an offense listed in s. 435.04(2), the abuse of a
673 minor child, or the sale or possession of a controlled
674 substance. The notification must include the specific charge for
675 which the employee of the school district was arrested.
676 Notwithstanding ss. 1012.31(3)(a)1. and 1012.796(4), within 24
677 hours after such notification, the school principal or designee
678 shall notify parents of enrolled students who had direct contact
679 with the employee and include, at a minimum, the name and
680 specific charges against the employee.

681 Section 15. For the purpose of incorporating the amendment
682 made by this act to section 435.04, Florida Statutes, in a
683 reference thereto, subsection (2) of section 1012.799, Florida
684 Statutes, is reenacted to read:

685 1012.799 Reporting and self-reporting certain offenses.—

686 (2) Instructional personnel and administrative personnel
687 shall self-report within 48 hours to a school district
688 authority, as determined by the district superintendent, any
689 arrest for a felony offense or for a misdemeanor offense listed
690 in s. 435.04(2). Such self-report is not considered an admission
691 of guilt and is not admissible for any purpose in any
692 proceeding, civil or criminal, administrative or judicial,
693 investigatory or adjudicatory. In addition, instructional
694 personnel and administrative personnel shall self-report any
695 conviction, finding of guilt, withholding of adjudication,
696 commitment to a pretrial diversion program, or entering of a

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plea of guilty or nolo contendere for any criminal offense other than a minor traffic violation within 48 hours after the final judgment. When handling sealed and expunged records disclosed under this rule, school districts must comply with the confidentiality provisions of ss. 943.0585(4)(c) and 943.059(4)(c).

Section 16. This act shall take effect July 1, 2026.



The Florida Senate

Committee Agenda Request

To: Senator Colleen Burton, Chair
Committee on Health Policy

Subject: Committee Agenda Request

Date: January 12, 2026

I respectfully request that **Senate Bill #1168**, relating to Background Screenings, be placed on the:

- ☒ committee agenda at your earliest possible convenience.
- ☐ next committee agenda.

A handwritten signature in blue ink that reads "Erin K. Grall". The signature is written in a cursive style.

Senator Erin Grall
Florida Senate, District 29

The Florida Senate

APPEARANCE RECORD

Deliver both copies of this form to
Senate professional staff conducting the meeting

Tub 2

1168

- Backlog
check

Meeting Date

Health Policy

Committee

Bill Number or Topic

Amendment Barcode (if applicable)

Name

Sean Stafford

Phone

727-5000

Address

115 E. Park Ave

Street

Email

City

State

Zip

3301

Speaking:

☐

For

☐

Against

☐

Information

OR

Waive Speaking:

☒

In Support

☐

Against

PLEASE CHECK ONE OF THE FOLLOWING:

☐

I am appearing without
compensation or sponsorship.

☐

I am a registered lobbyist,
representing:

☐

I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

This form is part of the public record for this meeting.

S-001 (08/10/2021)

The Florida Senate
APPEARANCE RECORD

Deliver both copies of this form to
Senate professional staff conducting the meeting

1/26/2026
Meeting Date

Health Policy
Committee

SB 1168
Bill Number or Topic

Amendment Barcode (if applicable)

Name Orange County Public Schools Marquise McMiller Phone 407-405-2050

Address 445 W. Amelia St Email marquise.mcmiller@ocps.net
Street

Orlando FL 32301
City State Zip

Speaking: ☐ For ☐ Against ☐ Information **OR** Waive Speaking: ☒ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☐ I am appearing without
compensation or sponsorship.

☒ I am a registered lobbyist,
representing:

Orange County
Public Schools

☐ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

This form is part of the public record for this meeting.

S-001 (08/10/2021)

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

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

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

BILL: CS/SB 1756

INTRODUCER: Health Policy Committee and Senator Yarborough

SUBJECT: Medical Freedom

DATE: January 28, 2026

REVISED: _____

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

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/SB 1756 creates a statutory nonmedical exemption from immunization requirements for a child attending a K-12 school if the administration of a vaccine conflicts with the parent's conscience. Like the existing religious exemption, the conscience-based exemption would also be available to parents with children attending preschool or day care in a child care facility or family day care home facility who are subject to immunization requirements pursuant to existing rules. The bill requires the Department of Health to make the nonmedical exemption form available on its website.

The bill requires health care practitioners and paramedics who administer vaccines to a minor child to provide the child's parent or guardian with informational materials approved and adopted by joint rule of the Board of Medicine and the Board of Osteopathic Medicine before a vaccine may be administered. A parent's or guardian's signature must be obtained to document receipt of the information. The bill also requires that when more than one vaccine is to be administered to a child, the practitioner must discuss the parent's or guardian's options for the timing of the vaccinations and may, at the parent's or guardian's request, administer the vaccines to the child over multiple encounters.

The bill authorizes pharmacists to provide ivermectin¹ as a behind-the-counter medication without a prescription to a person 18 years of age or older. Before such dispensing, the bill requires a pharmacist to provide the person with written information regarding indications and contraindications, dosage, and the need to seek follow-up care from the person's primary care physician. The bill grants immunity from civil or criminal liability or disciplinary action under Florida law for pharmacists acting in accordance with these provisions.

Additionally, the bill grants immunity from civil or criminal liability and for disciplinary action under Florida law to health care practitioners licensed under chs. 458, 459, or 464, F.S., whose license includes prescribing authority, for prescribing or administering ivermectin to an adult, in good faith, in accordance with the applicable practice act and pertinent rules.

Finally, the bill clarifies that during a declared public health emergency, the State Surgeon General may not order an individual to be vaccinated.

The bill provides an effective date of July 1, 2026. The provisions requiring a parent's signature documenting the receipt of informational materials would not go into effect until 30 days after the Boards adopt the materials by joint rule.

II. Present Situation:

Florida Department of Health Immunization² Guidelines

Duty to Immunize All Children in Florida

The Florida Department of Health (DOH) is charged with ensuring that all children in this state are immunized against vaccine-preventable diseases.³ The DOH is responsible for adopting rules governing the immunization of school children, as well as the testing for and control of preventable communicable diseases. The DOH establishes and maintains its own immunization schedule through the *Immunization Guidelines for Florida Schools, Childcare Facilities, and Family Daycare Homes* ("DOH Immunization Guidelines"), which have remained unchanged since their adoption in 2013.⁴

Florida School-entry Vaccination Requirements

Section 1003.22, F.S., requires immunizations for certain preventable communicable diseases as a condition of admittance to or attendance in Florida public and private schools (K–12) and for

¹ Prescription ivermectin tablets are approved for treating certain parasitic infections. Some topical forms of ivermectin are approved to treat external parasitic infestations and rosacea. A topical lotion for head lice is available without a prescription. Ivermectin products are also used to prevent heartworm disease and to treat certain internal and external parasites in animals. U.S. Food and Drug Administration, *Ivermectin and COVID-19* (Apr. 5, 2024), <https://www.fda.gov/consumers/consumer-updates/ivermectin-and-covid-19> (last visited Jan. 23, 2026).

² Immunization is defined as "The process of being made immune or resistant to an infectious disease, typically by the administration of a vaccine. It implies that a vaccine will trigger an immune response." U.S. Centers for Disease Control and Prevention, *Immunization Glossary of Terms*, <https://www.cdc.gov/vaccines/glossary/index.html> (last visited Jan. 23, 2026).

³ Section 381.003(1)(e), F.S.

⁴ Florida Administrative Code & Florida Administrative Register, Reference: Ref-02342 (adopting Fla. Admin. Code R. 64D-3.046, *Immunization Requirements: Public and Nonpublic Schools, Grades Preschool, Kindergarten Through 12, and Adult Education Classes*; Form DH 150-615, *Revised Form 150-615*), <https://flrules.org/Gateway/reference.asp?No=Ref-02342> (last visited Jan. 23, 2026).

initial entrance into a Florida school. The statute requires immunization against the following diseases, several of which are typically provided in combined vaccine formulations:

- DTaP: Diphtheria, Tetanus, and acellular Pertussis (whooping cough);⁵
- Polio;⁶
- MMR: Measles, mumps, and rubella.⁷

The statute authorizes the DOH to determine additional communicable diseases for which immunization is required.⁸ Pursuant to this authority, the DOH currently requires vaccinations against the following diseases by rule:

- Haemophilus influenzae type b (Hib);⁹
- Hepatitis B (Hep B);¹⁰
- Varicella (chickenpox);¹¹ and
- Pneumococcal conjugate.¹²

Immunizations required under s. 1003.22, F.S., and related DOH rule are available at no cost from county health departments.¹³

Eliminating Rule-based Vaccine Mandates

The DOH held a rule workshop on December 12, 2025, in Panama City Beach.¹⁴ At the workshop, draft Proposed Revisions to Rule 64D-3.046 were distributed to attendees. The draft proposed rule eliminated requirements for these four additional vaccinations.¹⁵ At this time, no proposed rule has been formally published, and those four vaccinations are still required.

⁵ CDC, *Vaccine Information Statement: DTaP Vaccine*, <https://www.cdc.gov/vaccines/hcp/current-vis/downloads/dtap.pdf> (last visited Jan. 23, 2026).

⁶ CDC, *Vaccine Information Statement: IPV Vaccine*, <https://www.cdc.gov/vaccines/hcp/current-vis/downloads/ipv.pdf> (last visited Jan. 15, 2026).

⁷ CDC, *Vaccine Information Statement: MMR Vaccine*, <https://www.cdc.gov/vaccines/hcp/current-vis/downloads/mmr.pdf> (last visited Jan. 15, 2026).

⁸ Section 1003.22(3), F.S.

⁹ Unrelated to the influenza viruses that cause seasonal flu, Hib is a bacterium that can cause severe respiratory infections (including pneumonia), otitis, and diseases such as meningitis. *Supra* note 2. See also CDC, *Vaccine Information Statement: Hib Vaccine*, <https://www.cdc.gov/vaccines/hcp/current-vis/downloads/hib.pdf> (last visited Jan. 15, 2026).

¹⁰ CDC, *Vaccine Information Statement: Hepatitis B Vaccine (Interim)*, <https://www.cdc.gov/vaccines/hcp/current-vis/downloads/hep-b.pdf> (last visited Jan. 23, 2026).

¹¹ CDC, *Vaccine Information Statement: Varicella (Chickenpox) Vaccine*, <https://www.cdc.gov/vaccines/hcp/current-vis/downloads/varicella.pdf> (last visited Jan. 23, 2026).

¹² CDC, *Vaccine Information Statement: Pneumococcal Conjugate (PCV) Vaccine*, <https://www.cdc.gov/vaccines/hcp/current-vis/downloads/pcv.pdf> (last visited Jan. 23, 2026).

¹³ Section 1003.22(3), F.S.

¹⁴ Dept. of Health, *Notice of Workshop re: Proposed Revisions to Rule 64D-3.046, Immunization Requirements: Public and Nonpublic Schools, Grades Preschool, Kindergarten Through 12, and Adult Education Classes*, Fla. Admin. Reg. (Dec. 12, 2025) (notice filed in Vol. 51/230); see Rule 64D-3.046, Fla. Admin. Code.

¹⁵ Proposed Revisions to Rule 64D-3.046 as presented at the Dec 12, 2025 Workshop on file with Senate Committee on Health Policy.

Florida Requirements Versus Federal Vaccination Recommendations

On January 5, 2026, the U.S. Centers for Disease Control and Prevention (CDC) announced changes to its Recommended Child and Adolescent Immunization Schedule.¹⁶ The CDC continues to recommend every vaccine under Florida law and current DOH rule for children, except that the Hep B vaccination is now recommended only for certain high-risk groups or populations.¹⁷

Florida School-entry Immunization Requirements; Exemptions

As a condition of attending a public or private school (grades K-12), each child must present to the school either a Florida Certificate of Immunization Form¹⁸ or a Religious Exemption from Immunization Form.¹⁹ The forms are incorporated into DOH rule. Child care facilities²⁰ and family day care homes²¹ are also required, by rule of the Florida Department of Children and Families (DCF), to collect one of these forms for each child they serve.

The Certificate of Immunization Form is prepared by a physician's office or clinic and provides for:

- Part A: Completion of immunizations in accordance with the DOH Immunization Guidelines;

¹⁶ The U.S. Department of Health and Human Services (HHS) affirms that routine childhood immunizations recommended by the CDC's Advisory Committee on Immunization Practices (ACIP) are safe and effective, and play a vital role in protecting children from vaccine-preventable diseases. These recommendations form the basis for school and child care immunization requirements in many states. See U.S. Dep't of Health & Hum. Servs., Fact Sheet: Childhood Immunization Recommendations Remain Strong (Nov. 3, 2022), <https://www.hhs.gov/press-room/fact-sheet-cdc-childhood-immunization-recommendations.html>.

¹⁷ Vaccination recommended for infants born to women who tested positive for the hepatitis B virus or whose status is unknown. U.S. Department of Health and Human Services, *Recommended Childhood Immunization Schedule*, <https://www.hhs.gov/childhood-immunization-schedule/index.html> (last visited Jan. 23, 2026).

¹⁸ Florida Administrative Code & Florida Administrative Register, Reference Material, Ref-02341 (64D-3.046; *DH Form 681—Religious Exemption from Immunization*), <https://flrules.org/Gateway/reference.asp?No=Ref-02341> (last visited Jan. 20, 2026).

¹⁹ Florida Administrative Code & Florida Administrative Register, Reference Material, Ref-02410 (64D-3.046, *DH Form 680—Florida Certification of Immunization*), <https://flrules.org/Gateway/reference.asp?No=Ref-02410> (last visited Jan. 20, 2026).

²⁰ Section 402.305, F.S., requires the Department of Children and Families to establish licensing standards that all licensed child care facilities must meet, including minimum standards relating to immunizations and the maintenance of emergency and health records for all children. Department rule chapter 65C-22, F.A.C., incorporates the *Child Care Facility Handbook*, which in turn references the DOH Immunization Guidelines. The handbook requires child care facilities to obtain a Certificate of Immunization (Form DH 680) or a Religious Exemption from Immunization (Form DH 681) for each child within 30 days of enrollment. See Fla. Admin. Code R. 65C-22.001(8); Fla. Dep't of Children & Fams., *Child Care Facility Handbook*, <https://flrules.org/Gateway/reference.asp?No=Ref-13928> (last visited Jan. 20, 2026).

²¹ Section 402.313, F.S., directs the Department of Children and Families to adopt rules establishing minimum standards for family day care homes. These standards must include health and safety requirements, including provisions for the maintenance of immunization records. Department rule chapter 65C-20, F.A.C., incorporates the *Family Day Care Home and Large Family Child Care Home Handbook*, which references the DOH Immunization Guidelines. The handbook requires the operator to obtain a Certificate of Immunization (Form DH 680) or a Religious Exemption from Immunization (Form DH 681) for each child within 30 days of enrollment. See Fla. Admin. Code R. 65C-20.010(1)(a); Fla. Dep't of Children & Fams., *Family Day Care Home and Large Family Child Care Home Handbook*, <https://flrules.org/Gateway/reference.asp?No=Ref-13928> (last visited Jan. 20, 2026).

- Part B: A temporary medical exemption for children²² who have commenced a schedule to complete the required immunizations;²³ or
- Part C: A permanent medical exemption for medically contraindicated immunizations. Only a licensed allopathic or osteopathic physician may certify a permanent medical exemption.²⁴

Aside from a 30-day temporary exemption applicable to transferring students, homeless students, dependent children, or students entering the juvenile justice system, the only nonmedical exemption authorized in the Florida Statutes is a religious exemption.

The Religious Exemption from Immunization Form must be signed by a parent or guardian who declares that immunizations conflict with his or her “religious tenets or practices.”²⁵ The DOH Immunization Guidelines currently state the following regarding exemptions that might be sought for other reasons:²⁶

D. Consistency With Florida Law:

Requests for religious exemption from immunizations should be consistent with section 1003.22, *Florida Statutes*. **Exemptions for personal or philosophical reasons are not permitted under Florida law.**

However, the DOH’s draft Proposed Revisions to Rule 64D-3.046 delete “Exemptions for personal or philosophical reasons are not permitted under Florida law.”²⁷ from the DOH Immunization Guidelines and amend the Religious Exemption from Immunization form to allow a parent to attest that “Immunizations are in conflict with my religious tenets or practices, which may include a sincerely held moral or ethical belief.” The current exemption form does not contain this reference to “a sincerely held moral or ethical belief,” nor does Florida law. At this time, no proposed rules have been formally published.

Religious Exemption Form

The DOH Immunization Guidelines require county health department staff to issue the Religious Exemption from Immunization form which is available electronically in the Florida SHOTS registry. (See “Florida SHOTS Immunization Registry” on pg. 10 of this analysis.) No other information should be solicited from the parent or guardian.²⁸ The form requires the electronic

²² Children under age 4 are generally granted a temporary medical exemption because they have not received all required vaccine doses required of a kindergartener by that age.

²³ An allopathic, osteopathic, or chiropractic physician can certify a temporary medical exemption pursuant to s. 1003.22(5)(c), F.S. The DOH has indicated that it is not within a chiropractic physician’s scope of practice to administer a vaccine to a minor child. Florida Department of Health, *Legislative Bill Analysis: SB 1756* (Jan. 22, 2026) (On file with Senate Committee on Health Policy).

²⁴ *Supra* note 19.

²⁵ The immunization requirements shall not apply if “the parent of the child objects in writing that the administration of immunizing agents conflicts with his or her religious tenets or practices;” Section 1003.22(5)(a), F.S.

²⁶ *Supra* note 4.

²⁷ *Supra* note 15.

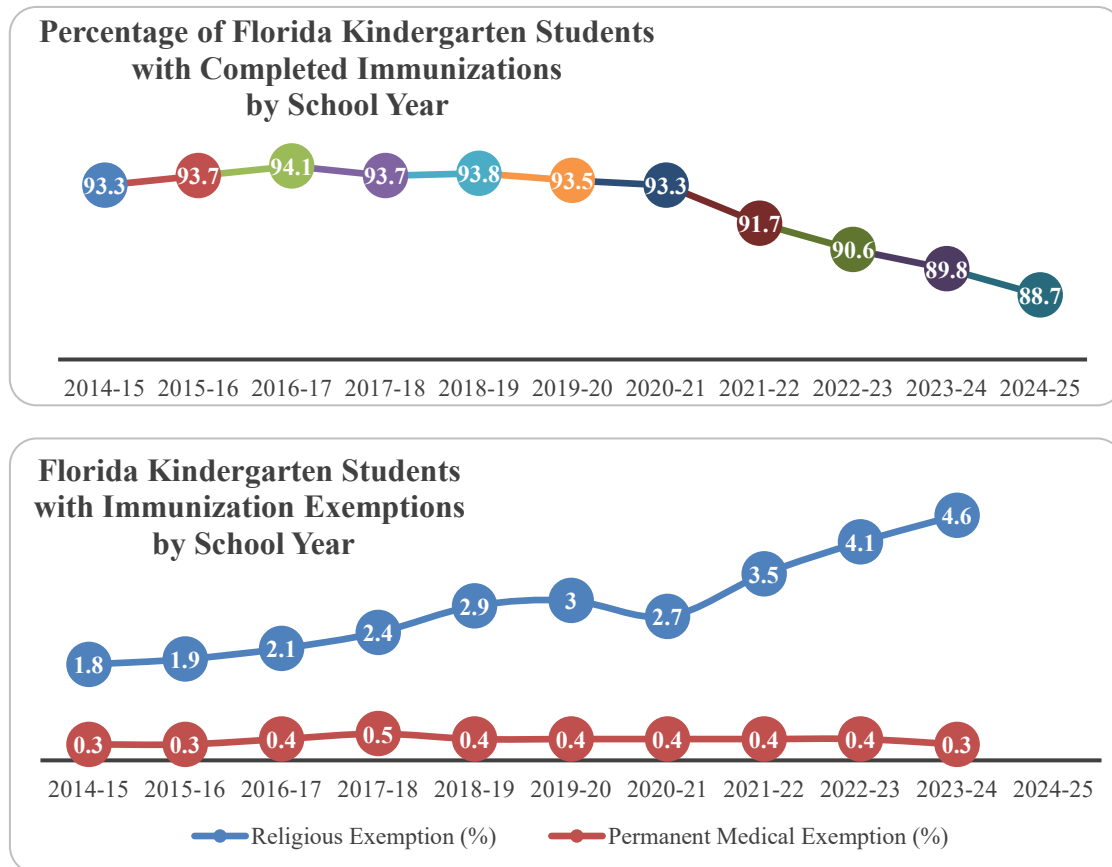
²⁸ *Supra* note 4.

signature of the county health department director or administrator.²⁹ The exemption form must be presented to the school, preschool, child care facility, or family day care home where it is to be kept on file in order to identify unimmunized children needing exclusion during an outbreak of a vaccine-preventable disease.

Each public school, including public kindergarten, and each private school, including private kindergarten, is required to provide to the county health department director or administrator annual reports of compliance with immunization requirements.³⁰ Those reports are generally compiled into statewide data.

Florida Statewide Immunization Completion for Kindergarten with Exemption Data

The following charts show immunization completion and religious and permanent medical exemption status among children enrolled in public and private kindergarten by school year using the DOH data.^{31, 32}



²⁹ *Supra* note 18.

³⁰ Section 1003.22(8), F.S.

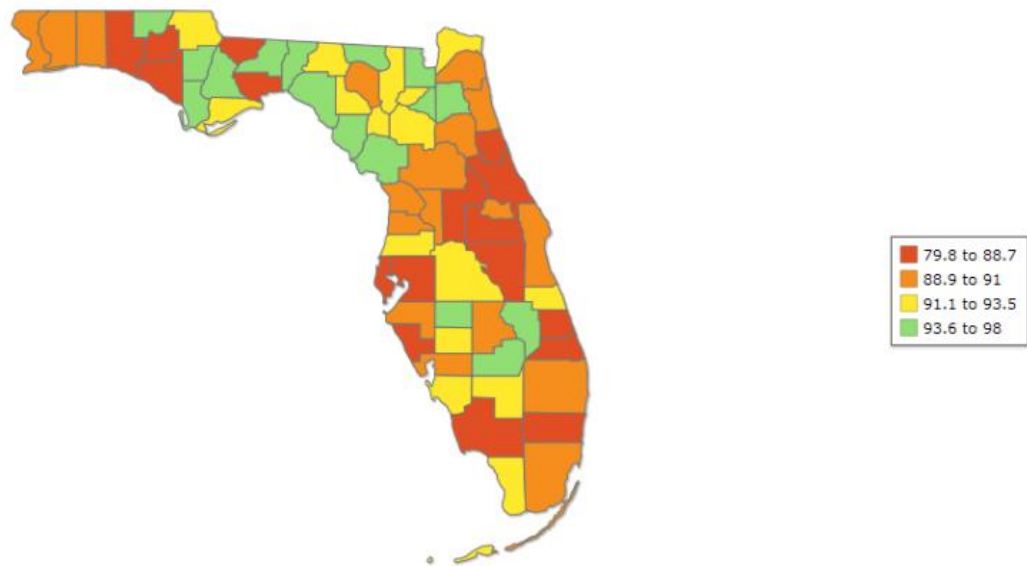
³¹ DOH, *Kindergarten and Seventh Grade Immunization Status Report, 2023–24 School Year* (memorandum from Carina Blackmore, DVM, PhD, to County Health Department Health Officers, Aug. 12, 2024) (on file with the Senate Committee on Health Policy).

³² The 2024–2025 data point for completed immunizations was obtained from the Florida Department of Health, *Immunization Levels in Kindergarten*, Florida CHARTS: Community Health Assessment Resource Tool Set, <https://www.flhealthcharts.gov/charts/> (last visited Jan. 20, 2026). Exemption data was requested for the 2024-25 and 2025-26 school years but was not provided before the publication of this analysis.

Immunization Levels in Kindergarten by Florida County

The following map³³ and DOH data reflect percentages of students who have documented completion of their immunizations on the Certificate of Immunization form. Note that this reflects *all* immunizations, so the percentages may be lower than if it were to reflect each vaccination one by one.

Immunization Levels in Kindergarten, Percent of Kindergarten Students Enrolled, 2025



Immunization and Religious Exemption Status among Students enrolled in Public and Private kindergarten					
	2023-2024 School Year ³⁴			2025-2026 School Year ³⁵	
County	Students Enrolled	% Fully Immunized	% Religious exemption	Students Enrolled	% Fully Immunized
Alachua	2,484	92.7	3.9	2,432	91.9
Baker	349	96	3.2	368	95.4
Bay	2,252	84.6	3.8	2,245	85.3
Bradford	334	93.1	4.8	312	94.9
Brevard	5,811	91.6	6.4	5,380	90.9
Broward	19,964	90.7	5.1	19,128	82.2
Calhoun	161	95	0.6	149	98
Charlotte	1,178	86.3	8.5	1,191	89.2
Citrus	1,233	91.4	6.2	1,124	90.8
Clay	2,847	92.6	5	2,812	93.6
Collier	3,695	85.9	7.3	3,626	86.3

³³ *Id.*

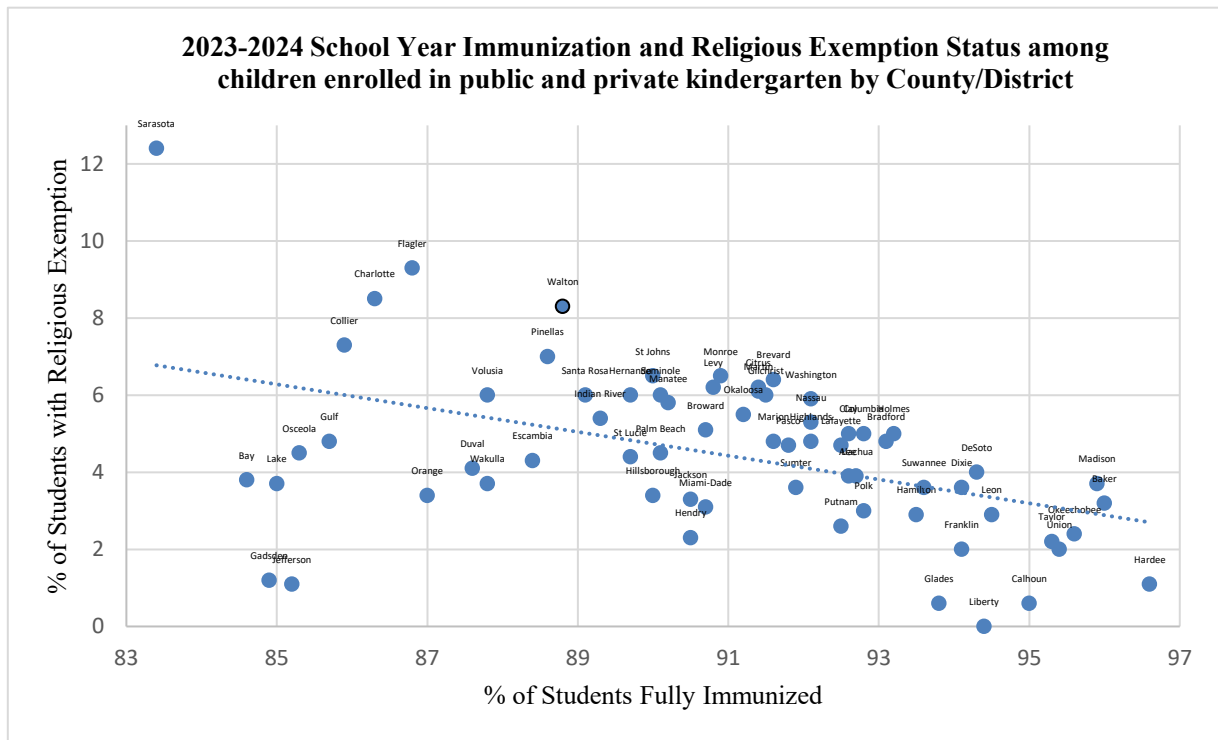
³⁴ *Supra* note 31.

³⁵ *Supra* note 32.

Immunization and Religious Exemption Status among Students enrolled in Public and Private kindergarten					
	2023-2024 School Year ³⁴			2025-2026 School Year ³⁵	
County	Students Enrolled	% Fully Immunized	% Religious exemption	Students Enrolled	% Fully Immunized
Columbia	941	92.8	5	856	92.9
DeSoto	352	94.3	4	370	91.1
Dixie	169	94.1	3.6	171	93.6
Duval	12,468	87.6	4.1	12,251	89.9
Escambia	3,628	88.4	4.3	3,661	88.9
Flagler	1,034	86.8	9.3	996	88.7
Franklin	101	94.1	2	102	91.2
Gadsden	405	84.9	1.2	346	79.8
Gilchrist	282	91.5	6	265	92.1
Glades	160	93.8	0.6	149	94
Gulf	126	85.7	4.8	146	94.5
Hamilton	139	93.5	2.9	134	97
Hardee	354	96.6	1.1	325	95.4
Hendry	610	90.5	2.3	627	91.2
Hernando	1,934	89.7	6	1,816	89
Highlands	1,031	92.1	4.8	1,019	89.8
Hillsborough	16,211	90	3.4	15,255	86
Holmes	221	93.2	5	204	93.6
Indian River	1,401	89.3	5.4	1,335	91.2
Jackson	568	90.5	3.3	498	92.2
Jefferson	88	85.2	1.1	91	97.8
Lafayette	106	92.5	4.7	98	91.8
Lake	3,855	85	3.7	3,885	86
Lee	6,981	92.6	3.9	7,867	92.4
Leon	2,894	94.5	2.9	2,954	93.8
Levy	437	90.8	6.2	437	95.4
Liberty	90	94.4	0	109	93.6
Madison	217	95.9	3.7	243	93
Manatee	3,971	90.2	5.8	3,963	89.8
Marion	3,659	91.6	4.8	3,766	90.8
Martin	1,334	91.4	6.1	1,404	88.5
Miami-Dade	27,296	90.7	3.1	27,691	91
Monroe	725	90.9	6.5	684	92
Nassau	1,028	92.1	5.3	1,029	91.8
Okaloosa	2,454	91.2	5.5	2,351	90

Immunization and Religious Exemption Status among Students enrolled in Public and Private kindergarten					
	2023-2024 School Year³⁴			2025-2026 School Year³⁵	
County	Students Enrolled	% Fully Immunized	% Religious exemption	Students Enrolled	% Fully Immunized
Okeechobee	505	95.6	2.4	465	93.8
Orange	14,743	87	3.4	14,129	85.4
Osceola	5,551	85.3	4.5	5,638	86.3
Palm Beach	15,692	90.1	4.5	15,389	89.8
Pasco	6,385	91.8	4.7	6,236	91.9
Pinellas	7,354	88.6	7	7,042	87.3
Polk	9,181	92.8	3	9,338	92.5
Putnam	832	92.5	2.6	837	90.1
St. Johns	2,151	89.1	6	3,538	90.6
St. Lucie	3,405	83.4	12.4	3,562	88
Santa Rosa	4,803	90.1	6	2,186	91
Sarasota	3,573	90	6.5	3,438	79.9
Seminole	3,567	89.7	4.4	5,162	90
Sumter	666	91.9	3.6	777	90.6
Suwannee	470	93.6	3.6	468	89.3
Taylor	275	95.3	2.2	244	97.1
Union	196	95.4	2	185	93.5
Volusia	4,887	87.8	6	4,689	88.6
Wakulla	403	87.8	3.7	387	86.3
Walton	964	88.8	8.3	936	88.5
Washington	304	92.1	5.9	312	88.1

The following chart reflects the same 2023-2024 school year data above in an attempt to show the inherent correlation between religious exemptions and completion of vaccinations by Florida County. Generally, the more religious exemptions, the fewer students with completed Certificates of Immunization.



Florida SHOTS Immunization Registry

The DOH maintains a secure statewide electronic immunization registry, Florida SHOTS (State Health Online Tracking System), which consolidates immunization histories and facilitates access to immunization documentation for clinical care and school recordkeeping.³⁶ A parent or guardian, or a certain eligible student, may decline participation in the registry by submitting an opt-out form.³⁷ A parent or guardian who opts out generally assumes responsibility for maintaining and providing documentation of their child's immunization status.³⁸

During an outbreak, Florida SHOTS enables the DOH and county health departments to rapidly verify immunization status, identify individuals who may be susceptible to disease, and support response activities such as contact investigations, targeted vaccination outreach, and, when authorized, school exclusion decisions.³⁹

³⁶ Section 381.003(1)(e), F.S. Florida SHOTS (State Health Online Tracking System), *About Florida SHOTS*, available at <https://flshotsusers.com/about> (last visited Jan. 23, 2026).

³⁷ Section 381.003(1)(e)2.-3., F.S.

³⁸ Florida SHOTS Notification and Opt-Out Form, (Florida Dep't of Health, Immunization Section, Sept. 2019), available at <https://flshotsusers.com/sites/default/files/Opt-OutForm.pdf> (last visited Jan. 23, 2026).

³⁹ Florida SHOTS, "Using the Tools in Florida SHOTS" training page (Florida Dep't of Health, Immunization Section), available at <https://flshotsusers.com/training/using-the-tools-in-florida-shots> (last visited Jan. 23, 2026).

Disease Outbreaks

The DOH rule defines an “outbreak” as “An increase in the number of cases of a disease or condition compared to the expected number in a particular period of time and geographical area. For diseases where the expected number is zero, a single case constitutes an outbreak.”⁴⁰

Reporting Requirements

All practitioners, health care facilities, and laboratories in Florida are required to notify the DOH of diseases or conditions of public health significance.⁴¹ DOH rules require reporting for each disease for which the DOH seeks to immunize children under its Immunization Guidelines. For those specified diseases, practitioners must report as follows:

- Immediately upon initial suspicion, or upon ordering a test: measles; rubella; diphtheria; *Haemophilus influenzae* type b (Hib); polio; and pneumococcal disease caused by *Streptococcus pneumoniae*.
- Immediately upon confirmatory test or diagnosis: pertussis (whooping cough).
- By the next business day: hepatitis B (Hep B); mumps; tetanus; and varicella (chickenpox).⁴²

Emergencies and Advisories

While the Governor of this state has broad emergency management powers,⁴³ the statutes grant specified authority to the State Health Officer, commonly referred to as the State Surgeon General. In the State Surgeon General’s discretion, he or she may issue a public health advisory⁴⁴ (a warning or report giving information to the public about a potential public health threat) or may declare a public health emergency⁴⁵ (for any occurrence which results or may result in substantial injury or harm to the public).

During a public health emergency, the State Surgeon General has statutory authority to order an individual to be examined, tested, treated, isolated, or quarantined for communicable diseases that have significant morbidity or mortality and present a severe danger to public health.⁴⁶ In 2021, the Legislature amended the statute to remove the State Surgeon General’s authority to order an individual to be vaccinated for such a disease.⁴⁷

At the local level, a county health department director or administrator⁴⁸ may declare a communicable disease emergency if a communicable disease for which vaccination is required by the DOH is present in a public or private school.⁴⁹ Upon declaration of such an emergency, the district school board or the governing authority of a private school must identify all students in attendance who have not completed the required immunizations, as documented on the

⁴⁰ Rule 64D-3.028, F.A.C.

⁴¹ Section 381.0031, F.S.

⁴² Rule 64D-3.029, F.A.C.

⁴³ Section 252.36, F.S.

⁴⁴ Section 381.00315(1)(b), F.S.

⁴⁵ Section 381.00315(1)(a), F.S.

⁴⁶ Section 381.00315(2)(d)4., F.S.

⁴⁷ Chapter 2021-7B, Laws of Fla.

⁴⁸ A county health department director or administrator is appointed by and serves at the pleasure of the State Surgeon General. See s. 154.04, F.S.

⁴⁹ Section 1003.22(9), F.S.

Certificate of Immunization form. Students identified as not immunized against the disease for which the emergency has been declared must be excluded from school until the county health department director or administrator specifies otherwise.⁵⁰ In 2024, when seven elementary school students contracted confirmed cases of measles, a communicable disease emergency was not declared. Instead, a public health advisory was issued.⁵¹

Measles and Community Immunity as illustrated by the Manatee Bay Elementary Outbreak of 2024

According to the CDC website:

- “Some people think of measles as just a little rash and fever that clear up in a few days.”⁵²
- “Measles can cause serious health complications, especially in children younger than five years of age. Common complications are ear infections and diarrhea. Serious complications include pneumonia and encephalitis.”⁵³
- “Measles is highly contagious. If one person has it, up to 9 out of 10 people nearby will become infected if they are not protected.”⁵⁴
- “It spreads through the air when an infected person coughs or sneezes.”⁵⁵

The CDC further indicates that “The measles, mumps, and rubella (MMR) vaccine is very safe and effective. *When more than 95 percent of people in a community are vaccinated (coverage >95 percent), most people are protected through community immunity (herd immunity).*”⁵⁶

The CDC defines “community immunity” as “A situation in which a sufficient proportion of a population is immune to an infectious disease (through vaccination and/or prior illness) to make its spread from person to person unlikely. Even individuals not vaccinated (such as newborns and those with chronic illnesses) are offered some protection because the disease has little opportunity to spread within the community. Also known as herd immunity.”⁵⁷

In 2024, seven children at Manatee Bay Elementary in Broward County contracted confirmed cases of measles.⁵⁸ Broward County experienced two additional cases of measles, and there were single cases of measles in Martin, Orange, and Polk Counties in 2024, bringing the state total up to 12 confirmed cases in 2024 according to Florida DOH data.⁵⁹

⁵⁰ *Id.*

⁵¹ Florida Department of Health in Broward County, *Measles Health Advisory* (Feb. 18, 2024), available at <https://www.westonfl.org/home/showpublisheddocument/6597/638440458711170000> (last visited Jan. 20, 2026).

⁵² Centers for Disease Control and Prevention, *Measles (Rubeola): About Measles*, available at <https://www.cdc.gov/measles/about/index.html> (last visited Jan. 17, 2026).

⁵³ *Id.*

⁵⁴ *Id.*

⁵⁵ *Id.*

⁵⁶ Centers for Disease Control and Prevention, *Measles Data and Statistics*, available at <https://www.cdc.gov/measles/data-research/index.html> (last visited Jan. 17, 2026).

⁵⁷ *See supra* note 2.

⁵⁸ City of Weston, Florida, *Measles Cases in Weston* (Feb. 23, 2024, updated Mar. 5, 2024), available at <https://www.westonfl.org/Home/Components/News/News/1249/18> (last visited Jan. 20, 2026).

⁵⁹ Florida Department of Health, *Measles (Rubeola), 2024*, Florida CHARTS: Community Health Assessment Resource Tool Set, available at <https://www.flhealthcharts.gov/charts/> (last visited Jan. 20, 2026).

The Broward County health department issued a public health advisory on February 18, 2024, in response to the outbreak of related measles cases at Manatee Bay Elementary.⁶⁰ Initially, the Broward County school district superintendent declared that the school was 92 percent vaccinated against measles.⁶¹ It is probable that the school district obtained initial data from the Florida SHOTS immunization registry to quickly assess the school's immunization rate. Children whose parents have opted them out of Florida SHOTS would not be counted in the initial data pull.

State Surgeon General Ladapo has reiterated that “people with a history of prior infection or vaccination of the full series of the Measles, Mumps, Rubella (MMR) immunization are 98 percent protected and are unlikely to contract measles.”⁶²

The county health department began offering MMR immunizations at the school.⁶³ The measles vaccination is typically given in a combined vaccine formulation also protecting against mumps and rubella. The Broward County school district superintendent later gave an update claiming that 33 of 1,067 Manatee Bay students were unimmunized against measles.⁶⁴ This mathematically suggests that 97 percent of students had at least one dose of the MMR vaccine, reflecting a 5 percent increase in immunization, with roughly 3 percent of students totally unprotected from the virus. The on-site vaccination efforts, together with the inclusion of students who acquired immunity through infection, appears to have increased the overall immunization rate.

According to both the CDC Child and Adolescent Immunization Schedule and the DOH Immunization Guidelines, the first dose of the MMR vaccine is recommended at one year of age, so infants under one year of age are unprotected and have no immunity from measles, mumps, and rubella. While some vaccines, such as Tdap⁶⁵, that are given during pregnancy can pass protective antibodies to the baby, the MMR vaccine should not be administered during pregnancy.⁶⁶ The second recommended dose of the MMR vaccine is recommended at four years

⁶⁰ Florida Department of Health in Broward County, *Measles Health Advisory* (Feb. 18, 2024), available at <https://www.westonfl.org/home/showpublisheddocument/6597/638440458711170000> (last visited Jan. 20, 2026).

⁶¹ NBC 6 South Florida, Ari Odzer, *Doctors Worry Herd Immunity Against Measles Is Fading as Cases at Manatee Bay Rise to 6* (Feb. 20, 2024), available at <https://www.nbcmiami.com/news/local/doctors-worry-herd-immunity-against-measles-is-fading-as-cases-at-manatee-bay-rise-to-6/3238882/> (last visited Jan. 20, 2026).

⁶² Executive Office of the Governor, Florida Department of Health: “Leading the Nation Again, Florida Successfully Balances Personal Responsibility, Parents’ Rights, and Public Health” (Mar. 8, 2024), available at <https://www.flgov.com/eog/news/press/2024/florida-department-health-leading-nation-again-florida-successfully-balances> (last visited Jan. 17, 2026). See also Florida Department of Health, *Measles (Rubeola)*, available at <https://www.floridahealth.gov/diseases-and-conditions/disease/measles/> (last visited Jan. 17, 2026).

⁶³ NBC 6 South Florida, *Florida Surgeon General Doesn’t Urge Vaccinations Amid Measles Outbreak* (Feb. 21, 2024), available at <https://www.nbcmiami.com/news/local/florida-surgeon-general-measles-vaccinations-outbreak/3239826/> (last visited Jan. 20, 2026).

⁶⁴ *Id.*

⁶⁵ Centers for Disease Control and Prevention, *Tdap Vaccination During Pregnancy*, available at <https://www.cdc.gov/pertussis/vaccines/tdap-vaccination-during-pregnancy.html> (last visited Jan. 17, 2026). The CDC Child and Adolescent Immunization Schedule recommends the first DTaP vaccine be given to infants at two months of age.

⁶⁶ American College of Obstetricians and Gynecologists, *Practice Advisory: Measles, Mumps, Rubella (MMR) Vaccination and Management of Obstetric–Gynecologic Patients During a Measles Outbreak* (Mar. 2024), available at <https://www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2024/03/management-of-obstetric-gynecologic-patients-during-a-measles-outbreak> (last visited Jan. 17, 2026).

of age. Because this outbreak occurred in an elementary school rather than a day care or preschool, the students had significantly higher immunity due to having received the second dose.

It is likely that several of the Manatee Bay Elementary students had a permanent medical exemption in place. A medical doctor or osteopathic physician may advise against a measles vaccine if the child has a known life-threatening allergy to MMR ingredients such as gelatin or neomycin, has a serious immune system condition that makes live vaccines unsafe, or has a documented history of severe brain inflammation or injury that would make MMR vaccination dangerous. Certainly, some students had a temporary medical exemption in place with the intent of completing the second recommended dose.

A child may have a religious exemption in place while still receiving selected immunizations. For the 2023-2024 school year, Broward County reported that 5.1 percent of its Kindergarten students in public and private schools had a religious exemption.⁶⁷ It is likely that the majority of the school's 33 unimmunized students had a religious exemption in place.

Assuming the superintendent's updated data are accurate, with roughly 97 percent of students immunized from measles, the CDC's 95 percent threshold was exceeded within the school, offering most students protection through community immunity.

The school remained open.⁶⁸ The DOH deferred to parents and guardians to make decisions about school attendance and provided virtual learning options for students whose parents or guardians chose to keep them at home.⁶⁹ On March 8, 2024, the DOH issued a press release entitled "Leading the Nation Again, Florida Successfully Balances Personal Responsibility, Parent's Rights, and Public Health."⁷⁰ The disease outbreak was contained due to the DOH and county health department's response measures which appear to have boosted the school's already high immunization rate, exceeding the threshold needed to achieve community immunity.

It should be noted that the percentage of kindergarten students fully immunized in Broward County has fallen dramatically from 90.7 percent during the 2023-2024 school year to 82.2 percent during the 2025-2026 school year.⁷¹

Community immunity thresholds vary from disease to disease. Pertussis (whooping cough), which most commonly affects infants and young children, also requires a relatively high vaccination rate to achieve community immunity, estimated to be between 92-94 percent.⁷² The

⁶⁷ *Supra* note 31.

⁶⁸ Letter from Joseph A. Ladapo, M.D., Ph.D., State Surgeon Gen., to Parents and Guardians of Students Attending Manatee Bay Elementary School (Feb. 20, 2024), available at <https://www.westonfl.org/home/showpublisheddocument/6609/638917115733530000> (last visited Jan. 21, 2026).

⁶⁹ *Id.*

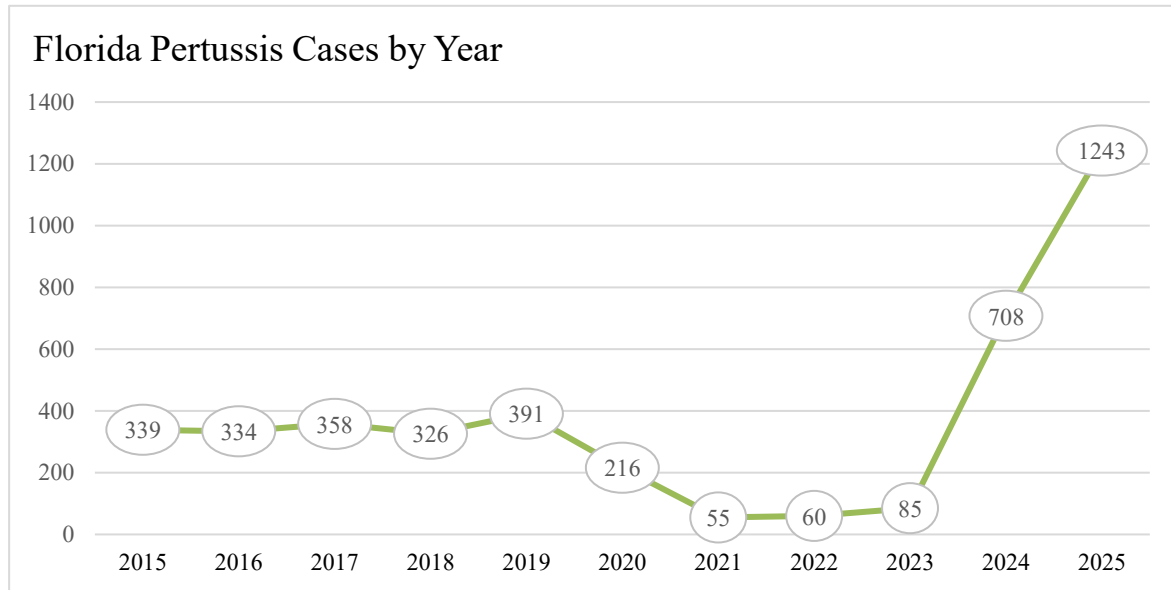
⁷⁰ *Supra* note 62.

⁷¹ *Supra* notes 31 and 32.

⁷² NOVA PBS, Laura Helft & Emily Willingham, What Is Herd Immunity? (Sept. 5, 2014), available at <https://www.pbs.org/wgbh/nova/article/herd-immunity/> (last visited Jan. 20, 2026).

pertussis vaccine is typically provided in a combined vaccine formulation along with diphtheria and tetanus, known as DTaP or Tdap.⁷³

This chart shows the total number of confirmed pertussis cases in Florida according to DOH data.⁷⁴



Localized Data and the Spartanburg, South Carolina Measles Outbreak

The DOH data indicates that Florida has had three confirmed cases of measles between January 1-17 of this year, one each in Hillsborough, Manatee, and St. Johns counties; two cases were acquired in Florida.⁷⁵ According to CDC data, Florida has six confirmed cases of measles as of January 22, 2026, which is 75 percent of the eight total confirmed cases in Florida in 2025; CDC defines a measles outbreak as three or more related cases that have occurred this year in the U.S.⁷⁶ Based on publicly available information, it is unclear whether the 2026 Florida cases are related.

⁷³ DTaP is recommended for children under 7 years of age. Tdap is recommended for older children and adults. Different dosages are recommended for different age groups. Ctrs. for Disease Control & Prevention, *Whooping Cough Vaccination* (Dec. 2, 2025), available at <https://www.cdc.gov/pertussis/vaccines/index.html> (last visited Jan. 20, 2026).

⁷⁴ Florida Department of Health, *Pertussis: 10 Year Report*, Florida CHARTS: Community Health Assessment Resource Tool Set, available at <https://www.flhealthcharts.gov/charts/> (last visited Jan. 27, 2026). Florida Dep't of Health, Reportable Diseases Frequency Report (select all counties, "pertussis," "confirmed" "all ages" and Jan. 1, 2025-Dec. 31, 2025), FLHealthCHARTS: Community Health Assessment Resource Tool Set, available at <https://www.flhealthcharts.gov/ChartsReports/rdPage.aspx?rdReport=FrequencyMerlin.Frequency&FirstTime=True> (last visited Jan. 27, 2026).

⁷⁵ Florida Dep't of Health, Reportable Diseases Frequency Report (select "Measles (rubeola)"), FLHealthCHARTS: Community Health Assessment Resource Tool Set, available at <https://www.flhealthcharts.gov/ChartsReports/rdPage.aspx?rdReport=FrequencyMerlin.Frequency&FirstTime=True> (last visited Jan. 27, 2026).

⁷⁶ Ctrs. for Disease Control & Prevention, *Measles Cases and Outbreaks* (Jan. 22, 2026), available at <https://www.cdc.gov/measles/data-research/index.html> (last visited Jan. 27, 2026).

Assessing local outbreak risk based on statewide data is of limited utility. On January 27, 2026, 557 people in South Carolina were in quarantine and 20 were in isolation.⁷⁷ The South Carolina Department of Public Health reported 789 measles cases associated with a single outbreak, including 89 new cases identified between the 23rd and 27th of January.⁷⁸ The epicenter of the outbreak is Spartanburg County, where the majority of cases are concentrated.⁷⁹

Age Breakdown of 789 Cases⁸⁰	
Under 5	203
5-17	493
18+	65
Unknown	28

Of the confirmed cases, 695 were unvaccinated, 14 were partially vaccinated with one of the recommended two-dose MMR sequence, 20 were fully vaccinated, and 60 are unknown. On January 27, students in at least 23 South Carolina schools were in quarantine.⁸¹

Although approximately 90 percent of students in Spartanburg County meet school immunization requirements, significant variation exists at a more granular level.⁸² Some schools in the county reportedly have vaccination rates as low as 20 percent.⁸³ When assessing outbreak risk, county- and school-level immunization data provide more meaningful insight than statewide averages.

Approximately eight percent of students in Spartanburg County have a nonmedical religious exemption from immunization requirements, reflecting a jump from three percent in 2020.⁸⁴ An eight-percent figure suggests that the county as a whole will not achieve the CDC community immunity threshold for measles of at least 95 percent. The religious exemption is the only nonmedical exemption available under South Carolina law.⁸⁵ The South Carolina Department of Public Health has made the religious exemption form available on its website, warning parents that unvaccinated children are more likely to get sick.⁸⁶

⁷⁷ S.C. Dept. of Public Health, “TUESDAY MEASLES UPDATE: DPH Reports 89 New Measles Cases in Upstate, Bringing Outbreak Total to 789, Additional School and Public Exposures” (Jan. 27, 2026), available at <https://dph.sc.gov/news/tuesday-measles-update-dph-reports-89-new-measles-cases-upstate-bringing-outbreak-total-789> (last visited Jan. 27, 2026).

⁷⁸ *Id.*

⁷⁹ *Id.*

⁸⁰ *Id.*

⁸¹ *Id.*

⁸² NPR, “Measles Outbreak in South Carolina Has Some Parents Rethinking Vaccines as Cases Spread Among Children” (Jan. 16, 2026), available at <https://www.npr.org/2026/01/16/nx-s1-5677299/measles-outbreak-vaccines-kids-health> (last visited Jan. 27, 2026).

⁸³ *Id.*

⁸⁴ *Id.*

⁸⁵ S.C. Department of Public Health, *Exemptions from School Vaccine Requirements*, available at <https://dph.sc.gov/health-wellness/child-teen-health/vaccine-requirements-info/school-vaccination-coverage-data-0> (last visited Jan. 27, 2026).

⁸⁶ *Id.*

Consistent with the Spartanburg outbreak, a recent study concluded that nonmedical vaccine exemptions tend to be geographically concentrated in a fraction of counties, creating localized pockets of increased vulnerability.⁸⁷

Nonmedical Exemptions in Other States⁸⁸

Nationally, all 50 states and the District of Columbia require specified immunizations for K–12 school attendance and allow medical exemptions. For nonmedical exemptions, state statutes fall into four nonmedical exemption categories.

- **Religious-only (and no personal/philosophical):** Alabama, Alaska, Delaware, Florida, Georgia, Hawaii, Illinois, Indiana, Iowa, Kansas, Kentucky, Maryland, Massachusetts, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, North Carolina, Rhode Island, South Carolina, South Dakota, Tennessee, Vermont, Virginia, and Wyoming. (Washington, D.C., is also religious-only.)
- **Both religious and personal/philosophical exemptions:** Arizona, Arkansas, Colorado, Idaho, Michigan, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Texas, Utah, Washington, and Wisconsin.
- **Nonmedical allowed but not specified as religious or personal:** Louisiana and Minnesota.
- **Medical exemptions only:** California, Connecticut, Maine, New York, and West Virginia.

Procedurally, states that allow nonmedical exemptions generally require a parent or guardian (or adult student) to submit a state-required form (sometimes vaccine-specific), a signed statement or affidavit attesting to the basis for the exemption, and depending on the jurisdiction, renewal at defined grade levels or annually, with explicit notice that an exempt child may be excluded from school attendance during outbreaks. Some states also narrow the scope of personal/philosophical exemptions (for example, D.C. and Virginia allow a personal-belief exemption only for HPV, and Washington removed the personal/philosophical option for MMR). In a smaller subset, the exemption is not merely filed with the school; it is processed through a health agency workflow (e.g., state or county health department intake), or it must be notarized.

Parental Education Requirements for Nonmedical Exemptions

Several states require parents seeking a nonmedical vaccine exemption to complete an education or counseling step rather than simply filing a form. Colorado and Oregon allow two routes, either completing an online education module or obtaining documentation after a health care provider consultation. Michigan requires education through the county health department before issuing the waiver form, and Utah similarly requires either an online module or an in-person local health department consultation. Mississippi requires an in-person county health department appointment that includes watching an education video and discussing vaccine information, while Vermont requires an annual religious-exemption statement confirming the parent has reviewed evidence-based educational materials. Washington generally requires a health care practitioner signature on the exemption certificate to document that the required information was provided (with separate limits on certain personal/philosophical exemptions, such as for MMR).

⁸⁷ Fattah *et al.*, *Trends in County-Level Childhood Vaccination Exemptions in the U.S.*, JAMA (published online Jan. 14, 2026), available at <https://jamanetwork.com/journals/jama/article-abstract/2843870> (last visited Jan. 27, 2026).

⁸⁸ Nat'l Conf. of State Legislatures, Letter to Senior Attorney, Florida Senate Committee on Health Policy (Oct. 22, 2025) (on file with Senate Committee on Health Policy).

Legal Challenges

The U.S. Supreme Court has long recognized that compulsory vaccination falls within a state’s police power for the protection of public health.⁸⁹ Nonmedical exemptions have given rise to recent challenges.

West Virginia state law provides for compulsory school immunization with medical exemptions and does not codify a nonmedical exemption. On January 14, 2025, West Virginia Governor Morrisey issued Executive Order 7-25, directing an exemption process for families asserting religious objections in K–12 schools and state-regulated child care.⁹⁰ On March 24, 2025, West Virginia Senate Bill 460, which would have established a religious exemption and related changes, was defeated on the House floor (42–56).⁹¹ On December 2, 2025, the West Virginia Supreme Court granted a stay of a ruling that would have allowed students to attend school with the religious exemption.⁹² Litigation is ongoing.

New York removed its religious exemption from the state’s school-immunization law in 2019, leaving medical exemptions as the only statutory basis for attending school without the required vaccines. That change brought forth litigation in *Miller v. McDonald*.⁹³ In that case, Old Order Amish parents and Amish schools challenged the 2019 repeal on federal constitutional grounds (principally the Free Exercise Clause), arguing that eliminating the religious exemption while retaining a medical exemption unlawfully burdened their religious exercise. In a decision issued March 3, 2025, the U.S. Court of Appeals for the Second Circuit upheld dismissal of the challenge, concluding that New York’s post-2019 scheme is neutral and generally applicable for Free Exercise purposes despite the continued availability of medical exemptions. The U.S. Supreme Court intervened, vacating the Second Circuit’s judgment and remanding the case for further consideration on December 8, 2025.⁹⁴

Arkansas: Addition of a Philosophical Exemption

A 2007 study examined Arkansas school immunization exemption data before and after the state introduced a philosophical exemption in 2003, in addition to its preexisting religious exemption

⁸⁹ *Zucht v. King*, 260 U.S. 174, 176–77 (1922) (“*Jacobson v. Massachusetts* ... had settled that it is within the police power of a State to provide for compulsory vaccination.”), and *id.* at 177 (“[T]hese ordinances confer not arbitrary power, but only that broad discretion required for the protection of the public health.”); *see also*

Jacobson v. Massachusetts, 197 U.S. 11, 25–27 (1905) (upholding a state’s authority to mandate smallpox vaccination as a valid exercise of its police power to protect public health).

⁹⁰ State of West Virginia, Exec. Order No. 7-25 (Jan. 14, 2025), available at <https://apps.sos.wv.gov/adlaw/executivejournal/readpdf.aspx?DocID=97525> (last visited Jan. 27, 2026).

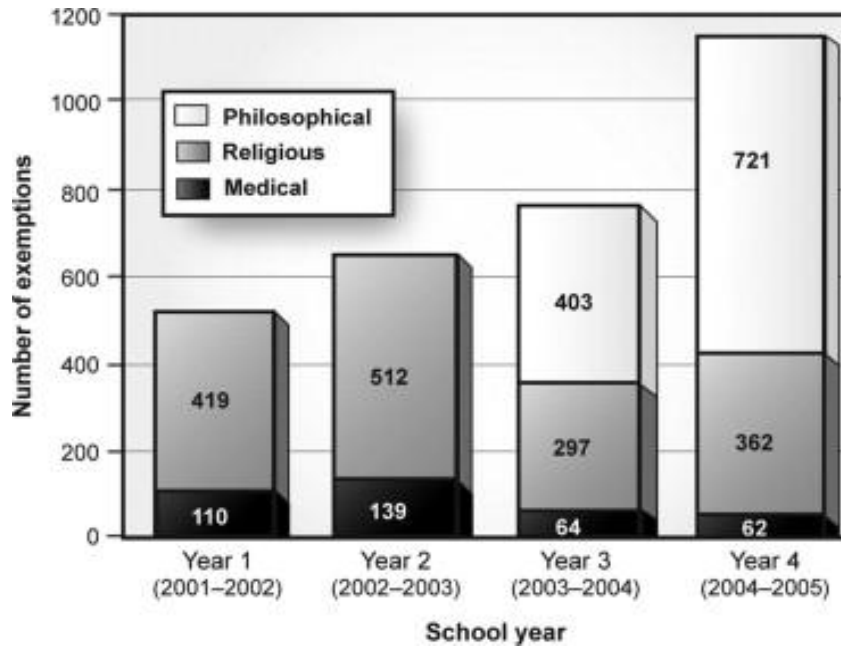
⁹¹ House Rejects Senate Vaccine Bill, *Blog of the West Virginia Legislature* (Mar. 24, 2025), available at <https://blog.wvlegislature.gov/house-floor-session/2025/03/24/house-rejects-senate-vaccine-bill/> (last visited Jan. 27, 2026).

⁹² West Virginia again bans religious reasons for school vaccine exemptions after state Supreme Court pauses injunction, *Associated Press* (Dec. 3, 2025), available at <https://apnews.com/article/e61c5814de407a1aa280ce3916f82cc6> (last visited Jan. 20, 2026).

⁹³ *Miller v. McDonald*, No. 24-681 (2d Cir. Mar. 3, 2025).

⁹⁴ *Joseph Miller, et al. v. James V. McDonald, Commissioner, New York State Department of Health, et al.*, No. 25-133 (U.S. docketed Aug. 4, 2025) (linked with application No. 24A987; petition granted, judgment vacated and remanded Dec. 8, 2025), available at <https://www.supremecourt.gov/docket/docketfiles/html/public/25-133.html> (last visited Jan. 27, 2026).

and medical exemptions.⁹⁵ The authors reported that total exemptions increased significantly over time after the philosophical exemption became available. They also found that nonmedical exemptions were geographically clustered, which could concentrate outbreaks and risk within communities smaller than an entire county.



The chart above shows the number of Arkansas students requesting immunization exemptions by type, 2001-2005. Exemptions include all students reported to Arkansas Division of Health who attended day care, pre-K programs, K-12, and colleges/universities.⁹⁶

Among Florida's counties and nationwide, higher percentages of students with nonmedical exemptions are associated with lower vaccination rates.⁹⁷

Federal Oversight of Vaccinations

While states generally establish and enforce vaccination requirements for school attendance, the federal government plays a central role in regulating vaccine products, issuing recommendations on vaccine use and supporting vaccine access through coverage and purchase programs. The U.S. Department of Health and Human Services (HHS) is the federal department principally responsible for public health policy and administration. Federal vaccine activity is coordinated through HHS and its operating divisions, including the Centers for Disease Control and Prevention (CDC) and the Food and Drug Administration (FDA). In addition, federal law directs the HHS Secretary to establish a National Vaccine Program to lead national planning efforts aimed at preventing infectious disease through immunization and preventing adverse reactions.⁹⁸

⁹⁵ Joseph W. Thompson et al., *Impact of Addition of Philosophical Exemptions on Childhood Immunization Rates*, 32(3) Am. J. Prev. Med. 194-201 (Mar. 2007), available at [https://www.ajpmonline.org/article/S0749-3797\(06\)00497-1/fulltext](https://www.ajpmonline.org/article/S0749-3797(06)00497-1/fulltext) (last visited Jan. 27, 2026).

⁹⁶ *Id.*

⁹⁷ *Supra* notes 31 and 88.

⁹⁸ 42 U.S.C. § 300aa-1 (2022). See also U.S. Department of Health and Human Services, *Vaccines National Strategic Plan 2021-2025* (Jan. 19, 2021), available at <https://www.hhs.gov/sites/default/files/HHS-Vaccines-Report.pdf>.

CDC, ACIP, and the Recommended Childhood Immunization Schedule

The CDC's vaccine-use guidance is traditionally developed through the Advisory Committee on Immunization Practices (ACIP).⁹⁹ The CDC publishes consolidated recommendations for clinicians and public health professionals as the Recommended Child and Adolescent Immunization Schedule.¹⁰⁰ The CDC publishes the schedule as an annual, consolidated summary of current ACIP recommendations and organizes the schedule in standard components used in pediatric practice, including an age-based schedule, a catch-up schedule, and notes that describe routine, catch-up, and special-situation guidance.¹⁰¹ Because school-age vaccination compliance frequently depends on vaccinations received in infancy and early childhood (as well as adolescent boosters and series), the schedule serves as a central federal reference point for routine pediatric vaccination and catch-up vaccination for children who are behind schedule.

The current schedule is being revised to reflect updated CDC guidance.¹⁰² The new schedule was not established, reviewed, or revised by ACIP.¹⁰³ Interest groups and associations such as the American Academy of Pediatrics have filed a lawsuit in federal court to challenge the procedure by which the guidance was adopted, citing conflict with federal laws and regulations.¹⁰⁴ A hearing is scheduled for February 13, 2026, before the U.S. District Court for the District of Massachusetts.¹⁰⁵ The American Academy of Pediatrics no longer endorses the CDC's schedule and instead maintains its own recommended schedule.¹⁰⁶

National Childhood Vaccine Injury Act: Disclosure, Reporting, and Compensation

The National Childhood Vaccine Injury Act of 1986 (Act) established an interconnected set of federal requirements and programs intended to strengthen the childhood immunization system by standardizing pre-vaccination information, requiring the recording and reporting of certain

⁹⁹ Ctrs. for Disease Control & Prevention, *ACIP Vaccine Recommendations and Guidelines*, available at <https://www.cdc.gov/acip/vaccine-recommendations/index.html> (last visited Jan. 27, 2026).

¹⁰⁰ Ctrs. for Disease Control & Prevention, *Child and Adolescent Immunization Schedule by Age* (Content is being revised to reflect updated CDC recommendations), available at <https://www.cdc.gov/vaccines/hcp/imz-schedules/child-adolescent-age.html> (last visited Jan. 27, 2026).

¹⁰¹ Ctrs. for Disease Control & Prevention, *Advisory Committee on Immunization Practices Recommended Immunization Schedule for Children and Adolescents Aged 18 Years or Younger — United States, 2025*, 74(2) Morbidity & Mortality Wkly. Rep. 26–29 (Jan. 16, 2025), available at <https://www.cdc.gov/mmwr/volumes/74/wr/mm7402a2.htm> (last visited Jan. 27, 2026).

¹⁰² *Supra* note 100.

¹⁰³ Georgetown Univ. Health Policy Inst., Ctr. for Children & Families, *HHS Announces Changes to Recommended Vaccine Schedule for Children* (Jan. 15, 2026), available at <https://ccf.georgetown.edu/2026/01/15/hhs-announces-changes-to-recommended-vaccine-schedule-for-children/> (last visited Jan. 20, 2026).

¹⁰⁴ See Fourth Amended Complaint for Declaratory and Injunctive Relief, *Am. Acad. of Pediatrics, et al. v. Kennedy, et al.*, Case No. 1:25-cv-11916 (BEM) (D. Mass. filed Jan. 19, 2026) (ECF No. 180-1), available at <https://www.washingtonpost.com/documents/9e2848fb-6b04-49b5-94c5-05906811e882.pdf> (last visited Jan. 21, 2026).

¹⁰⁵ Nate Raymond, *Medical groups challenge Kennedy-backed cuts to vaccine recommendations for children*, Reuters (Jan. 20, 2026), available at <https://www.reuters.com/legal/government/medical-groups-challenge-kennedy-backed-cuts-vaccine-recommendations-children-2026-01-20/> (last visited Jan. 21, 2026).

¹⁰⁶ Am. Acad. of Pediatrics, *Immunization Schedule*, in Red Book Online, available at <https://publications.aap.org/redbook/resources/15585> (last visited Jan. 27, 2026).

adverse events, and creating a no-fault compensation program for certain vaccine-related injuries.¹⁰⁷

Federal law imposes informed-consent-adjacent requirements specific to vaccines. The Act requires development of Vaccine Information Statements (VIS) for covered vaccines and imposes duties on vaccine providers to furnish those materials prior to administration of each dose of a covered vaccine. Specifically, each health care provider who administers a vaccine set forth in the Vaccine Injury Table must provide the Vaccine Information Statement to the child's parent or guardian prior to administration of the vaccine.¹⁰⁸ The HHS requires providers to document in the patient's permanent medical record the VIS edition date and the date the VIS was provided at the time the VIS is given.¹⁰⁹

In addition, federal law requires providers administering covered vaccines to record specified information in the patient's permanent medical record (or in a permanent office log/file):

- The date of administration,
- The manufacturer and lot number, and
- The name/address (and, if appropriate, title) of the provider administering the vaccine.¹¹⁰

The Act requires each health care provider and vaccine manufacturer to report specified events to the HHS Secretary, including events set forth in the Vaccine Injury Table within the applicable time period.¹¹¹ The national reporting mechanism used for this purpose is the Vaccine Adverse Event Reporting System (VAERS), a passive reporting system co-managed by CDC and FDA. Anyone (health care providers, manufacturers, and the public) may submit a report.¹¹² VAERS is primarily an early warning signal-detection system; it is not designed to determine whether a vaccine caused a reported event.¹¹³

The Act sought to incentivize manufacturers to develop vaccinations for market by offering some protection from litigation. The Act established the National Vaccine Injury Compensation Program (VICP), administered by the HHS, under which compensation may be paid for a vaccine-related injury or death. HRSA describes VICP's objectives: to ensure an adequate supply of vaccines, stabilize vaccine costs, and establish and maintain an accessible and efficient forum for individuals found to have been injured by certain vaccines.¹¹⁴

¹⁰⁷ National Childhood Vaccine Injury Act of 1986, H.R. 5546, 99th Cong. (1986), available at <https://www.congress.gov/bill/99th-congress/house-bill/5546> (last visited Jan. 20, 2026).

¹⁰⁸ Ctrs. for Disease Control & Prevention, *Instructions for Using VISs* (May 29, 2025), available at <https://www.cdc.gov/vaccines/hcp/about-vis/instructions.html> (last visited Jan. 20, 2026).

¹⁰⁹ *Id.*

¹¹⁰ *Id.*

¹¹¹ Health Res. & Servs. Admin., *Covered Vaccines*, Nat'l Vaccine Injury Comp. Program, available at <https://www.hrsa.gov/vaccine-compensation/covered-vaccines> (last visited Jan. 20, 2026).

¹¹² U.S. Food and Drug Administration, VAERS Overview, available at <https://www.fda.gov/vaccines-blood-biologics/vaccine-adverse-events/vaers-overview> (last visited Jan. 27, 2026).

¹¹³ *Id.*

¹¹⁴ Health Res. & Servs. Admin., *About the National Vaccine Injury Compensation Program* (last reviewed Jan. 2026), available at <https://www.hrsa.gov/vaccine-compensation/about> (last visited Jan. 27, 2026).

VICP claims are adjudicated in the U.S. Court of Federal Claims by special masters in the Court's Office of Special Masters (sometimes referred to as "vaccine court"). The Court describes the program as a no-fault compensation system in which petitions for compensation may be brought by or on behalf of persons alleging injury or death from covered vaccines.¹¹⁵ The vast majority of VICP claims filed are related to influenza vaccinations (flu shots).¹¹⁶

According to the CDC, from 2006 to 2023, over 5 billion doses of covered vaccines were distributed in the U.S.¹¹⁷ For petitions filed in this period, 13,948 petitions were adjudicated by the Court, and of those, 10,193 were compensated.¹¹⁸ This means for every 1 million doses of vaccine that were distributed, approximately one individual was compensated.¹¹⁹

The VICP covers most vaccines routinely administered in the U.S., but it does not cover claims associated with COVID-19 vaccines, which have never been added to the table. Instead, HRSA directs that claims related to COVID-19 vaccines be filed under the Countermeasures Injury Compensation Program.¹²⁰

Vaccines for Children Program and No-Cost Vaccines for Eligible Children

Separate from the Act's reporting and compensation framework, federal law supports access to pediatric vaccines through the Vaccines for Children program, a pediatric vaccine distribution program established in the Social Security Act.¹²¹ The CDC states that there is no cost for vaccines themselves provided by program providers to eligible children.¹²²

FDA Regulation of Vaccines

Vaccines are regulated as biological products. The FDA licenses (approves) vaccines for introduction into interstate commerce.¹²³ In general terms, the FDA evaluates evidence of safety, effectiveness, and manufacturing quality to determine whether a vaccine may be marketed in the U.S.¹²⁴

¹¹⁵ United States Court of Federal Claims, *Vaccine Claims: Office of Special Masters*, available at <https://www.uscfc.uscourts.gov/vaccine-claims-office-special-masters> (last visited Jan. 20, 2026).

¹¹⁶ Health Res. & Servs. Admin., National Vaccine Injury Compensation Program Data Report (Jan. 1, 2026), available at <https://www.hrsa.gov/sites/default/files/hrsa/vicp/vicp-stats-01-01-26.pdf> (last visited Jan. 20, 2026).

¹¹⁷ *Id.*

¹¹⁸ *Id.*

¹¹⁹ *Id.*

¹²⁰ *Supra* note 111.

¹²¹ Ctrs. for Disease Control & Prevention, *About the Vaccines for Children (VFC) Program* (Sept. 30, 2025), available at <https://www.cdc.gov/vaccines-for-children/about/index.html> (last visited Jan. 20, 2026).

¹²² *Id.*

¹²³ 42 U.S.C. § 262; 21 C.F.R. § 601.2. See also U.S. Food and Drug Administration, *Biologics License Applications (BLA) Process (CBER)*, available at <https://www.fda.gov/vaccines-blood-biologics/development-approval-process-cber/biologics-license-applications-bla-process-cber> (last visited Jan. 15, 2026).

¹²⁴ U.S. Food and Drug Administration, *Vaccine Development 101*, available at <https://www.fda.gov/vaccines-blood-biologics/development-approval-process-cber/vaccine-development-101> (last visited Jan. 27, 2026).

Before a vaccine may be evaluated by the FDA for licensure, it typically proceeds through preclinical testing and clinical development.¹²⁵

- Preclinical phase. A company or researcher conducts laboratory research and animal testing. If the sponsor is ready to begin studies in humans, it submits an Investigational New Drug application to the FDA. If the application meets the FDA's criteria and is authorized to proceed, clinical development begins and the vaccine enters phased human trials.
- Phase 1 (safety). Generally involves 20-100 healthy volunteers and focuses on initial safety and dosing. If no significant safety concerns arise, the product may proceed to Phase 2.
- Phase 2 (initial efficacy). Generally involves hundreds of participants and evaluates dosing, immune response, and additional safety data across broader demographic groups.
- Phase 3 (confirmatory efficacy and safety). Generally involves thousands of participants and is designed to generate the principal evidence of effectiveness and additional safety data. Participants are randomized into a treatment group and a control group to generate critical information on effectiveness and additional important safety data. The treatment group gets the vaccine and the control group gets the placebo. For a new vaccine, the placebo is saline or similar. In the case of childhood vaccinations, the currently given vaccinations are updated versions of older vaccines. When updated versions of older vaccines are tested in trials, the treatment group gets the new vaccine and the control group gets the old vaccine as the placebo.¹²⁶

After Phase 3, the sponsor generally submits a biologics license application for FDA review of data, proposed labeling, and manufacturing.¹²⁷ If the FDA approves the application and licenses the vaccine, the product may be marketed and distributed in interstate commerce.¹²⁸ Once distribution begins, the FDA and the CDC continue post-licensure safety monitoring through systems such as VAERS.

Ivermectin

As of September 30, 2025, the DOH has received 59 total complaints involving licensed health care practitioners related to the prescribing or dispensing of ivermectin. The DOH reports that none of these complaints were deemed legally sufficient for probable cause to be found.

FDA Approval of Ivermectin (for Treatment of Parasitic Conditions)

The FDA website details how the ivermectin drug is used: “Ivermectin tablets are approved by the FDA to treat people with intestinal strongyloidiasis and onchocerciasis, two conditions caused by parasitic worms. In addition, some topical forms of ivermectin are approved to treat external parasites like head lice and for skin conditions such as rosacea. Some forms of animal ivermectin¹²⁹ are approved to prevent heartworm disease and treat certain internal and external

¹²⁵ *Id.*

¹²⁶ It is considered unethical to deny individuals in a trial access to a proven treatment. U.S. Food & Drug Admin., *Non-Inferiority Clinical Trials to Establish Effectiveness* (explaining that active-controlled/noninferiority designs are used when placebo/no-treatment would be unethical because effective therapy exists), available at <https://www.fda.gov/media/78504/download> (last visited Jan. 20, 2026).

¹²⁷ *Supra* note 124.

¹²⁸ *Id.*

¹²⁹ Heartgard, Heartgard Plus, Tri-Heart Plus, Iverhart Plus, Iverhart Max, PetTrust Plus, Aicarexx, Ivomec, Zimecterin, Eqvalan, Noromectin, Bimectin, etc.

parasites in animals. It's important to note that these products are different from the ones for people, and safe only when used in animals as labeled or as prescribed. The FDA has not authorized or approved ivermectin for the treatment or prevention of COVID-19 in people or animals. The FDA has not determined that ivermectin is safe or effective for these indications (uses).”¹³⁰

Similar to how the FDA licenses vaccines and other (“large-molecule”) biologics, the FDA also authorizes most conventional (“small-molecule”) drugs for marketing by approving a New Drug Application.¹³¹ After pre-clinical testing and with approval to proceed, the drug sponsor runs a series of clinical trials in people (typically Phase 1-3) to evaluate safety and efficacy, and then submits those data to the FDA for review.¹³² The FDA’s review teams then evaluate the submitted evidence (along with manufacturing and labeling information) and decide whether the benefits outweigh the risks for the intended use.¹³³

The FDA has granted marketing approval for ivermectin tablets for specified parasitic worm conditions.¹³⁴ Those FDA-approved indications are the drug’s “on-label” uses. However, a licensed prescriber has the authority to prescribe an FDA-approved human drug for an off-label use when, in the prescriber’s professional judgment, such use is medically appropriate for an individual patient.¹³⁵

The FDA at one time led a “You are not a horse!” social media campaign attempting to deter people from using both animal ivermectin drugs and FDA-approved prescription ivermectin drugs as an off-label COVID-19 treatment.¹³⁶ The campaign gave rise to litigation clarifying the role of the FDA. The U.S. Court of Appeals for the Fifth Circuit opined that the “FDA is not a physician. It has authority to inform, announce, and apprise—but not to endorse, denounce, or advise.”¹³⁷

The American Association of Poison Control Centers reported 2,337 ivermectin poison control reports nationally in 2021.¹³⁸ One of the clearest datasets tying veterinary ivermectin to severe outcomes comes from Oregon. A poison center study of COVID-19-related ivermectin exposures that led to a health care visit (Aug. 14, 2021–Jan. 31, 2022) reported 37 cases, including 21

¹³⁰ *Supra* note 1.

¹³¹ 21 U.S.C. § 355.; U.S. Food and Drug Administration, 21 C.F.R. pt. 314; Food and Drug Administration, *New Drug Application (NDA)*, available at <https://www.fda.gov/drugs/types-applications/new-drug-application-nda> (last visited Jan. 20, 2026).

¹³² U.S. Food and Drug Administration, Step 3: Clinical Research, available at <https://www.fda.gov/patients/drug-development-process/step-3-clinical-research> (last visited Jan. 20, 2026).

¹³³ U.S. Food and Drug Administration, *Step 4: FDA Drug Review*, <https://www.fda.gov/patients/drug-development-process/step-4-fda-drug-review>.

¹³⁴ *Supra* note 1.

¹³⁵ U.S. Food and Drug Administration, *Compliance Policy Guide Sec. 300.600: Use of Approved Drugs for Unlabeled Indications*; United States Supreme Court, *Buckman Co. v. Plaintiffs’ Legal Committee*, 531 U.S. 341, 350 (2001).

¹³⁶ *Apter v. Dep’t of Health & Hum. Servs.*, 80 F.4th 579, 595 (5th Cir. 2023), also available at <https://www.ca5.uscourts.gov/opinions/pub/22/22-40802-CV0.pdf>.

¹³⁷ *Id.*

¹³⁸ American Association of Poison Control Centers, *National Poison Data System (NPDS) Bulletin: COVID-19 (Ivermectin)—Ivermectin Case Counts 2019 vs. 2020 vs. 2021 (Jan. 1–Dec. 31) (2021)*, available at <https://npr.brightspotcdn.com/06/8e/72f45189455ea8d3561012b1608e/poisoncontrolpdf.pdf> (last visited Jan. 27, 2026).

hospitalizations, 13 treated in emergency departments, and one death. Seventeen cases involved veterinary formulations, and 15 involved prescription-only tablets.¹³⁹

Clinical Studies: Ivermectin and COVID-19

Early in the COVID-19 pandemic, ivermectin drew attention because a mix of small clinical studies and early meta-analyses appeared to show benefit, but the limited evidence and its underlying data sets were highly disputed. A CDC health alert issued on August 26, 2021, explained: “Clinical trials and observational studies to evaluate the use of ivermectin to prevent and treat COVID-19 in humans have yielded insufficient evidence for the NIH COVID-19 Treatment Guidelines Panel to recommend its use. Data from adequately sized, well-designed, and well-conducted clinical trials are needed to provide more specific, evidence-based guidance on the role of ivermectin in the treatment of COVID-19.”¹⁴⁰

As the evidence base matured, larger, better-controlled randomized trials did not confirm those early signals that appeared to show benefits of off-label ivermectin use. In the TOGETHER outpatient trial, ivermectin did not reduce the need for hospitalization or prolonged emergency observation.¹⁴¹ In the U.S. ACTIV-6 platform trial, which included a participation site at the University of Florida, ivermectin likewise did not improve time to sustained recovery, even when tested at higher doses and longer courses.¹⁴²

Because the most rigorous trials have failed to demonstrate meaningful clinical benefit, clinical guidelines largely do not recommend ivermectin for COVID-19 outside of research settings.¹⁴³

Ivermectin Classified as Rx-Only Status; Federal Misbranding

When the FDA approves a drug application for marketing, the agency also determines whether the product will be prescription-only or nonprescription (over-the-counter or “OTC”), and it approves the product’s conditions of use and labeling consistent with that status. Under the Federal Food, Drug, and Cosmetic Act, a drug is classified as prescription-only if it is not safe for use without a clinician’s supervision (e.g., due to toxicity, method of use, or required monitoring), and prescription drugs must bear the “Rx only” legend consistent with this statutory scheme.¹⁴⁴ If a drug sponsor later seeks to move a drug from prescription to nonprescription

¹³⁹ Ruby Hoang et al., *Characteristics of Ivermectin Toxicity in Patients Taking Veterinary and Human Formulations for the Prevention and Treatment of COVID-19*, *Clinical Toxicology* (Phila.) 60(12):1350–1355 (Dec. 2022), available at <https://pubmed.ncbi.nlm.nih.gov/36374218/> (last visited Jan. 27, 2026).

¹⁴⁰ Ctrs. for Disease Control & Prevention, Health Alert Network (HAN), *Rapid Increase in Ivermectin Prescriptions and Reports of Severe Illness Associated with Use of Products Containing Ivermectin to Prevent or Treat COVID-19* (Aug. 26, 2021), available at https://archive.cdc.gov/emergency_cdc_gov/han/2021/han00449.asp (last visited Jan. 20, 2026).

¹⁴¹ Gilmar Reis et al., *Effect of Early Treatment with Ivermectin among Patients with Covid-19*, *New England Journal of Medicine* (published online Mar. 30, 2022), available at <https://www.nejm.org/doi/full/10.1056/NEJMoa2115869>.

¹⁴² Popp M. et al., *Ivermectin for COVID-19: Systematic Review and Meta-Analysis of Randomized Controlled Trials*, *Frontiers in Medicine* (2023), available at <https://pmc.ncbi.nlm.nih.gov/articles/PMC9941969/> (last visited Jan. 27, 2026). **See also** University of Florida, Division of Pulmonary, Critical Care & Sleep Medicine, *UF Health Joins National Study to Test COVID-19 Treatments* (Mar. 23, 2022), available at <https://pulmonary.medicine.ufl.edu/2022/03/23/uf-health-joins-national-study-to-test-covid-19-treatments/> (last visited Jan. 18, 2026).

¹⁴³ Am. Med. Ass’n, *AMA, APhA, ASHP Statement on Ending Use of Ivermectin to Treat COVID-19* (Sept. 1, 2021), available at <https://www.ama-assn.org/press-center/ama-press-releases/ama-apha-ashp-statement-ending-use-ivermectin-treat-covid-19> (last visited Jan. 20, 2026).

¹⁴⁴ 21 U.S.C. § 353(b)(1)(A), (b)(4)(A).

status, that occurs through a separate Rx-to-OTC switch process that typically relies on consumer-focused evidence (e.g., label comprehension and self-selection studies, and sometimes actual-use studies) to show the product can be used safely and effectively without a prescriber.¹⁴⁵

Ivermectin remains classified federally as a prescription drug for human use. Federal law requires that, prior to dispensing, the drug's labeling bear the legend "Rx only." A prescription drug that does not bear this legend before dispensing is deemed misbranded under federal law. Ivermectin is generally well tolerated when used at FDA-approved doses for approved indications; however, adverse effects may occur and can be dose-related. The FDA has warned that ivermectin can interact with other medications, including anticoagulants ("blood thinners").¹⁴⁶ These interaction risks are particularly relevant when ivermectin is obtained without individualized prescriber oversight, as patients taking anticoagulants may not recognize the potential for increased bleeding risk.

For purposes of labeling and misbranding law, nonprescription (OTC) drug labeling must "stand on its own" for a lay consumer and must include adequate directions for use so that an ordinary person can use the product safely and for its intended purpose without professional supervision.¹⁴⁷ By contrast, prescription (Rx-only) drugs are intended to be used under the supervision of a licensed practitioner and therefore generally fall within the FDA's regulatory exemptions from the "adequate directions for use" requirement, because such directions cannot feasibly be written for safe self-use by the general public. As a result, attempts to market a product for self-directed use without consumer-usable directions (or with labeling that implies an OTC use that actually requires practitioner oversight) raise heightened misbranding risk under federal labeling standards.

State Trends in Ivermectin Laws

When a state authorizes a pharmacist to furnish a prescription drug without a patient-specific prescription, questions arise as to whether the transaction constitutes "dispensing" under state law and what labeling and documentation requirements apply, particularly in light of the federal "Rx only" classification.

Several states have enacted laws authorizing pharmacists to provide ivermectin without an individual patient-specific prescription, notwithstanding ivermectin's federal prescription-only status. These laws generally fall into two models: an OTC authorization declaring that ivermectin suitable for human use may be sold or purchased without a prescription, or a standing order or collaborative practice model authorizing dispensing pursuant to a non-patient-specific prescriptive order or protocol.

¹⁴⁵ U.S. Food & Drug Admin., *Prescription-to-Nonprescription (Rx-to-OTC) Switches* (content current as of Dec. 9, 2025), available at <https://www.fda.gov/drugs/drug-application-process-nonprescription-drugs/prescription-nonprescription-rx-otc-switches> (last visited Jan. 20, 2026).

¹⁴⁶ *Supra* note 1.

¹⁴⁷ U.S. Food & Drug Admin., *Labeling Requirements—Exemptions From Adequate Directions for Use* (content current as of Feb. 21, 2018), available at <https://www.fda.gov/medical-devices/general-device-labeling-requirements/labeling-requirements-exemptions-adequate-directions-use> (last visited Jan. 20, 2026).

III. Effect of Proposed Changes:

Section 1 of the bill creates a short title. The act may be cited as the “Medical Freedom Act.”

Section 2 amends s. 381.00315(2)(d)4., F.S. That statute currently provides that the State Surgeon General, upon declaration of a public health emergency, may order an individual to be treated for communicable diseases that have significant morbidity or mortality and present a severe danger to public health. The bill amends this subparagraph to clarify that the State Surgeon General’s authority to order an individual to be treated does not include authority to order the individual to be vaccinated.

In 2021, the Legislature amended the statute to remove the State Surgeon General’s overt authority to order an individual to be vaccinated for such a disease.¹⁴⁸ Although the State Surgeon General’s authority to order an individual to be vaccinated was already removed from this section, this bill goes a step further to state that limitation affirmatively. The bill forecloses negative-implication and prevents arguments that vaccination is simply a form of “treatment” authorized within that section.

Section 3 amends s. 456.0575, F.S., to revise procedures surrounding vaccinations of minor children.

“Health care practitioner” is defined for ch. 456, F.S., in s. 456.001(4), F.S.,¹⁴⁹ but only the following professions are granted authority in their respective practice acts to administer vaccinations to minors: allopathic physicians and physician assistants, osteopathic physicians and physician assistants, registered nurses, advanced practice registered nurses, and licensed practical nurses.

Under s. 401.272(2)(c), F.S., paramedics may administer immunizations in a nonemergency environment, within the scope of their training, and under the medical direction of a physician through two-way communication or pursuant to established standing orders or protocols.

Under the bill, before administering a vaccine to a minor child, such health care practitioner or paramedic must:

- Provide the child’s parent or guardian with information on the risks, benefits, safety, and efficacy of each vaccine being administered, using materials approved and adopted by joint rule of the Board of Medicine and the Board of Osteopathic Medicine.
- Obtain the signature of the parent or guardian acknowledging receipt of those informational materials.

The Boards will need to jointly determine how to convey to parents the risks, benefits, safety, and efficacy of each vaccine that may be administered to a minor child.

¹⁴⁸ Chapter 2021-7B, Laws of Fla.

¹⁴⁹ Section 456.001(4), F.S. “Health care practitioner” means any person licensed under chapter 457; chapter 458; chapter 459; chapter 460; chapter 461; chapter 462; chapter 463; chapter 464; chapter 465; chapter 466; chapter 467; part I, part II, part III, part V, part X, part XIII, or part XIV of chapter 468; chapter 478; chapter 480; part I, part II, or part III of chapter 483; chapter 484; chapter 486; chapter 490; or chapter 491.

The National Childhood Vaccine Injury Act establishes a federal requirement for health care providers to provide a Vaccine Information Statement (VIS) to a child's parent or guardian prior to administration of vaccines covered by the Act, a category that includes most routine pediatric immunizations and flu shots.¹⁵⁰ Federal law requires providers to record in the medical record that the VIS (or other required patient information, as applicable) was provided, including the date it was given and the VIS edition (publication) date.

Combined with the requirements in the bill, the provider must document in the medical record that the federal information materials as described were provided and obtain the signature of the parent or guardian acknowledging receipt of the Board-approved informational materials.

Unless the Board of Medicine and the Board of Osteopathic Medicine jointly approve the applicable VIS as the bill's required informational materials for each vaccine, the informational materials required to be presented to parents under the bill will be provided in addition to the federally-required VISs.

If more than one vaccine is to be administered, the bill requires a health care practitioner to discuss the timing of multiple vaccinations with the child's parent or guardian and the parent or guardian's options for such timing before administering the initial vaccination. The bill affirmatively authorizes the health care practitioner to administer vaccines to a child over multiple encounters if the parent or guardian requests it.

The DOH has indicated that the Board of Medicine, Board of Osteopathic Medicine, Board of Nursing, and Board of Pharmacy may need to amend their disciplinary guideline rules to create a range of penalties for violating the new requirements in s. 456.0575, F.S., as amended by the bill.¹⁵¹

Section 4 provides that the amendments to s. 456.0575(2)(a) and (b), F.S., in section 3 of the bill relating to information that must be provided to parents or guardians before vaccinating a minor, become effective 30 days after the Board of Medicine and the Board of Osteopathic Medicine adopt the informational materials by joint rule. The boards must notify the Division of Law Revision immediately upon adoption. The bill, if enacted, would take effect before the informational materials are finalized. This delayed effective date relating to the informational materials ensures that practitioners and paramedics can continue to provide vaccinations to minors with parental consent, as generally required for the provision of all health care services pursuant to s. 1014.06, F.S., while the materials are being developed by the boards.

Sections 5, 6, and 7 create ss. 458.3351, 459.0156, and 464.0181, F.S., respectively, to grant immunity from civil or criminal liability and disciplinary action under Florida law to a health care practitioner licensed under chs. 458, 459, or 464, F.S., whose license includes prescribing

¹⁵⁰ While COVID-19 vaccines are not NCVIA-covered vaccines, CDC guidance indicates that vaccinators should provide the COVID-19 VIS before each dose. U.S. Ctrs. for Disease Control & Prevention, *COVID-19 Vaccines by Product*, available at <https://www.cdc.gov/vaccines/covid-19/info-by-product/index.html> (last visited Jan. 20, 2026).

¹⁵¹ *Supra* note 23.

authority, for prescribing or administering ivermectin¹⁵² to an adult, in good faith, in accordance with the applicable practice act and pertinent rules.

Section 5 grants such immunities to allopathic physicians, and physician assistants delegated prescriptive authority by their supervising physician, licensed under ch. 458, F.S.

Section 6 grants such immunities to osteopathic physicians, and physician assistants delegated prescriptive authority by their supervising physician, licensed under ch. 459, F.S.

Section 7 grants such immunities to advance practice registered nurses (APRNs) operating within the framework of an established protocol, or autonomous APRNs, licensed under ch. 464, F.S.

Section 8 amends the Florida Pharmacy Act by creating s. 465.1897, F.S., to authorize a licensed pharmacist to provide ivermectin¹⁵³ to a person who is 18 years of age or older without a prescription as a behind-the-counter medication until the FDA approves ivermectin for OTC sale. Current prescription-only ivermectin drugs include oral tablets for the treatment of parasitic conditions and topical ivermectin for the treatment of rosacea.

Before providing ivermectin under this provision, the pharmacist must provide written information regarding indications and contraindications, appropriate dosage, and the need to seek follow-up care from the person's primary care physician. Because the FDA has classified all tablet forms and some topical forms of ivermectin as prescription-only drugs, meaning that the drugs may be dispensed to a specific patient pursuant to a practitioner's prescription and used under that practitioner's supervision, they are exempted from federal "adequate directions for use" requirements. This exemption would no longer apply if they were to be dispensed without a prescription.

The bill provides that a pharmacist acting in good faith is immune from civil or criminal liability or disciplinary action for providing ivermectin to an adult in accordance with this portion of the bill. However, any prescription drugs so dispensed would be misbranded in violation of federal law.¹⁵⁴ Although the bill provides protection from state actions, a pharmacist or pharmacy acting in accordance with this section would risk federal enforcement.

The Board of Pharmacy is authorized, but not required, to adopt rules to implement this new section of law.

Section 9 amends s. 1003.22, F.S., to create a statutory nonmedical exemption from immunization requirements for a child attending a K-12 school if the administration of immunizing agents conflicts with the parent's conscience.

¹⁵² These sections address ivermectin broadly and could be interpreted to encompass all formulations for on- and off-label use, including drugs manufactured for human use and animal use.

¹⁵³ The bill does not specify whether the ivermectin authorized to be dispensed by pharmacists under this section must be manufactured for human use.

¹⁵⁴ See Constitutional Issues. See Present Situation: Ivermectin Classified as Rx-Only Status; Federal Misbranding.

Like the existing religious exemption, the conscience exemption would also be available to children attending preschool or day care in a child care facility¹⁵⁵ or family day care home facility¹⁵⁶ who are subject to immunization requirements pursuant to rules of the Department of Children and Families.

Under the bill, a single nonmedical exemption form would provide for both conflicts with religious tenets or practices and conflicts with conscience.¹⁵⁷ In accordance with current DOH rule for the religious exemption form, the new form must be approved and provided by the DOH.

The bill statutorily requires the nonmedical exemption form to be made available on the DOH website. Nothing in current law prevents the DOH from making the form available on its website today. Under the bill, the DOH would be required to do something it may already do of its own volition but has chosen not to.

A parent seeking a nonmedical exemption must obtain a signature from the director or administrator of the county health department pursuant to existing DOH rule before presenting the form to the school or facility, as required by the bill and in accordance with rule, effectively exempting their child from immunization requirements.

The bill makes a technical change to paragraph (5)(b) regarding a permanent medical exemption to clarify that a child may be exempt from one or more required immunizations, which is in accordance with Part C of the DOH's current Certificate of Immunization Form.

The bill also makes a technical change to paragraph (5)(c) to correct verbiage providing that a child who has a temporary medical exemption, which may be issued by an allopathic physician, an osteopathic physician, or a chiropractic physician under current law, is in the process of completing the other required immunizations. The bill conforms to Part B of the DOH's current Certificate of Immunization Form.

The bill makes other non-substantive edits to improve clarity within this statutory section and to improve consistency within the statutes. For example, the bill replaces "permit" with "allow" to clarify that no formal permit is issued, and hyphens are added to "follow-up."

Section 10 of the bill provides an effective date of July 1, 2026.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

¹⁵⁵ *Supra* note 20.

¹⁵⁶ *Supra* note 21.

¹⁵⁷ Neither the bill nor the Florida Statutes define the term "conscience." Section 381.00321(1)(b), F.S., defines the term "conscience-based objection" for purposes of that section as an objection based on a sincerely held religious, moral, or ethical belief." One Merriam-Webster definition of "conscience" is "conformity to what one considers to be correct, right, or morally good." Merriam-Webster, *Conscience*, available at <https://www.merriam-webster.com/dictionary/conscience> (last visited Jan. 20, 2026).

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

Because the bill authorizes behind-the-counter access to an FDA Rx-only ivermectin product, a court could find conflict preemption under the Supremacy Clause because the state authorization would permit conduct that federal law treats as unlawful misbranding for prescription-only drugs. *See Present Situation: Ivermectin.*

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

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

CS/SB 1756 requires the Board of Medicine and the Board of Osteopathic Medicine to jointly adopt informational materials to convey to parents the risks, benefits, safety, and efficacy of each vaccine that may be administered to a minor child. The DOH will be required under the bill to update its Immunization Guidelines and its Exemption from Immunization for Religion form. The Department of Children and Families will need to update its handbooks for childcare facilities and family day care home. It is expected that these operational impacts may be absorbed within existing resources.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 381.00315, 456.0575, and 1003.22.

This bill creates the following sections of the Florida Statutes: 458.3351, 459.0156, 464.0181, and 465.1897.

IX. Additional Information:

- A. **Committee Substitute – Statement of Substantial Changes:**
(Summarizing differences between the Committee Substitute and the prior version of the bill.)

CS by Health Policy on January 26, 2026:

The committee substitute adds provisions not found in the underlying bill to grant immunity from civil or criminal liability and for disciplinary action under Florida law to health care practitioners licensed under chs. 458, 459, or 464, F.S., whose license includes prescribing authority, for prescribing or administering ivermectin to an adult, in good faith, in accordance with the applicable chapter under which the practitioner is licensed and rules pertaining to his or her practice.

- B. **Amendments:**

None.



882450

LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
01/27/2026	.	
	.	
	.	
	.	

The Committee on Health Policy (Harrell) recommended the following:

Senate Amendment (with title amendment)

Between lines 180 and 181
insert:

Section 5. Section 458.3351, Florida Statutes, is created
to read:

458.3351 Prescription or administration of ivermectin.—A
health care practitioner who is licensed under this chapter and
whose license includes prescribing authority is immune from
civil or criminal liability or disciplinary action for



882450

prescribing or administering ivermectin to an adult in good faith in accordance with this chapter and rules pertaining to his or her practice.

Section 6. Section 459.0156, Florida Statutes, is created to read:

459.0156 Prescription or administration of ivermectin.—A health care practitioner who is licensed under this chapter and whose license includes prescribing authority is immune from civil or criminal liability or disciplinary action for prescribing or administering ivermectin to an adult in good faith in accordance with this chapter and rules pertaining to his or her practice.

Section 7. Section 464.0181, Florida Statutes, is created to read:

464.0181 Prescription or administration of ivermectin.—A health care practitioner who is licensed under this chapter and whose license includes prescribing authority is immune from civil or criminal liability or disciplinary action for prescribing or administering ivermectin to an adult in good faith in accordance with this chapter and rules pertaining to his or her practice.

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

And the title is amended as follows:

Delete line 25

and insert:

their adoption of such materials; creating ss.

458.3351, 459.0156, and 464.0181, F.S.; providing

certain health care practitioners immunity from civil



882450

40 and criminal liability and disciplinary action for
41 prescribing or administering ivermectin to adults
42 under certain circumstances; creating s.



560756

LEGISLATIVE ACTION

Senate	.	House
Comm: WD	.	
01/27/2026	.	
	.	
	.	
	.	

The Committee on Health Policy (Harrell) recommended the following:

Senate Amendment (with title amendment)

Delete line 209

and insert:

parent's ~~his or her~~ religious tenets or practices or conscience.
For a conscience-based exemption, the exemption form must
include a positive indication that the parent claiming such
exemption has consulted with a physician licensed under chapter
458 or chapter 459 or an advanced practice registered nurse
licensed under chapter 464 about the benefits and risks



560756

associated with the vaccinations required under subsection (3)
before claiming the exemption. The form must be signed by the
physician or advanced practice registered nurse to attest that
the consultation was performed. The department shall ensure that
such consultations are available, either in person or by
electronic means, at no cost at county health departments or
other locations. The department shall adopt rules to implement
this paragraph's consultation requirement for a conscience-based
exemption;

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

And the title is amended as follows:

Delete line 42

and insert:

such exemptions; requiring that the department ensure
certain consultations are available at no cost at
county health departments or other locations;
requiring the department to adopt rules; revising
requirements and procedures



205828

LEGISLATIVE ACTION

Senate	.	House
Comm: UNFAV	.	
01/27/2026	.	
	.	
	.	
	.	

The Committee on Health Policy (Harrell) recommended the following:

Senate Substitute for Amendment (560756) (with title amendment)

Delete line 209

and insert:

parent's ~~his or her~~ religious tenets or practices or conscience.
The exemption form must include an affirmation that the parent
claiming an exemption under this paragraph has consulted with a
physician licensed under chapter 458 or chapter 459 or an
advanced practice registered nurse licensed under chapter 464



205828

about the benefits and risks associated with the vaccinations
required under subsection (3) before claiming the exemption. The
form must be signed by the physician or advanced practice
registered nurse to attest that the consultation was performed.
The department shall ensure that such consultations are
available, either in person or by electronic means, at no cost
at county health departments or other locations. The department
shall adopt rules to implement this paragraph's consultation
requirement;

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

And the title is amended as follows:

Delete line 42

and insert:

such exemptions; requiring that the department ensure
certain consultations are available at no cost at
county health departments or other locations;
requiring the department to adopt rules; revising
requirements and procedures

By Senator Yarborough

4-01596F-26

20261756__

A bill to be entitled

An act relating to medical freedom; providing a short title; amending s. 381.00315, F.S.; providing construction; amending s. 456.0575, F.S.; requiring certain health care practitioners and paramedics to, before administering a vaccine to a minor child, inform the parent or legal guardian of certain information using materials approved and adopted by joint rule of the Board of Medicine and the Board of Osteopathic Medicine; requiring such practitioners and paramedics to obtain the signature of a minor child's parent or guardian acknowledging receipt of such information; requiring health care practitioners to discuss certain information with a minor child's parent or guardian when more than one vaccine is to be administered; authorizing a health care practitioner, at the request of the parent or guardian, to administer the vaccines to the minor child over multiple encounters; providing that specified amendments made by the act to s. 456.0575, F.S., take effect within a specified timeframe after the Board of Medicine and the Board of Osteopathic Medicine adopt certain materials by joint rule; requiring the boards to immediately notify the Division of Law Revision of their adoption of such materials; creating s. 465.1897, F.S.; authorizing pharmacists to provide ivermectin to adults without a prescription as a behind-the-counter medication until the United States Food and Drug Administration approves it for over-the-

4-01596F-26

20261756__

counter sale; requiring pharmacists to provide specified information before providing the ivermectin; providing pharmacists acting in good faith with immunity from civil and criminal liability and disciplinary action for providing ivermectin to adults; authorizing the Board of Pharmacy to adopt rules; amending s. 1003.22, F.S.; revising exemptions from school-entry immunization requirements; requiring the Department of Health to make the immunization exemption form for religious or conscience-based exemptions publicly available on its website; specifying procedures and requirements for receiving such exemptions; revising requirements and procedures for declarations of a communicable disease emergency; providing an effective date.

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

Section 1. This act may be cited as the "Medical Freedom Act."

Section 2. Paragraph (d) of subsection (2) of section 381.00315, Florida Statutes, is amended to read:

381.00315 Public health advisories; public health emergencies; isolation and quarantines.—The State Health Officer is responsible for declaring public health emergencies, issuing public health advisories, and ordering isolation or quarantines.

(2)

(d) The State Health Officer, upon declaration of a public health emergency, may take actions that are necessary to protect

4-01596F-26

20261756__

the public health. Such actions include, but are not limited to:

1. Directing manufacturers of prescription drugs or over-the-counter drugs who are permitted under chapter 499 and wholesalers of prescription drugs located in this state who are permitted under chapter 499 to give priority to the shipping of specified drugs to pharmacies and health care providers within geographic areas identified by the State Health Officer. The State Health Officer must identify the drugs to be shipped. Manufacturers and wholesalers located in the state must respond to the State Health Officer's priority shipping directive before shipping the specified drugs.

2. Notwithstanding chapters 465 and 499 and rules adopted thereunder, directing pharmacists employed by the department to compound bulk prescription drugs and provide these bulk prescription drugs to physicians and nurses of county health departments or any qualified person authorized by the State Health Officer for administration to persons as part of a prophylactic or treatment regimen.

3. Notwithstanding s. 456.036, temporarily reactivating the inactive license of the following health care practitioners, when such practitioners are needed to respond to the public health emergency: physicians licensed under chapter 458 or chapter 459; physician assistants licensed under chapter 458 or chapter 459; licensed practical nurses, registered nurses, and advanced practice registered nurses licensed under part I of chapter 464; respiratory therapists licensed under part V of chapter 468; and emergency medical technicians and paramedics certified under part III of chapter 401. Only those health care practitioners specified in this paragraph who possess an

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unencumbered inactive license and who request that such license be reactivated are eligible for reactivation. An inactive license that is reactivated under this paragraph shall return to inactive status when the public health emergency ends or before the end of the public health emergency if the State Health Officer determines that the health care practitioner is no longer needed to provide services during the public health emergency. Such licenses may only be reactivated for a period not to exceed 90 days without meeting the requirements of s. 456.036 or chapter 401, as applicable.

4. Ordering an individual to be examined, tested, treated, isolated, or quarantined for communicable diseases that have significant morbidity or mortality and present a severe danger to public health. Individuals who are unable or unwilling to be examined, tested, or treated for reasons of health, religion, or conscience may be subjected to isolation or quarantine. For the purposes of this subparagraph, the State Health Officer's authority to treat or order treatment does not include the authority to order a vaccination.

a. Examination, testing, or treatment may be performed by any qualified person authorized by the State Health Officer.

b. If the individual poses a danger to the public health, the State Health Officer may subject the individual to isolation or quarantine. If there is no practical method to isolate or quarantine the individual, the State Health Officer may use any means necessary to treat the individual.

c. Any order of the State Health Officer given to effectuate this paragraph is immediately enforceable by a law enforcement officer under s. 381.0012.

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Section 3. Section 456.0575, Florida Statutes, is amended to read:

456.0575 Duty to notify patients.—

(1) ADVERSE INCIDENTS.—~~A Every licensed~~ health care practitioner shall inform each patient, or an individual identified pursuant to s. 765.401(1), in person about adverse incidents that result in serious harm to the patient. Notification of outcomes of care that result in harm to the patient under this section does not constitute an acknowledgment of admission of liability, nor can such notifications be introduced as evidence.

(2) VACCINATIONS OF MINORS.—

(a) Each health care practitioner authorized by law to administer vaccines, and each paramedic acting pursuant to s. 401.272, shall, before administering a vaccine to a minor child, provide the parent or guardian with information on the risks, benefits, safety, and efficacy of each vaccine being administered, using materials approved and adopted by joint rule of the Board of Medicine and the Board of Osteopathic Medicine.

(b) Before administering a vaccine or vaccines to a minor child, the health care practitioner or paramedic must obtain the signature of the parent or guardian acknowledging receipt of the information required under paragraph (a).

(c) When more than one vaccine is to be administered, the health care practitioner shall discuss the timing of multiple vaccinations with the child's parent or guardian and the parent's or guardian's options for such timing before administering the initial vaccination. At the request of the parent or guardian, such a health care practitioner may

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administer vaccines to the minor child over multiple encounters.

(3) GOOD FAITH ESTIMATE OF CHARGES.—Upon request by a patient, before providing nonemergency medical services in a facility licensed under chapter 395, a health care practitioner shall provide, in writing or by electronic means, a good faith estimate of reasonably anticipated charges to treat the patient's condition at the facility. The health care practitioner shall provide the estimate to the patient within 7 business days after receiving the request and is not required to adjust the estimate for any potential insurance coverage. The health care practitioner shall inform the patient that the patient may contact his or her health insurer or health maintenance organization for additional information concerning cost-sharing responsibilities. The health care practitioner shall provide information to uninsured patients and insured patients for whom the practitioner is not a network provider or preferred provider which discloses the practitioner's financial assistance policy, including the application process, payment plans, discounts, or other available assistance, and the practitioner's charity care policy and collection procedures. Such estimate does not preclude the actual charges from exceeding the estimate. Failure to provide the estimate in accordance with this subsection, without good cause, shall result in disciplinary action against the health care practitioner and a daily fine of \$500 until the estimate is provided to the patient. The total fine may not exceed \$5,000.

Section 4. The amendments made by this act to s. 456.0575(2)(a) and (b), Florida Statutes, relating to information that must be provided to parents or guardians before

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the administration of a vaccination to a minor are effective 30 days after the Board of Medicine and the Board of Osteopathic Medicine adopt by joint rule the informational materials as required under that subsection. The Board of Medicine and the Board of Osteopathic Medicine shall notify the Division of Law Revision immediately upon their adoption of such materials.

Section 5. Section 465.1897, Florida Statutes, is created to read:

465.1897 Sale of ivermectin without a prescription.—

(1) A pharmacist may provide ivermectin to a person 18 years of age or older without a prescription as a behind-the-counter medication until the United States Food and Drug Administration approves it for over-the-counter sale.

(2) Before providing ivermectin under this section, the pharmacist shall provide the person with written information regarding the indications and contraindications for ivermectin, the appropriate dosage, and the need to seek follow-up care from the person's primary care physician.

(3) A pharmacist acting in good faith is immune from civil or criminal liability or disciplinary action for providing ivermectin to an adult in accordance with this section.

(4) The board may adopt rules to implement this section.

Section 6. Subsections (5) and (9) of section 1003.22, Florida Statutes, are amended to read:

1003.22 School-entry health examinations; immunization against communicable diseases; exemptions; duties of Department of Health.—

(5) A child is exempt from immunization requirements in subsection (3) ~~The provisions of this section shall not apply~~

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if:

(a) The parent of the child presents to the school, on a form approved and provided by the Department of Health and made available on its website, an attestation ~~objects in writing~~ that the administration of immunizing agents conflicts with the parent's ~~his or her~~ religious tenets or practices or conscience;

(b) A physician licensed under ~~the provisions of~~ chapter 458 or chapter 459 certifies in writing, on a form approved and provided by the Department of Health, that the child should be permanently exempt from one or more of the required immunizations ~~immunization~~ for medical reasons stated in writing, based upon valid clinical reasoning or evidence, demonstrating the need for the permanent exemption;

(c) A physician licensed under ~~the provisions of~~ chapter 458, chapter 459, or chapter 460 certifies in writing, on a form approved and provided by the Department of Health, that the child has received as many immunizations as are medically indicated at the time and is in the process of completing the other required ~~necessary~~ immunizations;

(d) The Department of Health determines that, according to recognized standards of medical practice, any required immunization is unnecessary or hazardous; or

(e) An authorized school official issues a temporary exemption, for up to 30 school days, to allow ~~permit~~ a student who transfers into a new county to attend class until his or her records can be obtained. Children and youths who are experiencing homelessness and children who are known to the department, as defined in s. 39.0016, shall be given a temporary exemption for 30 school days. The public school health nurse or

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233 authorized private school official is responsible for follow-up
234 ~~followup~~ of each such student until proper documentation or
235 immunizations are obtained. An exemption for 30 days may be
236 issued for a student who enters a juvenile justice program to
237 allow ~~permit~~ the student to attend class until his or her
238 records can be obtained or until the immunizations can be
239 administered ~~obtained~~. An authorized juvenile justice official
240 is responsible for follow-up ~~followup~~ of each student who enters
241 a juvenile justice program until proper documentation is
242 obtained or immunizations are administered ~~obtained~~.

243 (9) The presence of any of the communicable diseases for
244 which immunization is required under subsection (3) ~~by the~~
245 ~~Department of Health~~ in a Florida public or private school
246 authorizes ~~shall permit~~ the county health department director or
247 administrator or the State Health Officer to declare a
248 communicable disease emergency. The declaration of such
249 emergency must ~~shall~~ mandate that all students attending in
250 ~~attendance in~~ the school who have not been immunized against the
251 diseases specified in subsection (3) or related Department of
252 Health rules ~~are not in compliance with the provisions of this~~
253 ~~section~~ be identified by the district school board or by the
254 governing authority of the private school, + and the school
255 health and immunization records of such children must ~~shall~~ be
256 made available to the county health department director or
257 administrator. ~~Those Children~~ who are identified as not having
258 been ~~being~~ immunized against the disease for which the emergency
259 has been declared must ~~shall~~ be temporarily excluded from school
260 attendance by the district school board, or the governing
261 authority of the private school, until ~~such time as is specified~~

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262 ~~by~~ the county health department director or administrator
263 declares that the communicable disease emergency has ended.

264 Section 7. This act shall take effect July 1, 2026.



The Florida Senate

Committee Agenda Request


To: Senator Colleen Burton, Chair
Committee on Health Policy

Subject: Committee Agenda Request

Date: January 21, 2026

I respectfully request that **Senate Bill #1756**, relating to Medical Freedom, be placed on the:

- ☐ committee agenda at your earliest possible convenience.
- ☒ next committee agenda.



Senator Clay Yarborough
Florida Senate, District 4

The Florida Senate

APPEARANCE RECORD

Deliver both copies of this form to
Senate professional staff conducting the meeting

SB 1756

Bill Number or Topic

1/26/26

Meeting Date

Health Policy

Committee

Amendment Barcode (if applicable)

Name Melissa Jordan

Phone 850-524-9435

Address 4052 Merchants Row

Street

Email John.Bell@FLHealth.gov

Tallahassee

City

FL

State

32399

Zip

Speaking:

☐

For

☐

Against

☒

Information

OR

Waive Speaking:

☐

In Support

☐

Against

PLEASE CHECK ONE OF THE FOLLOWING:

☐

I am appearing without
compensation or sponsorship.

☐

I am a registered lobbyist,
representing:

☐

I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

This form is part of the public record for this meeting.

S-001 (08/10/2021)

THE FLORIDA SENATE APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

11/26/20

Meeting Date

SB 1756

Bill Number (if applicable)

Topic Vaccine safeguards

Amendment Barcode (if applicable)

Name Northe Saunders

Job Title President

Address 97 India St

Phone

Street

Portland

City

ME

State

04101

Zip

Email info@familiesforvaccines.org

Speaking: ☐ For ☒ Against ☐ Information

Waive Speaking: ☐ In Support ☐ Against
(The Chair will read this information into the record.)

Representing American Families for Vaccines

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

S-001 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

1/24/24
Meeting Date

SB 1756
Bill Number (if applicable)

Topic Vaccine safeguards

Amendment Barcode (if applicable)

Name Daniel Green

Job Title _____

Address 8708 WOLF Den TRAIL
Street

Phone _____

Port Richey FL 34663
City State Zip

Email _____

Speaking: ☐ For ☒ Against ☐ Information

Waive Speaking: ☐ In Support ☐ Against
(The Chair will read this information into the record.)

Representing retired law enforcement

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

S-001 (10/14/14)

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

1/26/26

Meeting Date

SB 1756

Bill Number (if applicable)

Topic vaccine safeguards

Amendment Barcode (if applicable)

Name Kas Miller

Job Title Director

Address 6017 N. Orange Blossom Ave

Street

Phone

Tampa, FL

City

33604

State

Zip

Email

Speaking: ☐ For ☒ Against ☐ Information

Waive Speaking: ☐ In Support ☐ Against
(The Chair will read this information into the record.)

Representing Florida Families for Vaccines

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

01/26/2026

Meeting Date

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

SB 1756

Bill Number (if applicable)

Topic Vaccine safe guards

Amendment Barcode (if applicable)

Name Kimberly Ourai Thorpe

Job Title Professional Chemical Engineer

Address 1013 E. Jean St.
Street

Phone 813-956-3446

Tampa, FL 33604
City State Zip

Email Kimberlyourai@gmail.com

Speaking: ☐ For ☒ Against ☐ Information

Waive Speaking: ☐ In Support ☐ Against
(The Chair will read this information into the record.)

Representing

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

S-001 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

1-26-26
Meeting Date

SB1756
Bill Number (if applicable)

Topic Vaccine Safeguards

Amendment Barcode (if applicable)

Name Sarah Marsicek, MD

Job Title Pediatric Hospitalist

Address 4866 SW 95th Ter
Street

Phone 785-249-2839

Gainesville FL 32608
City State Zip

Email sarah.marsicek@gmail.com

Speaking: ☐ For ☒ Against ☐ Information

Waive Speaking: ☐ In Support ☐ Against
(The Chair will read this information into the record.)

Representing Florida Chapter American Academy of Pediatrics

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

S-001 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

1/26/24

Meeting Date

SB 1756

Bill Number (if applicable)

Topic Vaccine safeguards

Amendment Barcode (if applicable)

Name Cathy Mayfield

Job Title _____

Address 377 High Hill Ranch Lane
Street

Phone _____

Tallahassee
City

FL
State

32317
Zip

Email _____

Speaking: ☐ For ☒ Against ☐ Information

Waive Speaking: ☐ In Support ☐ Against
(The Chair will read this information into the record.)

Representing parent

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

S-001 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

1/26/26

Meeting Date

SB 1756

Bill Number (if applicable)

Topic SB 1756

Amendment Barcode (if applicable)

Name Rana Alissa

Job Title Pediatrician

Address 13121 Eason Island Ct
Street

Phone (904) 994-7427

Jacksonville FL 32224
City State Zip

Email rana.alissammd@gmail.co

Speaking: ☐ For ☒ Against ☐ Information

Waive Speaking: ☐ In Support ☐ Against
(The Chair will read this information into the record.)

Representing Florida Chapter of AAP

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

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This form is part of the public record for this meeting.

S-001 (10/14/14)

The Florida Senate

APPEARANCE RECORD

Deliver both copies of this form to
Senate professional staff conducting the meeting

1/24/2026

Meeting Date

Health Policy

Committee

1756

Bill Number or Topic

Amendment Barcode (if applicable)

Name

Danielle Carter

Phone

(815) 791-4085

Address

13241 Bartram Park Blvd

Email

danielle.carter@
ascension.org

Street

Jacksonville

City

FL

State

32258

Zip

Speaking:

☐

For

☒

Against

☐

Information

OR

Waive Speaking:

☐

In Support

☐

Against

PLEASE CHECK ONE OF THE FOLLOWING:

☒

I am appearing without
compensation or sponsorship.

☐

I am a registered lobbyist,
representing:

☐

I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](https://www.flsenate.gov/2020-2022-Joint-Rules.pdf)

This form is part of the public record for this meeting.

S-001 (08/10/2021)

THE FLORIDA SENATE

APPEARANCE RECORD

1/26/25

Meeting Date

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

1756

Bill Number (if applicable)

Topic Medical Freedom

Amendment Barcode (if applicable)

Name Susan Harbin

Job Title Sr. Govt Relations Director

Address _____
Street

Phone 770-546-8845

City

State

Zip

Email Susan.harbin@canar.org

Speaking: ☐ For ☒ Against ☐ Information

Waive Speaking: ☐ In Support ☐ Against
(The Chair will read this information into the record.)

Representing American Cancer Society Cancer Action Network

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☒ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

S-001 (10/14/14)

The Florida Senate

APPEARANCE RECORD

Deliver both copies of this form to
Senate professional staff conducting the meeting

1/26/26

Meeting Date

Health Policy

Committee

SB 1756

Bill Number or Topic

Amendment Barcode (if applicable)

Name

Maria Norton Miami-Dade PTA

Phone

305-962-8405

Address

10755 SW 243 Ter

Street

Email

maria.norton7@gmail.com

Homestead

FL

33032

City

State

Zip

Speaking:

☐

For



Against

☐

Information

OR

Waive Speaking:

☐

In Support

☐

Against

PLEASE CHECK ONE OF THE FOLLOWING:



I am appearing without
compensation or sponsorship.

☐

I am a registered lobbyist,
representing:

☐

I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

This form is part of the public record for this meeting.

S-001 (08/10/2021)

The Florida Senate

APPEARANCE RECORD

Deliver both copies of this form to
Senate professional staff conducting the meeting

Jan 26 2026
Meeting Date

Health Policy
Committee

~~SB 26~~ SB1756
Bill Number or Topic

Amendment Barcode (if applicable)

Name Anika Verma Phone 262-676-9430

Address Leyland Cypress Ln Email anikaverma261@gmail.com
Street

Sanford FL 32773
City State Zip

Speaking: ☐ For ☐ Against ☒ Information **OR** Waive Speaking: ☐ In Support ☒ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☒ I am appearing without
compensation or sponsorship.

☐ I am a registered lobbyist,
representing:

☐ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

This form is part of the public record for this meeting.

S-001 (08/10/2021)

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

1-26-2026

Meeting Date

Senate bill 1756

Bill Number (if applicable)

Topic

Amendment Barcode (if applicable)

Name Nectar Anteblian

Job Title MD

Address 1301 Hodges Dr

Street

Phone 850-431-5430

Tallahassee

City

State

Zip

Email

Speaking: ☐ For ☒ Against ☐ Information

Waive Speaking: ☐ In Support ☐ Against
(The Chair will read this information into the record.)

Representing Florida AAP

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

S-001 (10/14/14)

The Florida Senate

APPEARANCE RECORD

Deliver both copies of this form to
Senate professional staff conducting the meeting

SB 1754

Bill Number or Topic

Amendment Barcode (if applicable)

Meeting Date

Committee

Name

Phone

Address

Email

Street

City

State

Zip

Speaking:

☐

For

☒

Against

☐

Information

OR

Waive Speaking:

☐

In Support

☐

Against

PLEASE CHECK ONE OF THE FOLLOWING:

☒

I am appearing without
compensation or sponsorship.

☐

I am a registered lobbyist,
representing:

☐

I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

This form is part of the public record for this meeting.

S-001 (08/10/2021)

The Florida Senate

APPEARANCE RECORD

Deliver both copies of this form to
Senate professional staff conducting the meeting

SB 1756

Bill Number or Topic

Amendment Barcode (if applicable)

1/26/26

Meeting Date

Health Policy

Committee

Name

Shauntel Smith

Phone

(727) 744-5011

Address

1408 Tiara Lane

Email

ShauntelSmith79@yahoo.com

Street

Tarpon Springs FL

City

State

34689

Zip

Speaking:

☐

For

☐

Against

☐

Information

OR

Waive Speaking:

☐

In Support

☒

Against

PLEASE CHECK ONE OF THE FOLLOWING:

☒

I am appearing without
compensation or sponsorship.

☐

I am a registered lobbyist,
representing:

☐

I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

Parent - Self

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

This form is part of the public record for this meeting.

S-001 (08/10/2021)

The Florida Senate

APPEARANCE RECORD

Deliver both copies of this form to
Senate professional staff conducting the meeting

1/26/26

Meeting Date

Health Policy

Committee

SB 1756

Bill Number or Topic

Amendment Barcode (if applicable)

Name

Stephana Ferrell

Phone

646-250-6337

Address

1067 Portman Way

Street

Email

StephanaFerrell@gmail.com

Winter Garden FL

City

State

34787

Zip

Speaking:

☐

For

☐

Against

☐

Information

OR

Waive Speaking:

☐

In Support

☒

Against

PLEASE CHECK ONE OF THE FOLLOWING:

☒

I am appearing without
compensation or sponsorship.

☐

I am a registered lobbyist,
representing:

☐

I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

OCP's parent speaking on behalf of my family

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

This form is part of the public record for this meeting.

S-001 (08/10/2021)

The Florida Senate

APPEARANCE RECORD

Deliver both copies of this form to
Senate professional staff conducting the meeting

11-26-26

Meeting Date

1756

Bill Number or Topic

Senate Health Policy
Committee

Amendment Barcode (if applicable)

Name Katherine Miller

Phone 813-263-9347

Address 4623 Al
Street

Email Raeaganmiller@yahoo.com

St. Petersburg FL 33703
City State Zip

Speaking: ☐ For ☐ Against ☐ Information **OR** Waive Speaking: ☐ In Support ☒ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☒ I am appearing without
compensation or sponsorship.

☐ I am a registered lobbyist,
representing:

☐ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

Pinellas County Council PTA & my family

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

This form is part of the public record for this meeting.

S-001 (08/10/2021)

The Florida Senate

APPEARANCE RECORD

JAN 26, 2026

Meeting Date

1756

Bill Number or Topic

HEALTH POLICY / SENATE

Committee

Deliver both copies of this form to
Senate professional staff conducting the meeting

Amendment Barcode (if applicable)

Name STEPHEN WHITE

Phone 727-333-5897

Address 220 LESLEY LANE

Street

Email ADVOCACY@PCCPTA.ORG

OLDSMAR

City

FL

State

34677

Zip

Speaking: ☐ For ☐ Against ☐ Information

OR

Waive Speaking: ☐ In Support ☒ Against

PLEASE CHECK ONE OF THE FOLLOWING:



I am appearing without
compensation or sponsorship.



I am a registered lobbyist,
representing:



I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

ON BEHALF OF MY FAMILY - PINELLAS COUNTY COUNCIL PTA

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022JointRules.pdf \(flsenate.gov\)](https://www.flsenate.gov/2020-2022JointRules.pdf)

This form is part of the public record for this meeting.

S-001 (08/10/2021)

The Florida Senate

APPEARANCE RECORD

Deliver both copies of this form to
Senate professional staff conducting the meeting

1/26/26
Meeting Date

HEALTH Policy
Committee

SB 1756
Bill Number or Topic

Amendment Barcode (if applicable)

Name RICK KENDUST Phone 321 288 4035

Address 1255 DONALD ST Email RICK@LONGRUNSTRATEGIES
Street
JACKSONVILLE FL 32205
City State Zip

Speaking: ☐ For ☐ Against ☐ Information **OR** Waive Speaking: ☐ In Support ☒ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☐ I am appearing without
compensation or sponsorship.

☒ I am a registered lobbyist,
representing:

HEALTHY KIDS
STRONG COMMUNITIES

☐ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

This form is part of the public record for this meeting.

S-001 (08/10/2021)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

1/26/26

Meeting Date

SB 1756

Bill Number (if applicable)

Topic SB 1756

Amendment Barcode (if applicable)

Name Fadi Chakour

Job Title Attorney and Medical doctor

Address 13121 Eason Island Ct

Street

Jacksonville, FL 32224

City

State

Zip

Phone (904) 612-0586

Email Fchakourmdjd@gmail.com

Speaking: ☐ For ☒ Against ☐ Information

Waive Speaking: ☐ In Support ☒ Against
(The Chair will read this information into the record.)

Representing self

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

11/26/24
Meeting Date

SB 1756
Bill Number (if applicable)

Topic Vaccine safeguards

Amendment Barcode (if applicable)

Name Jill Puckett

Job Title _____

Address 310 W College Ave.
Street

Phone _____

Tallahassee
City

FL
State

32301
Zip

Email _____

Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☐ In Support ☒ Against
(The Chair will read this information into the record.)

Representing Florida Association of Nurse Practitioners

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☒ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

S-001 (10/14/14)

The Florida Senate

APPEARANCE RECORD

Deliver both copies of this form to
Senate professional staff conducting the meeting

SB 175b

Bill Number or Topic

1/26/26

Meeting Date

Health Policy

Committee

Amendment Barcode (if applicable)

Name

Shauntel Smith

Phone

(727) 744-5011

Address

1408 Tiara Lane

Street

Email

shauntelsmith79@yahoo.com

Tarpon Springs, FL

City

State

34689

Zip

Speaking:

☐

For

☐

Against

☐

Information

OR

Waive Speaking:

☐

In Support

☒

Against

PLEASE CHECK ONE OF THE FOLLOWING:

☒

I am appearing without
compensation or sponsorship.

☐

I am a registered lobbyist,
representing:

☐

I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

Student who's immunocomprised

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

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S-001 (08/10/2021)

The Florida Senate

APPEARANCE RECORD

Deliver both copies of this form to
Senate professional staff conducting the meeting

1/26/2026

Meeting Date

1756

Bill Number or Topic

Committee

Amendment Barcode (if applicable)

Name

Kay Hawkins

Phone

904-887-1261

Address

13520 Osprey Pt Dr

Email

pnw012008@gmail.com

Street

Jax

City

Fla

State

32224

Zip

Speaking:

☐

For

☐

Against

☐

Information

OR

Waive Speaking:

☐

In Support

☒

Against

PLEASE CHECK ONE OF THE FOLLOWING:

☒

I am appearing without
compensation or sponsorship.

☐

I am a registered lobbyist,
representing:

☐

I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

This form is part of the public record for this meeting.

S-001 (08/10/2021)

The Florida Senate

APPEARANCE RECORD

Deliver both copies of this form to
Senate professional staff conducting the meeting

1/26/2026
Meeting Date

1756
Bill Number or Topic

Committee

Amendment Barcode (if applicable)

Name

Anneus Pedraza

Phone

407 283-8447

Address

2679 Adele Place

Email

vp.regionscouncils@
floridapba.org

Street

Lake Mary

FL

State

32746

Zip

Speaking:

☐

For

☐

Against

☐

Information

OR

Waive Speaking:

☐

In Support

☒

Against

PLEASE CHECK ONE OF THE FOLLOWING:

☐

I am appearing without
compensation or sponsorship.

☐

I am a registered lobbyist,
representing:

☒

I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

Florida PTA

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

This form is part of the public record for this meeting.

S-001 (08/10/2021)

The Florida Senate

APPEARANCE RECORD

OB 1756

Bill Number or Topic

Meeting Date

Deliver both copies of this form to
Senate professional staff conducting the meeting

Amendment Barcode (if applicable)

1-26-26
Health Policy
Committee

Name Eileen L. Segal, PTA

Phone 305 494 4526

Address 19355 Turnberry Way

Email EileenSegal

Street

Aventura

FL

33180

City

State

Zip

Speaking: ☐ For ☐ Against ☐ Information

OR

Waive Speaking: ☐ In Support ☒ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☒ I am appearing without compensation or sponsorship.

☐ I am a registered lobbyist, representing:

☐ I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022JointRules.pdf \(flsenate.gov\)](#)

This form is part of the public record for this meeting.

S-001 (08/10/2021)

The Florida Senate

APPEARANCE RECORD

Deliver both copies of this form to
Senate professional staff conducting the meeting

~~SB 1756~~ SB 1756

Bill Number or Topic

1/26/26

Meeting Date

Health Policy

Committee

Amendment Barcode (if applicable)

Name Cathy Hood

Phone _____

Address 3536 Jericho Dr

Street

Email _____

Casselberry

City

FL

State

32707

Zip

Speaking: ☐ For ☐ Against ☐ Information

OR

Waive Speaking: ☐ In Support ☒ Against

PLEASE CHECK ONE OF THE FOLLOWING:



I am appearing without
compensation or sponsorship.



I am a registered lobbyist,
representing:



I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

This form is part of the public record for this meeting.

S-001 (08/10/2021)

The Florida Senate

APPEARANCE RECORD

Deliver both copies of this form to
Senate professional staff conducting the meeting

Jan 26, 2026

Meeting Date

Health Policy

Committee

SB 1756

Bill Number or Topic

Amendment Barcode (if applicable)

Name Jantyn Young

Phone _____

Address 118 Calabria Springs Ct.

Street

Email _____

Sanford

City

FL

State

32771

Zip

Speaking: ☐ For ☐ Against ☐ Information

OR

Waive Speaking: ☐ In Support ☒ Against

PLEASE CHECK ONE OF THE FOLLOWING:



I am appearing without
compensation or sponsorship.



I am a registered lobbyist,
representing:



I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

This form is part of the public record for this meeting.

S-001 (08/10/2021)

The Florida Senate
APPEARANCE RECORD

Deliver both copies of this form to
Senate professional staff conducting the meeting

SB 1756

Bill Number or Topic

Amendment Barcode (if applicable)

Meeting Date

Committee

Name

Phone

Address

Email

Street

City

State

Zip

Speaking:

☐

For

☐

Against

☐

Information

OR

Waive Speaking:

☐

In Support

☒

Against

PLEASE CHECK ONE OF THE FOLLOWING:

☒

I am appearing without
compensation or sponsorship.

☐

I am a registered lobbyist,
representing:

☐

I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

This form is part of the public record for this meeting.

S-001 (08/10/2021)

The Florida Senate

APPEARANCE RECORD

Deliver both copies of this form to
Senate professional staff conducting the meeting

1/26/24

Meeting Date

Health Policy

Committee

SB1756

Bill Number or Topic

Amendment Barcode (if applicable)

Name

Jacqueline Gonzalez-Cuba

Phone

786-650-4727

(Miami Senior High, Miami-Dade PTA)

Address

14110 SW 275th Street

Email

jackiegc1014@gmail.com

Street

Homestead

City

State

FL

Zip

33032

Speaking:

☐

For

☐

Against

☐

Information

OR

Waive Speaking:

☐

In Support

☒

Against

PLEASE CHECK ONE OF THE FOLLOWING:



I am appearing without
compensation or sponsorship.



I am a registered lobbyist,
representing:



I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

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S-001 (08/10/2021)

The Florida Senate
APPEARANCE RECORD

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1/26/26
Meeting Date
Health Policy
Committee

1756
Bill Number or Topic

Name Jason Winn Phone 850/222-5702

Address 106 E. College Avenue, Suite 1500 Email jwinn@lw-law.com
Street

Tell FL 32301
City State Zip

Speaking: ☐ For ☐ Against ☐ Information **OR** Waive Speaking: ☐ In Support ☒ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☐ I am appearing without
compensation or sponsorship.

☒ I am a registered lobbyist,
representing:
Florida Osteopathic Medical
Association

☐ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

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S-001 (08/10/2021)

The Florida Senate

APPEARANCE RECORD

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1/26/26
Meeting Date

Health Policy
Committee

1756
Bill Number or Topic

Name John Labriola

Phone 954-515-208X

Address PO Box 650216
Street

Email JohnLabriola@cf-florida.net

Miami FL 33265
City State Zip

Speaking: ☐ For ☐ Against ☐ Information

OR

Waive Speaking: ☒ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☐ I am appearing without
compensation or sponsorship.

☒ I am a registered lobbyist,
representing:

Christian Family Coalition Florida

☐ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

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S-001 (08/10/2021)

The Florida Senate
APPEARANCE RECORD

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1/26/2026
Meeting Date

1756
Bill Number or Topic

Committee

Amendment Barcode (if applicable)

Name Joseph Harmon Phone 850-205-6826

Address 201 W. Park Ave Email jharmon@flaccb.org
Street

Tallahassee FL 32301
City State Zip

Speaking: ☐ For ☐ Against ☐ Information **OR** Waive Speaking: ☐ In Support ☒ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☐ I am appearing without
compensation or sponsorship.

☒ I am a registered lobbyist,
representing:

Florida Conference of Catholic Bishops

☐ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022JointRules.pdf \(flsenate.gov\)](#)

This form is part of the public record for this meeting.

S-001 (08/10/2021)

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

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

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

BILL: SB 1156

INTRODUCER: Senator Trumbull

SUBJECT: Ambulatory Surgical Centers

DATE: January 23, 2026

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Looke	Brown	HP	Favorable
2.			FP	

I. Summary:

SB 1156 seeks to move statutes regulating ambulatory surgical centers (ASC) out of ch. 395, F.S., and into a new chapter of statute created by the bill.

Part I of ch. 395, F.S., currently houses licensure requirements for both hospitals and ASCs. The bill amends Part I of ch. 395, F.S., as well as numerous other Florida Statutes, to bifurcate the regulation of ASCs and hospitals. The bill creates a new statutory chapter, ch. 396, F.S., to house the licensure requirements for ASCs separate from those for hospitals.

The bill takes effect July 1, 2026.

II. Present Situation:

Ambulatory Surgical Centers

An ambulatory surgical center (ASC) is a licensed health care facility that is not part of a hospital and has the primary purpose of providing elective surgical care. A patient is admitted to and discharged from the facility within 24 hours.¹ ASCs are required to be licensed by the Agency for Health Care Administration (AHCA) and may choose to be Medicare certified and/or accredited.²

¹ Agency for Health Care Administration, Ambulatory Surgical Center, available at <https://ahca.myflorida.com/health-quality-assurance/bureau-of-health-facility-regulation/hospital-outpatient-services-unit/ambulatory-surgical-center>, (last visited Jan. 23, 2026).

² *Id.*

Licensure

ASCs are licensed and regulated under ch. 395, F.S., by the AHCA under the same regulatory framework as hospitals.³ Applicants for ASC licensure are required to submit certain information to the AHCA prior to accepting patients for care or treatment, including:

- An affidavit of compliance with fictitious name;
- Registration of articles of incorporation; and
- The applicant's zoning certificate or proof of compliance with zoning requirements.⁴

Upon receipt of an initial ASC application, the AHCA is required to conduct a survey to determine compliance with all laws and rules. Applicants are required to provide certain information during the initial inspection, including:

- Governing body bylaws, rules, and regulations;
- Medical staff bylaws, rules, and regulations;
- A roster of medical staff members;
- A roster of registered nurses and licensed practical nurses with current license numbers;
- A nursing procedure manual;
- A fire plan; and
- A comprehensive emergency management plan.⁵

The licensure fee is \$1,679.82 and the survey/inspection fee is \$400.⁶ Currently there are 542 licensed ASCs in Florida.⁷

Accreditation

If an ASC chooses to become accredited by an organization recognized by the AHCA, including the Accreditation Association for Ambulatory Health Care, the QUAD A, the Accreditation Commission for Health Care, or the Joint Commission, the ASC may be deemed to be in compliance with state licensure and certification requirements. Deemed ASCs are not scheduled for routine on-site licensure or recertification surveys, although periodic Life Safety Code inspections are still required. Facilities must provide a complete copy of the most recent survey report indicating continuation as an accredited facility in lieu of inspections. The survey report should include correspondence from the accrediting organization containing:

- The dates of the survey,
- Any citations to which the accreditation organization requires a response,
- A response to each citation,
- The effective date of accreditation,
- Any follow-up reports, and
- Verification of Medicare (CMS) deemed status, if applicable.

³ Sections 395.001-395.1065, F.S., and part II, ch. 408, F.S.

⁴ Fla. Admin. Code R. 59A-5.003(4) (2019)

⁵ Fla. Admin. Code R. 59A-5.003(5) (2019)

⁶ *Supra* n. 1.

⁷ Florida Health Finder report, available at <https://quality.healthfinder.fl.gov/Facility-Search/FacilityLocateSearch>, (last visited Jan. 23, 2026).

Facilities no longer accredited or granted accreditation status other than accredited, or fail to submit the requested documentation, will be scheduled for annual licensure or recertification surveys to be conducted by AHCA field office staff.⁸

Licensure Requirements

Pursuant to s. 395.1055, F.S., the AHCA is authorized to adopt rules for hospitals and ASCs. Separate standards may be provided for general and specialty hospitals, ASCs, mobile surgical facilities, and statutory rural hospitals, but the rules for all hospitals and ASCs are required to include minimum standards for ensuring that:

- A sufficient number of qualified types of personnel and occupational disciplines are on duty and available at all times to provide necessary and adequate patient care;
- Infection control, housekeeping, sanitary conditions, and medical record procedures are established and implemented to adequately protect patients;
- A comprehensive emergency management plan is prepared and updated annually;
- Licensed facilities are established, organized, and operated consistent with established standards and rules; and
- Licensed facility beds conform to minimum space, equipment, and furnishing standards.

Rule 59A-5 of the Florida Administrative Code implements the minimum standards for ASCs. Those rules require policies and procedures to ensure the protection of patient rights.

Staff and Personnel Rules

ASCs are required to have written policies and procedures for surgical services, anesthesia services, nursing services, pharmaceutical services, laboratory services, and radiologic services. In providing these services, ASCs are required to have certain professional staff available, including:

- A qualified person responsible for the daily functioning and maintenance of the surgical suite;
- An anesthesiologist or other physician, or a certified registered nurse anesthetist under the on-site medical direction of a licensed physician, or an anesthesiologist assistant under the direct supervision of an anesthesiologist, who must be in the center during the anesthesia and post-anesthesia recovery period until all patients are cleared for discharge;
- A registered professional nurse who is responsible for coordinating and supervising all nursing services;
- A registered professional circulating nurse for a patient during that patient's surgical procedure; and
- A registered professional nurse who must be in the recovery area at all times when a patient is present.⁹

Infection Control Program

ASCs are required to establish an infection control program involving members of the medical, nursing, and administrative staff. The program must include written policies and procedures

⁸ *Supra* n. 1.

⁹ Fla. Admin. Code R. 59A-5.0085 (2021)

reflecting the scope of the infection control program. The written policies and procedures must be reviewed at least every two years by the infection control program members. The infection control program must include:

- Surveillance, prevention, and control of infection among patients and personnel;
- A system for identifying, reporting, evaluating, and maintaining records of infections;
- Ongoing review and evaluation of aseptic, isolation, and sanitation techniques employed by the ASC; and
- Development and coordination of training programs in infection control for all personnel.¹⁰

Emergency Management Plan

ASCs are required to develop and adopt a written comprehensive emergency management plan for emergency care during an internal or external disaster or emergency. The ASC must review the plan and update it annually.¹¹

Medicare Requirements

ASCs are required to have an agreement with the federal Centers for Medicare & Medicaid Services (CMS) to participate in Medicare. ASCs are also required to comply with specific conditions for coverage. The CMS defines “ASC” as any distinct entity that operates exclusively for the purpose of providing surgical services to patients not requiring hospitalization and for whom the expected duration of services would not exceed 24 hours following an admission.¹²

The CMS may deem an ASC to be in compliance with all of the conditions for coverage if the ASC is accredited by a national accrediting body or licensed by a state agency and if the CMS determines that such accreditation or licensure provides reasonable assurance that the conditions for coverage are met.¹³ All CMS conditions for coverage requirements are specifically required in Rule 59A-5 of the Florida Administrative Code and apply to all ASCs in Florida. The conditions for coverage require ASCs to have a:

- Governing body that assumes full legal responsibility for determining, implementing, and monitoring policies governing the ASC’s total operation;
- Quality assessment and performance improvement program;
- Transfer agreement with one or more acute care general hospitals, which will admit any patient referred who requires continuing care;
- Disaster preparedness plan;
- Organized medical staff;
- Fire control plan;
- Sanitary environment;
- Infection control program; and
- Procedure for patient admission, assessment and discharge.

¹⁰ Fla. Admin. Code R. 59A-5.011 (2016)

¹¹ Fla. Admin. Code R. 59A-5.018 (2014)

¹² 42 C.F.R. s. 416.2

¹³ 42 C.F.R. s. 416.26(a)(1)

III. Effect of Proposed Changes:

Section 1 creates ch. 396, F.S., consisting of ss. 396.201-396.225, F.S., entitled “Ambulatory Surgical Centers.”

Sections 2 through 24 duplicate provisions from Part I of ch. 395, F.S., as necessary to create substantively identical requirements for ambulatory surgery centers (ASC) in the newly created ch. 396, F.S.

Sections 25 through 118 amend provisions in part I of ch. 395, F.S., as well as multiple other sections of the Florida Statutes, to remove the regulation of ASCs from Part I of ch. 395, F.S., and make conforming changes.

Section 119 provides that the bill takes effect July 1, 2026.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

Section 24(c), Art. I, of the State Constitution establishes requirements that must be met when the Legislature enacts laws providing exemptions from public records or meetings requirements. These requirements provide that bills containing such exemptions:

- Only contain public records or meetings exemptions and relate to a single subject;
- Are passed by a two-thirds vote of each house of the Legislature; and
- State with specificity the public necessity justifying the exemption and be no broader than necessary to accomplish the stated purpose.

Current law contains numerous public records and meetings exemptions that apply to both ASCs and hospitals in part I of ch. 395, F.S. In moving the regulation of ASCs out of ch. 395, F.S., and into ch. 396, F.S., the bill recreates and duplicates in ch. 396, F.S., the public records and meetings exemptions from ch. 395, F.S., that apply to ASCs. It is unclear whether the act of recreating such exemptions would be governed by the requirements in s. 24(c), Art. I, of the State Constitution. As such, it is possible that, if challenged, pieces of the bill providing for public records and meetings exemptions specific to ASCs may be found to be unconstitutional. Additionally, many of the public records and meetings exemptions at issue were initially established prior to the adoption of s. 24, Art. I, of the state constitution and, as such, were not subject to the requirements that would be necessary to establish such exemptions today. This fact may further complicate the issue of whether or not the act of recreating such exemptions, as done in SB 1156, meets constitutional requirements.

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:

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: 39.304, 95.11, 222.26, 381.00316, 381.0035, 381.026, 381.028, 381.915, 383.145, 385.202, 385.211, 390.011, 390.025, 394.4787, 395.001, 395.002, 395.003, 395.1055, 395.10973, 395.3025, 395.607, 395.701, 400.518, 400.93, 400.9905, 400.9935, 401.272, 408.051, 408.07, 408.802, 408.820, 409.905, 409.906, 409.975, 456.013, 456.0135, 456.041, 456.053, 456.056, 456.0575, 456.072, 456.073, 458.3145, 458.320, 458.3265, 458.328, 458.347, 458.351, 459.0085, 459.0137, 459.0138, 459.015, 459.022, 459.026, 460.413, 460.4167, 461.013, 464.012, 465.0125, 465.016, 466.028, 468.505, 486.021, 499.003, 499.0295, 553.80, 627.351, 627.357, 627.6056, 627.6387, 627.6405, 627.64194, 627.6616, 627.6648, 627.736, 627.912, 641.31076, 765.101, 766.101, 766.1016, 766.106, 766.110, 766.1115, 766.118, 766.202, 766.316, 790.338, 812.014, 893.05, 893.13, 945.6041, 985.6441, 1001.42, and 1012.965.

This bill creates the following sections of the Florida Statutes: 396.201, 396.225, 396.202, 396.203, 396.204, 396.205, 396.206, 396.207, 396.208, 396.209, 396.211, 396.212, 396.213, 396.214, 396.215, 396.216, 396.217, 396.218, 396.219, 396.221, 396.222, 396.223, and 396.224.

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.

By Senator Trumbull

2-00459B-26

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A bill to be entitled
An act relating to ambulatory surgical centers;
creating ch. 396, F.S., to be entitled "Ambulatory
Surgical Centers"; creating s. 396.201, F.S.;
providing legislative intent; creating s. 396.202,
F.S.; defining terms; creating s. 396.203, F.S.;
specifying requirements for issuance, denial,
suspension, and revocation of ambulatory surgical
center licenses; creating s. 396.204, F.S.; providing
for application fees; creating s. 396.205, F.S.;
providing for minimum standards for specified clinical
and diagnostic results as a condition for issuance or
renewal of a license; creating s. 396.206, F.S.;
requiring the Agency for Health Care Administration to
make or cause to be made specified inspections of
licensed facilities; requiring the agency to accept
surveys or inspections from certain accrediting
organizations in lieu of its own periodic inspections,
provided certain conditions are met; requiring the
agency to develop and adopt by rule certain criteria;
requiring an applicant or a licensee to pay certain
fees at the time of inspection; requiring the agency
to coordinate periodic inspections to minimize costs
and disruption of services; creating s. 396.207, F.S.;
requiring each licensed facility to maintain and
provide upon request records of all inspection reports
pertaining to that facility; providing that such
reports be retained for a specified timeframe;
prohibiting the distribution of specified records;

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requiring a licensed facility to provide a copy of its most recent inspection report to certain parties upon request; authorizing licensed facilities to charge for such copies; creating s. 396.208, F.S.; providing that specified provisions govern the design, construction, erection, alteration, modification, repair, and demolition of licensed facilities; requiring the agency to review facility plans and survey the construction of licensed facilities; requiring licensed facilities to submit plans and specifications to the agency for review; requiring the agency to make or cause to be made certain inspections or investigations as it deems necessary; authorizing the agency to adopt certain rules; requiring the agency to approve or disapprove facility plans and specifications within a specified timeframe; providing an extension under certain circumstances; deeming a facility plan or specification approved if the agency fails to act within the specified timeframe; requiring the agency to set forth in writing its reasons for any disapprovals; authorizing the agency to charge and collect specified fees and costs; creating s. 396.209, F.S.; prohibiting any person from paying or receiving a commission, bonus, kickback, or rebate or engaging in any split-fee arrangement for referring a patient to a licensed facility; requiring agency enforcement; providing administrative penalties; creating s. 396.211, F.S.; prohibiting a licensed facility from denying, for a specified reason, the applications of

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59 certain licensed health care practitioners for staff
60 membership and clinical privileges; requiring a
61 licensed facility to establish rules and procedures
62 for consideration of such applications; providing for
63 the termination of clinical privileges for physician
64 assistants under certain circumstances; authorizing
65 certain advanced practice registered nurses to
66 administer anesthesia subject to certain conditions;
67 requiring the presence of a circulating nurse in the
68 operating room for the duration of surgical
69 procedures; requiring a licensed facility to make
70 available specified membership or privileges to
71 certain physicians under certain circumstances;
72 providing construction; requiring the governing board
73 of a licensed facility to set standards and procedures
74 to be applied in considering and acting upon
75 applications; requiring that such standards and
76 procedures be made available for public inspection;
77 requiring a licensed facility to provide in writing,
78 upon request of an applicant, the reasons for denial
79 of staff membership or clinical privileges within a
80 specified timeframe; requiring that a denial be
81 submitted in writing to the applicant's respective
82 regulatory board; providing immunity from monetary
83 liability to certain persons and entities; providing
84 that investigations, proceedings, and records produced
85 or acquired by the governing board or its agent are
86 not subject to discovery or introduction into evidence
87 in certain proceedings under certain circumstances;

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prohibiting persons in attendance at such meetings
from testifying in civil actions about the evidence
presented or deliberations during such meetings;
providing construction; providing for the award of
specified fees and costs; requiring applicants who
bring an action against certain persons or entities to
post a bond or other security in a certain amount, as
set by the court; creating s. 396.212, F.S.; providing
legislative intent; requiring licensed facilities to
provide for peer review of certain physicians and
develop procedures to conduct such reviews; specifying
requirements for such procedures; requiring that,
under certain circumstances, a peer review panel
investigate and determine whether grounds for
discipline exist with respect to certain staff members
or physicians; requiring the governing board to take
specified actions if certain determinations are made;
providing grounds for such governing board actions;
requiring licensed facilities to report disciplinary
action to the Department of Health's Division of
Medical Quality Assurance within a specified
timeframe; providing requirements for the report;
requiring the division to review each report and make
certain determinations; providing that such reports
are exempt from public records requirements; providing
immunity from monetary liability to certain persons
and entities; providing construction; providing
administrative penalties; providing that certain
proceedings and records of peer review panels,

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committees, and governing boards or agents thereof are exempt from public records requirements and are not subject to discovery or introduction into evidence in certain proceedings; prohibiting persons in attendance at certain meetings from testifying or being required to testify in certain civil or administrative actions; providing construction; providing for the award of specified fees and costs; requiring persons who bring an action against certain persons or entities to post a bond or other security in a certain amount, as set by the court; creating s. 396.213, F.S.; requiring licensed facilities to establish an internal risk management program; specifying requirements for such program; providing that the governing board of the licensed facility is responsible for the program; requiring licensed facilities to hire a risk manager; specifying requirements for such risk manager; encouraging licensed facilities to implement certain innovative approaches; requiring licensed facilities to annually report specified information to the Agency for Health Care Administration and the Department of Health; requiring the agency and the department to include certain statistical information in their respective annual reports; requiring the agency to adopt rules governing the establishment of internal risk management programs; specifying requirements for such programs defining the term "adverse incident" for certain purposes; requiring licensed facilities to report specified information annually to the agency;

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146 requiring the agency to review the reported
147 information and make certain determinations; providing
148 that the reported information is exempt from public
149 records requirements and is not discoverable or
150 admissible in civil or administrative actions, with
151 exceptions; requiring licensed facilities to report
152 certain adverse incidents to the agency within a
153 specified timeframe; providing requirements for such
154 reports; authorizing the agency to grant extensions of
155 the reporting requirement under certain circumstances
156 and subject to certain conditions; providing that such
157 reports are exempt from public records requirements
158 and are not discoverable or admissible in civil and
159 administrative actions, with exceptions; authorizing
160 the agency to investigate reported adverse incidents
161 and prescribe measures in response to such incidents;
162 requiring the agency to review adverse incidents and
163 make certain determinations; requiring the agency to
164 publish certain reports and summaries within certain
165 timeframes on its website; prohibiting certain
166 information from being included in such reports and
167 summaries; providing a purpose; specifying certain
168 investigative and reporting requirements for internal
169 risk managers relating to the investigation and
170 reporting of allegations of sexual misconduct or
171 sexual abuse at licensed facilities; specifying
172 requirements for witnesses to such alleged misconduct
173 or abuse; defining the term "sexual abuse"; providing
174 criminal penalties for making a false allegation of

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sexual misconduct; requiring the agency to require a written plan of correction from the licensed facility for certain violations; requiring the agency to first seek corrective action from a licensed facility for certain nonwillful violations; providing administrative penalties for a facility's failure to timely correct the violation or for demonstrating a pattern of such violations; requiring licensed facilities to provide the agency with access to all facility records needed for specified purposes; providing that such records obtained by the agency are exempt from public records requirements and are not discoverable or admissible in civil and administrative actions, with exceptions; providing an exemption from public meeting and records requirements for certain meetings of the committees and governing board of a licensed facility; requiring the agency to review the internal risk management program of each licensed facility as part of its licensure review process; providing risk managers with immunity from monetary and civil liability in certain proceedings under certain circumstances; providing immunity from civil liability to risk managers and licensed facilities in certain actions, with an exception; requiring the agency to report certain investigative results to the applicable regulatory board; prohibiting coercion, intimidation, or preclusion of a risk manager; providing for civil penalties; creating s. 396.214, F.S.; requiring licensed facilities to comply with

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specified requirements for the transportation of biomedical waste; creating s. 396.215, F.S.; requiring licensed facilities to adopt a patient safety plan, appoint a patient safety officer and a patient safety committee for specified purposes, and conduct a patient safety culture survey at least biennially; specifying requirements for such survey; authorizing facilities to contract for administration of the survey; requiring that survey data be submitted to the agency in a certain format; authorizing licensed facilities to develop an internal action plan for a certain purpose and submit the plan to the agency; requiring licensed facilities to develop and implement policies and procedures for the rendering of certain medical care; specifying requirements for the policies and procedures; requiring licensed facilities to train all nonphysician personnel on the policies and procedures at least annually; defining the term "nonphysician personnel"; creating s. 396.216, F.S.; requiring licensed facilities to adopt specified protocols for the treatment of victims of child abuse, abandonment, or neglect; creating s. 396.217, F.S.; providing requirements for notifying a patient or a patient's proxy about adverse incidents; providing construction; creating s. 396.218, F.S.; requiring the agency to adopt specified rules relating to minimum standards for licensed facilities; providing construction; providing that certain licensed facilities are allowed a specified timeframe in which

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to comply with any newly adopted agency rules;
preempting the adoption of certain rules to the
Florida Building Commission and the State Fire
Marshal; requiring the agency to provide technical
assistance to the commission and the State Fire
Marshal in updating the construction standards
governing licensed facilities; creating s. 396.219,
F.S.; providing for criminal and administrative
penalties; requiring the agency to consider specified
factors in determining the amounts of administrative
fines levied; authorizing the agency to impose an
immediate moratorium on elective admissions to any
licensed facility under certain circumstances;
creating s. 396.221, F.S.; providing powers and duties
of the agency; creating s. 396.222, F.S.; requiring a
licensed facility to provide timely and accurate
financial information and quality of service measures
to certain individuals; requiring a licensed facility
to make available on its website certain information
on payments made to that facility for defined bundles
of services and procedures and other information for
consumers and patients; providing requirements for
such information; requiring that facility websites
provide specified information and notify and inform
patients or prospective patients of certain
information; defining the terms "shoppable health care
service" and "standard charge"; requiring a licensed
facility to provide a written or electronic good faith
estimate of certain charges to a patient or

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prospective patient within a certain timeframe;
specifying requirements for such estimates; requiring
a licensed facility to provide to a patient or a
prospective patient specified information regarding
the facility's financial assistance policy; providing
a civil penalty for failing to timely provide an
estimate of charges to a patient or prospective
patient and the insurer; requiring licensed facilities
to make certain health-related data available on its
website; requiring licensed facilities to take action
to notify the public of the availability of such
information; requiring licensed facilities to provide
an itemized statement or bill to a patient or his or
her survivor or legal guardian within a specified
timeframe upon request and after discharge; specifying
requirements for the statement or bill; requiring
licensed facilities to make available to a patient or
his or her survivor or legal guardian certain records
within a specified timeframe and in a specified
manner; authorizing licensed facilities to charge fees
in a specified amount for copies of such records;
requiring licensed facilities to establish certain
internal processes relating to itemized statements and
bills and grievances; requiring licensed facilities to
disclose certain information relating to the patient's
cost-sharing obligation; providing an administrative
penalty for failure to disclose such information;
creating s. 396.223, F.S.; defining the term
"extraordinary collection action"; prohibiting certain

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291 collection actions by a licensed facility; creating s.
292 396.224, F.S.; providing criminal penalties and
293 disciplinary action for the fraudulent alteration,
294 defacement, or falsification of medical records;
295 creating s. 396.225, F.S.; requiring a licensed
296 facility to furnish, in a timely manner, a true and
297 correct copy of all patient records to certain
298 persons; specifying authorized charges for copies of
299 such records; providing an exception; providing for
300 confidentiality of patient records; providing
301 exceptions; authorizing the department to examine
302 certain records for certain purposes; providing
303 criminal penalties for the unauthorized release of
304 information from such records by department agents;
305 providing content and use requirements and limitations
306 for confidential patient records released under the
307 exemptions; authorizing licensed facilities to
308 prescribe the content and custody of limited-access
309 records that the facility maintains on its employees;
310 specifying the types of records that may be limited in
311 this manner; providing requirements for the release of
312 such limited-access records; providing an exemption
313 from public records requirements for such records;
314 providing exemptions from public records requirements
315 for specified personal information relating to
316 employees of licensed facilities who provide direct
317 patient care or security services and their spouses
318 and children, and for specified personal information
319 relating to certain other employees of licensed

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facilities and their spouses and children upon their request; providing exceptions to the exemptions; amending ss. 39.304, 95.11, 222.26, 381.00316, 381.0035, 381.026, 381.028, 381.915, 383.145, 385.202, 385.211, 390.011, 390.025, 394.4787, 395.001, 395.002, 395.003, 395.1055, 395.10973, 395.3025, 395.607, 395.701, 400.518, 400.93, 400.9905, 400.9935, 401.272, 408.051, 408.07, 408.802, 408.820, 409.905, 409.906, 409.975, 456.013, 456.0135, 456.041, 456.053, 456.056, 456.0575, 456.072, 456.073, 458.3145, 458.320, 458.3265, 458.328, 458.347, 458.351, 459.0085, 459.0137, 459.0138, 459.015, 459.022, 459.026, 460.413, 460.4167, 461.013, 464.012, 465.0125, 465.016, 466.028, 468.505, 486.021, 499.003, 499.0295, 553.80, 627.351, 627.357, 627.6056, 627.6387, 627.6405, 627.64194, 627.6616, 627.6648, 627.736, 627.912, 641.31076, 765.101, 766.101, 766.1016, 766.106, 766.110, 766.1115, 766.118, 766.202, 766.316, 790.338, 812.014, 893.05, 893.13, 945.6041, 985.6441, 1001.42, and 1012.965, F.S.; conforming cross-references and provisions to changes made by the act; bifurcating fees applicable to ambulatory surgical centers under ch. 395, F.S., and transferring them to ch. 396, F.S.; authorizing the agency to maintain its current fees for ambulatory surgical centers and adopt certain rules; providing an effective date.

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

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Section 1. Chapter 396, Florida Statutes, consisting of ss. 396.201-396.225, Florida Statutes, is created and entitled "Ambulatory Surgical Centers."

Section 2. Section 396.201, Florida Statutes, is created to read:

396.201 Legislative intent.—It is the intent of the Legislature to provide for the protection of public health and safety in the establishment, construction, maintenance, and operation of ambulatory surgical centers by providing for licensure of the same and for the development, establishment, and enforcement of minimum standards with respect thereto.

Section 3. Section 396.202, Florida Statutes, is created to read:

396.202 Definitions.—As used in this chapter, the term:

(1) "Accrediting organization" means a national accrediting organization approved by the Centers for Medicare and Medicaid Services whose standards incorporate comparable licensure regulations required by this state.

(2) "Agency" means the Agency for Health Care Administration.

(3) "Ambulatory surgical center" means a facility, the primary purpose of which is to provide elective surgical care, in which the patient is admitted to and discharged from such facility within 24 hours, and which is not part of a hospital. The term does not include a facility existing for the primary purpose of performing terminations of pregnancy, an office maintained by a physician for the practice of medicine, or an office maintained for the practice of dentistry, except that that any such facility or office that is certified or seeks

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certification as a Medicare ambulatory surgical center must be licensed as an ambulatory surgical center under this chapter.

(4) "Biomedical waste" has the same meaning as provided in s. 381.0098(2).

(5) "Clinical privileges" means the privileges granted to a physician or other licensed health care practitioner to render patient care services in an ambulatory surgical center, but does not include the privilege of admitting patients.

(6) "Department" means the Department of Health.

(7) "Director" means any member of the official board of directors as reported in the licensed facility owner's annual corporate report to the Department of State or, if no such report is made, any member of the operating board of directors. The term does not include members of separate, restricted boards who serve only in an advisory capacity to the operating board.

(8) "Emergency medical condition" means:

(a) A medical condition manifesting itself by acute symptoms of sufficient severity, which may include severe pain, such that the absence of immediate medical attention could reasonably be expected to result in any of the following:

1. Serious jeopardy to patient health, including for a pregnant woman or fetus.

2. Serious impairment to bodily functions.

3. Serious dysfunction of any bodily organ or part.

(b) With respect to a pregnant woman:

1. That there is inadequate time to effect safe transfer to a hospital before delivery;

2. That a transfer may pose a threat to the health and safety of the patient or fetus; or

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407 3. That there is evidence of the onset and persistence of
408 uterine contractions or a rupture of the membranes.

409 (9) "Governmental unit" means the state or any county,
410 municipality, or other political subdivision, or any department,
411 division, board, or other agency of any of the foregoing.

412 (10) "Hospital" has the same meaning as in s. 395.002.

413 (11) "Licensed facility" means an ambulatory surgical
414 center licensed under this chapter.

415 (12) "Lifesafety" means the control and prevention of fire
416 and other life-threatening conditions on a premises for the
417 purpose of preserving human life.

418 (13) "Medical staff" means physicians licensed under
419 chapter 458 or chapter 459 with privileges in a licensed
420 facility, as well as other licensed health care practitioners
421 with clinical privileges as approved by a licensed facility's
422 governing board.

423 (14) "Person" means any individual, partnership,
424 corporation, association, or governmental unit.

425 (15) "Premises" means those buildings, beds, and equipment
426 located at the address of the licensed facility, and all other
427 buildings, beds, and equipment for the provision of ambulatory
428 surgical care located in such reasonable proximity to the
429 address of the licensed facility as to appear to the public to
430 be under the dominion and control of the licensee.

431 (16) "Validation inspection" means an inspection of the
432 premises of a licensed facility by the agency to assess whether
433 a review by an accrediting organization has adequately evaluated
434 the licensed facility according to minimum state standards.

435 Section 4. Section 396.203, Florida Statutes, is created to

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436 read:

437 396.203 Licensure; denial, suspension, and revocation.—

438 (1)(a) The requirements of part II of chapter 408 apply to
439 the provision of services that require licensure pursuant to ss.
440 396.201-396.225 and part II of chapter 408 and to entities
441 licensed by or applying for such licensure from the Agency for
442 Health Care Administration pursuant to ss. 396.201-396.225. A
443 license issued by the agency is required in order to operate an
444 ambulatory surgical center in this state.

445 (b)1. It is unlawful for a person to use or advertise to
446 the public, in any way or by any medium whatsoever, any facility
447 as an “ambulatory surgical center” unless such facility has
448 first secured a license under this chapter.

449 2. This chapter does not apply to commercial business
450 establishments using the word “ambulatory surgical center” as a
451 part of a trade name if no treatment of human beings is
452 performed on the premises of such establishments.

453 (2) In addition to the requirements of s. 408.807, after a
454 change of ownership has been approved by the agency, the
455 transferee is liable for any liability due to the state,
456 regardless of when identified, resulting from changes to
457 allowable costs affecting provider reimbursement for Medicaid
458 participation and related administrative fines.

459 (3) An ambulatory surgical center must comply with ss.
460 627.64194 and 641.513 as a condition of licensure.

461 (4) In addition to the requirements of part II of chapter
462 408, whenever the agency finds that there has been a substantial
463 failure to comply with the requirements established under this
464 chapter or in rules, the agency is authorized to deny, modify,

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465 suspend, or revoke a license.

466 Section 5. Section 396.204, Florida Statutes, is created to
467 read:

468 396.204 Application for license; fees.—In accordance with
469 s. 408.805, an applicant or a licensee shall pay a fee for each
470 license application submitted under this chapter, part II of
471 chapter 408, and applicable rules. The amount of the fee is
472 established by rule. The license fee required of a facility
473 licensed under this chapter is established by rule, except that
474 the minimum license fee is \$1,500.

475 Section 6. Section 396.205, Florida Statutes, is created to
476 read:

477 396.205 Minimum standards for clinical laboratory test
478 results and diagnostic X-ray results; prerequisite for issuance
479 or renewal of license.—

480 (1) As a requirement for issuance or renewal of its
481 license, each licensed facility shall require that all clinical
482 laboratory tests performed by or for the licensed facility be
483 performed by a clinical laboratory appropriately certified by
484 the Centers for Medicare and Medicaid Services under the federal
485 Clinical Laboratory Improvement Amendments and the federal rules
486 adopted thereunder.

487 (2) Each licensed facility, as a requirement for issuance
488 or renewal of its license, shall establish minimum standards for
489 acceptance of results of diagnostic X rays performed by or for
490 the licensed facility. Such standards must require licensure or
491 registration of the source of ionizing radiation under chapter
492 404.

493 (3) The results of clinical laboratory tests and diagnostic

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X rays performed before admission which meet the minimum standards required by law must be accepted in lieu of routine examinations required upon admission and in lieu of clinical laboratory tests and diagnostic X rays which may be ordered by a physician for patients of the licensed facility.

Section 7. Section 396.206, Florida Statutes, is created to read:

396.206 Licensure inspection.—

(1) In addition to the requirement of s. 408.811, the agency shall make or cause to be made such inspections and investigations as it deems necessary, including, but not limited to:

(a) Inspections directed by the Centers for Medicare and Medicaid Services.

(b) Validation inspections.

(c) Lifesafety inspections.

(d) Licensure complaint investigations, including full licensure investigations with a review of all licensure standards as outlined in the administrative rules. Complaints received by the agency from individuals, organizations, or other sources are subject to review and investigation by the agency.

(2) The agency shall accept, in lieu of its own periodic inspections for licensure, the survey or inspection of an accrediting organization, provided that the accreditation of the licensed facility is not provisional and provided that the licensed facility authorizes release of, and the agency receives the report of, the accrediting organization. The agency shall develop and adopt by rule criteria for accepting survey reports of accrediting organizations in lieu of conducting a state

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licensure inspection.

(3) In accordance with s. 408.805, an applicant or a licensee must pay a fee for each license application submitted under this chapter, part II of chapter 408, and applicable rules. Each facility licensed under this chapter must pay to the agency, at the time of inspection, the following fees:

(a) Inspection for licensure.—A fee of at least \$400 per facility.

(b) Inspection for lifesafety only.—A fee of at least \$40 per facility.

(4) The agency shall coordinate all periodic inspections for licensure made by the agency to ensure that the cost to the facility of such inspections and the disruption of services by such inspections are minimized.

Section 8. Section 396.207, Florida Statutes, is created to read:

396.207 Inspection reports.—

(1) Each licensed facility shall maintain as public information, available upon request, records of all inspection reports pertaining to that facility. Copies of such reports must be retained in its records for at least 5 years after the date the reports are filed and issued.

(2) Any record, report, or document that is confidential and exempt from s. 119.07(1) may not be distributed or made available for purposes of compliance with this section unless or until such confidential status expires.

(3) A licensed facility shall, upon the request of any person who has completed a written application with intent to be admitted to such facility, any person who is a patient of such

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552 facility, or any relative, spouse, guardian, or surrogate of any
553 such person, furnish to the requester a copy of the last
554 inspection report filed with or issued by the agency pertaining
555 to the licensed facility, as provided in subsection (1),
556 provided that the person requesting such report agrees to pay a
557 reasonable charge to cover copying costs, not to exceed \$1 per
558 page.

559 Section 9. Section 396.208, Florida Statutes, is created to
560 read:

561 396.208 Construction inspections; plan submission and
562 approval; fees.—

563 (1)(a) The design, construction, erection, alteration,
564 modification, repair, and demolition of all licensed health care
565 facilities are governed by the Florida Building Code and the
566 Florida Fire Prevention Code under ss. 553.73 and 633.202.

567 (b) In addition to the requirements of ss. 553.79 and
568 553.80, the agency shall review facility plans and survey the
569 construction of any facility licensed under this chapter. All
570 licensed facilities shall submit plans and specifications to the
571 agency for review under this section. The agency shall make, or
572 cause to be made, such construction inspections and
573 investigations as it deems necessary. The agency may prescribe
574 by rule that any licensee or applicant desiring to make
575 specified types of alterations or additions to its facilities or
576 to construct new facilities shall, before commencing such
577 alteration, addition, or new construction, submit plans and
578 specifications therefor to the agency for preliminary inspection
579 and approval or recommendation with respect to compliance with
580 applicable provisions of the Florida Building Code or agency

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rules and standards.

(c) The agency shall approve or disapprove the plans and specifications within 60 days after receipt of the fee for review of plans as required in subsection (2). The agency may be granted one 15-day extension for the review period if the director of the agency approves the extension. If the agency fails to act within the specified timeframe, it is deemed to have approved the plans and specifications. When the agency disapproves plans and specifications, it must set forth in writing the reasons for its disapproval. Conferences and consultations may be provided as necessary.

(2) The agency may charge an initial fee of \$2,000 for review of plans and construction on all projects, which is nonrefundable. The agency may also collect a fee, not to exceed 1 percent of the estimated construction cost or the actual cost of review, whichever is less, for the portion of the review which encompasses initial review through the initial revised construction document review. The agency is further authorized to collect its actual costs on all subsequent portions of the review and construction inspections. The initial fee payment must accompany the initial submission of plans and specifications. Any subsequent payment that is due is payable upon receipt of the invoice from the agency.

Section 10. Section 396.209, Florida Statutes, is created to read:

396.209 Rebates prohibited; penalties.—

(1) It is unlawful for any person to pay or receive any commission, bonus, kickback, or rebate or engage in any split-fee arrangement, in any form whatsoever, with any physician,

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surgeon, organization, or person, either directly or indirectly,
for patients referred to a licensed facility.

(2) The agency shall enforce subsection (1). In the case of
an entity not licensed by the agency, administrative penalties
may include:

(a) A fine not to exceed \$1,000.

(b) If applicable, a recommendation by the agency to the
appropriate regulatory board that disciplinary action be taken.

Section 11. Section 396.211, Florida Statutes, is created
to read:

396.211 Staff membership and clinical privileges.—

(1) A licensed facility, in considering and acting upon an
application for staff membership or clinical privileges, may not
deny the application of a qualified doctor of medicine licensed
under chapter 458, a doctor of osteopathic medicine licensed
under chapter 459, a doctor of dentistry licensed under chapter
466, or a doctor of podiatric medicine licensed under chapter
461 for such staff membership or clinical privileges within the
scope of his or her respective licensure solely because the
applicant is licensed under any of such chapters.

(2)(a) Each licensed facility shall establish rules and
procedures for consideration of an application for clinical
privileges submitted by a physician assistant licensed pursuant
to s. 458.347 or s. 459.022. Clinical privileges granted to a
physician assistant pursuant to this subsection automatically
terminate upon termination of staff membership of the physician
assistant's supervising physician.

(b) An advanced practice registered nurse who is certified
as a registered nurse anesthetist licensed under part I of

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chapter 464 may administer anesthesia under the onsite medical direction of a professional licensed under chapter 458, chapter 459, or chapter 466, and in accordance with an established protocol approved by the medical staff. The medical direction must specifically address the needs of the individual patient.

(c) A circulating nurse must be present in the operating room for the duration of a surgical procedure.

(3) When a licensed facility requires, as a precondition to obtaining staff membership or clinical privileges, the completion of, eligibility in, or graduation from any program or society established by or relating to the American Medical Association or the Liaison Committee on Medical Education, the licensed facility must also make available such membership or privileges to physicians who have attained completion of, eligibility in, or graduation from any equivalent program established by or relating to the American Osteopathic Association.

(4) This section does not restrict in any way the authority of the medical staff of a licensed facility to review for approval or disapproval all applications for appointment and reappointment to all categories of staff and to make recommendations on each applicant to the governing board of the facility, including the delineation of privileges to be granted in each case. In making such recommendations and in the delineation of privileges, each applicant must be considered individually pursuant to criteria for a doctor licensed under chapter 458, chapter 459, chapter 461, or chapter 466; or for an advanced practice registered nurse licensed under part I of chapter 464, as applicable. The applicant's eligibility for

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staff membership or clinical privileges must be determined by the applicant's background, experience, health, training, and demonstrated competency; the applicant's adherence to applicable professional ethics; the applicant's reputation; and the applicant's ability to work with others, and by such other elements as determined by the governing board consistent with this chapter.

(5) The governing board of each licensed facility shall set standards and procedures to be applied by the licensed facility and its medical staff in considering and acting upon applications for staff membership or clinical privileges. Such standards and procedures must be made available for public inspection.

(6) Upon the written request of the applicant, any licensed facility that has denied staff membership or clinical privileges to an applicant specified in subsection (1) or subsection (2) must, within 30 days after such request, provide the applicant with the reasons for such denial in writing. A denial of staff membership or clinical privileges to any applicant must be submitted, in writing, to the applicant's respective regulatory board.

(7) There is no monetary liability on the part of, and no cause of action for injunctive relief or damages may arise against, any licensed facility, its governing board or governing board members, medical staff, or disciplinary board or against its agents, investigators, witnesses, or employees, or against any other person, for any action arising out of or related to carrying out this section, absent intentional fraud.

(8) The investigations, proceedings, and records of the

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board, or its agent with whom there is a specific written contract for the purposes of this section, as described in this section are not subject to discovery or introduction into evidence in any civil action against a provider of professional health services arising out of matters that are the subject of evaluation and review by such board, and any person who was in attendance at a meeting of such board or its agent is not permitted or required to testify in any such civil action as to any evidence or other matters produced or presented during the proceedings of such board or its agent or as to any findings, recommendations, evaluations, opinions, or other actions of such board or its agent or any members thereof. However, information, documents, or records otherwise available from original sources are not to be construed as immune from discovery or use in any such civil action merely because they were presented during proceedings of such board; nor may any person who testifies before such board or who is a member of such board be prevented from testifying as to matters within his or her knowledge, but such witness cannot be asked about his or her testimony before such a board or opinions formed by him or her as a result of such board hearings.

(9) (a) If the defendant prevails in an action brought by an applicant against any person or entity that initiated, participated in, was a witness in, or conducted any review as authorized by this section, the court must award reasonable attorney fees and costs to the defendant.

(b) As a condition of an applicant bringing any action against any person or entity that initiated, participated in, was a witness in, or conducted any review as authorized by this

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section and before any responsive pleading is due, the applicant must post a bond or other security, as set by the court having jurisdiction in the action, in an amount sufficient to pay the costs and attorney fees.

Section 12. Section 396.212, Florida Statutes, is created to read:

396.212 Licensed facilities; peer review; disciplinary powers; agency or partnership with physicians.—

(1) It is the intent of the Legislature that good faith participants in the process of investigating and disciplining physicians pursuant to the state-mandated peer review process shall, in addition to receiving immunity from retaliatory tort suits pursuant to s. 456.073(12), be protected from federal antitrust suits filed under the Sherman Antitrust Act, 15 U.S.C. ss. 1 et seq. Such intent is within the public policy of the state to secure the provision of quality medical services to the public.

(2) Each licensed facility, as a condition of licensure, shall provide for peer review of physicians who deliver health care services at the facility. Each licensed facility shall develop written, binding procedures by which such peer review must be conducted. Such procedures must include all of the following:

(a) A mechanism for choosing the membership of the body or bodies that conduct peer review.

(b) Adoption of rules of order for the peer review process.

(c) Fair review of the case with the physician involved.

(d) A mechanism to identify and avoid conflicts of interest on the part of the peer review panel members.

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755 (e) Recording of agendas and minutes that do not contain
756 confidential material, for review by the Division of Health
757 Quality Assurance of the agency.

758 (f) A review, at least annually, of the peer review
759 procedures by the governing board of the licensed facility.

760 (g) Focusing the peer review process on reviewing
761 professional practices at the facility to reduce morbidity and
762 mortality and to improve patient care.

763 (3) If reasonable belief exists that conduct by a staff
764 member or physician who delivers health care services at the
765 licensed facility may constitute one or more grounds for
766 discipline as provided in this subsection, a peer review panel
767 must investigate and determine whether grounds for discipline
768 exist with respect to such staff member or physician. The
769 governing board of a licensed facility, after considering the
770 recommendations of its peer review panel, shall suspend, deny,
771 revoke, or curtail the privileges, or reprimand, counsel, or
772 require education, of any such staff member or physician after a
773 final determination has been made that one or more of the
774 following grounds exist:

775 (a) Incompetence.

776 (b) Being found to be a habitual user of intoxicants or
777 drugs to the extent that the staff member or physician is deemed
778 dangerous to himself, herself, or others.

779 (c) Mental or physical impairment that may adversely affect
780 patient care.

781 (d) Being found liable by a court of competent jurisdiction
782 for medical negligence or malpractice involving negligent
783 conduct.

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784 (e) One or more settlements exceeding \$10,000 for medical
785 negligence or malpractice involving negligent conduct by the
786 staff member or physician.

787 (f) Medical negligence other than as specified in paragraph
788 (d) or paragraph (e).

789 (g) Failure to comply with the policies, procedures, or
790 directives of the risk management program or any quality
791 assurance committees of any licensed facility.

792 (4) Pursuant to ss. 458.337 and 459.016, any disciplinary
793 action taken under subsection (3) must be reported in writing to
794 the Division of Medical Quality Assurance of the Department of
795 Health within 30 working days after its initial occurrence,
796 regardless of the pendency of appeals to the governing board of
797 the licensed facility. The report must identify the disciplined
798 practitioner, the action taken, and the reason for such action.
799 All final disciplinary actions taken under subsection (3), if
800 different from those reported to the agency within 30 days after
801 its initial occurrence, must be reported within 10 working days
802 to the Division of Medical Quality Assurance in writing and must
803 specify the disciplinary action taken and the specific grounds
804 therefor. The division shall review each report and determine
805 whether it potentially involved conduct by the licensee which is
806 subject to disciplinary action, in which case s. 456.073
807 applies. The reports are not subject to inspection under s.
808 119.07(1) even if the division's investigation results in a
809 finding of probable cause.

810 (5) There is no monetary liability on the part of, and no
811 cause of action for damages may rise against, any licensed
812 facility, its governing board or governing board members, peer

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813 review panel, medical staff, or disciplinary body, or its
814 agents, investigators, witnesses, or employees; a committee of a
815 licensed facility; or any other person for any action taken
816 without intentional fraud in carrying out this section.

817 (6) For a single incident or series of isolated incidents
818 that are nonwillful violations of the reporting requirements of
819 this section or part II of chapter 408, the agency shall first
820 seek to obtain corrective action by the licensed facility. If
821 correction is not demonstrated within the timeframe established
822 by the agency or if there is a pattern of nonwillful violations
823 of this section or part II of chapter 408, the agency may impose
824 an administrative fine, not to exceed \$5,000 for any violation
825 of the reporting requirements of this section or part II of
826 chapter 408. The administrative fine for repeated nonwillful
827 violations may not exceed \$10,000 for any violation. The
828 administrative fine for each intentional and willful violation
829 may not exceed \$25,000 per violation, per day. The fine for an
830 intentional and willful violation of this section or part II of
831 chapter 408 may not exceed \$250,000. In determining the amount
832 of fine to be levied, the agency shall be guided by s.
833 396.219(2) (b).

834 (7) The proceedings and records of peer review panels,
835 committees, and governing boards or agents thereof which relate
836 solely to actions taken in carrying out this section are not
837 subject to inspection under s. 119.07(1); and meetings held
838 pursuant to achieving the objectives of such panels, committees,
839 and governing boards or agents thereof are not open to the
840 public under chapter 286.

841 (8) The investigations, proceedings, and records of the

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peer review panel, a committee of an ambulatory surgical center, a disciplinary board, or a governing board, or agents thereof with whom there is a specific written contract for that purpose, as described in this section, are not subject to discovery or introduction into evidence in any civil or administrative action against a provider of professional health services arising out of the matters that are the subject of evaluation and review by such group or its agent, and a person who was in attendance at a meeting of such group or its agent is not permitted and may not be required to testify in any such civil or administrative action as to any evidence or other matters produced or presented during the proceedings of such group or its agent or as to any findings, recommendations, evaluations, opinions, or other actions of such group or its agent or any members thereof. However, information, documents, or records otherwise available from original sources are not to be construed as immune from discovery or use in any such civil or administrative action merely because such information, documents, or records were presented during proceedings of such group, and any person who testifies before such group or who is a member of such group may not be prevented from testifying as to matters within his or her knowledge, but such witness may not be asked about his or her testimony before such a group or opinions formed by him or her as a result of such group hearings.

(9) (a) If the defendant prevails in an action brought by a staff member or physician who delivers health care services at the licensed facility against any person or entity that initiated, participated in, was a witness in, or conducted any review as authorized by this section, the court must award

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reasonable attorney fees and costs to the defendant.

(b) As a condition of any staff member or physician bringing any action against any person or entity that initiated, participated in, was a witness in, or conducted any review as authorized by this section and before any responsive pleading is due, the staff member or physician must post a bond or other security, as set by the court having jurisdiction in the action, in an amount sufficient to pay the costs and attorney fees.

Section 13. Section 396.213, Florida Statutes, is created to read:

396.213 Internal risk management program.—

(1) Every licensed facility shall, as a part of its administrative functions, establish an internal risk management program that includes all of the following components:

(a) The investigation and analysis of the frequency and causes of general categories and specific types of adverse incidents to patients.

(b) The development of appropriate measures to minimize the risk of adverse incidents to patients, including, but not limited to:

1. Risk management and risk prevention education and training of all nonphysician personnel as follows:

a. Such education and training of all nonphysician personnel as part of their initial orientation; and

b. At least 1 hour of such education and training annually for all personnel of the licensed facility working in clinical areas and providing patient care, except those persons licensed as health care practitioners who are required to complete continuing education coursework pursuant to chapter 456 or the

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practitioner's respective practice act.

2. A prohibition, except when emergency circumstances require otherwise, against a staff member of the licensed facility attending a patient in the recovery room, unless the staff member is authorized to attend the patient in the recovery room and is in the company of at least one other person. However, a licensed facility is exempt from the two-person requirement if it has:

a. Live visual observation;
b. Electronic observation; or
c. Any other reasonable measure taken to ensure patient protection and privacy.

3. A prohibition against an unlicensed person assisting or participating in any surgical procedure unless the licensed facility has authorized the person to do so following a competency assessment, and such assistance or participation is done under the direct and immediate supervision of a licensed physician and is not otherwise an activity that may be performed only by a licensed health care practitioner.

4. Development, implementation, and ongoing evaluation of procedures, protocols, and systems to accurately identify patients, planned procedures, and the correct site of planned procedures so as to minimize the performance of a surgical procedure on the wrong patient, a wrong surgical procedure, a wrong-site surgical procedure, or a surgical procedure otherwise unrelated to the patient's diagnosis or medical condition.

(c) The analysis of patient grievances that relate to patient care and the quality of medical services.

(d) A system for informing a patient or an individual

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identified pursuant to s. 765.401(1) that the patient was the subject of an adverse incident, as defined in subsection (5). Such notice must be given by an appropriately trained person designated by the licensed facility as soon as practicable to allow the patient an opportunity to minimize damage or injury.

(e) The development and implementation of an incident reporting system based upon the affirmative duty of all health care providers and all agents and employees of the licensed facility to report adverse incidents to the risk manager, or to his or her designee, within 3 business days after the occurrence of such incidents.

(2) The internal risk management program is the responsibility of the governing board of the licensed facility. Each licensed facility shall hire a risk manager who is responsible for implementation and oversight of the facility's internal risk management program and who demonstrates competence, through education or experience, in all of the following areas:

(a) Applicable standards of health care risk management.

(b) Applicable federal, state, and local health and safety laws and rules.

(c) General risk management administration.

(d) Patient care.

(e) Medical care.

(f) Personal and social care.

(g) Accident prevention.

(h) Departmental organization and management.

(i) Community interrelationships.

(j) Medical terminology.

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958 (3) In addition to the programs mandated by this section,
959 other innovative approaches intended to reduce the frequency and
960 severity of medical malpractice and patient injury claims are
961 encouraged and their implementation and operation facilitated.
962 Such additional approaches may include extending internal risk
963 management programs to health care providers' offices and the
964 assuming of provider liability by a licensed facility for acts
965 or omissions occurring within the licensed facility. Each
966 licensed facility shall annually report to the agency and the
967 department the name and judgments entered against each health
968 care practitioner for which it assumes liability. The agency and
969 the department shall, in their respective annual reports,
970 include statistics that report the number of licensed facilities
971 that assume such liability and the number of health care
972 practitioners, by profession, for whom they assume liability.

973 (4) The agency shall adopt rules governing the
974 establishment of internal risk management programs to meet the
975 needs of individual licensed facilities. Each internal risk
976 management program shall include the use of incident reports to
977 be filed with a responsible individual who is competent in risk
978 management techniques, such as an insurance coordinator, in the
979 employ of each licensed facility or who is retained by the
980 licensed facility as a consultant. The individual responsible
981 for the risk management program shall have free access to all
982 medical records of the licensed facility. The incident reports
983 are part of the workpapers of the attorney defending the
984 licensed facility in litigation relating to the licensed
985 facility and are subject to discovery, but are not admissible as
986 evidence in court. A person filing an incident report is not

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subject to civil suit by virtue of such incident report. As a part of each internal risk management program, the incident reports must be used to develop categories of incidents which identify problem areas. Once identified, procedures must be adjusted to correct the problem areas.

(5) For purposes of reporting to the agency pursuant to this section, the term "adverse incident" means an event over which health care personnel could exercise control and which is associated in whole or in part with medical intervention, rather than the condition for which such intervention occurred, and which:

(a) Results in one of the following outcomes:

1. Death;

2. Brain or spinal damage;

3. Permanent disfigurement;

4. Fracture or dislocation of bones or joints;

5. A resulting limitation of neurological, physical, or sensory function which continues after discharge from the licensed facility; or

6. Any condition that required specialized medical attention or surgical intervention resulting from nonemergency medical intervention, other than an emergency medical condition, to which the patient has not given his or her informed consent;

(b) Was the performance of a surgical procedure on the wrong patient, a wrong surgical procedure, a wrong-site surgical procedure, or a surgical procedure otherwise unrelated to the patient's diagnosis or medical condition;

(c) Required the surgical repair of damage resulting to a patient from a planned surgical procedure, where the damage was

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not a recognized specific risk, as disclosed to the patient and documented through the informed-consent process; or

(d) Was a procedure to remove unplanned foreign objects remaining from a surgical procedure.

(6) (a) Each licensed facility subject to this section shall submit an annual report to the agency summarizing the adverse incident reports that have been filed in the facility for that year. The report must include:

1. The total number of adverse incidents.

2. A listing, by category, of the types of operations, diagnostic or treatment procedures, or other actions causing the injuries, and the number of incidents occurring within each category.

3. A listing, by category, of the types of injuries caused and the number of incidents occurring within each category.

4. A code number using the health care professional's licensure number and a separate code number identifying all other individuals directly involved in adverse incidents to patients, the relationship of the individual to the licensed facility, and the number of incidents in which each individual has been directly involved. Each licensed facility shall maintain names of the health care professionals and individuals identified by code numbers for purposes of this section.

5. A description of all malpractice claims filed against the licensed facility, including the total number of pending and closed claims and the nature of the incident which led to, the persons involved in, and the status and disposition of each claim. Each report must update status and disposition for all prior claims pending.

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1045 (b) The information reported to the agency pursuant to
1046 paragraph (a) which relates to persons licensed under chapter
1047 458, chapter 459, chapter 461, or chapter 466 must be reviewed
1048 by the agency. The agency shall determine whether any of the
1049 incidents potentially involved conduct by a health care
1050 professional who is subject to disciplinary action, in which
1051 case s. 456.073 applies.

1052 (c) The report submitted to the agency must also contain
1053 the name of the risk manager of the licensed facility, a copy of
1054 the policies and procedures governing the measures taken by the
1055 licensed facility and its risk manager to reduce the risk of
1056 injuries and adverse incidents, and the results of such
1057 measures. The annual report is confidential and is not available
1058 to the public pursuant to s. 119.07(1) or any other law
1059 providing access to public records. The annual report is not
1060 discoverable or admissible in any civil or administrative
1061 action, except in disciplinary proceedings by the agency or the
1062 appropriate regulatory board. The annual report is not available
1063 to the public as part of the record of investigation for and
1064 prosecution in disciplinary proceedings made available to the
1065 public by the agency or the appropriate regulatory board.
1066 However, the agency or the appropriate regulatory board shall
1067 make available, upon written request by a health care
1068 professional against whom probable cause has been found, any
1069 such records which form the basis of the determination of
1070 probable cause.

1071 (7) Any of the following adverse incidents, whether
1072 occurring in the licensed facility or arising from health care
1073 services administered before the patient's admission to the

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1074 licensed facility, must be reported by the licensed facility to
1075 the agency within 15 calendar days after its occurrence:

1076 (a) The death of a patient;

1077 (b) Brain or spinal damage to a patient;

1078 (c) The performance of a surgical procedure on the wrong
1079 patient;

1080 (d) The performance of a wrong-site surgical procedure;

1081 (e) The performance of a wrong surgical procedure;

1082 (f) The performance of a surgical procedure that is
1083 medically unnecessary or otherwise unrelated to the patient's
1084 diagnosis or medical condition;

1085 (g) The surgical repair of damage resulting to a patient
1086 from a planned surgical procedure, where the damage is not a
1087 recognized specific risk, as disclosed to the patient and
1088 documented through the informed-consent process; or

1089 (h) The performance of procedures to remove unplanned
1090 foreign objects remaining from a surgical procedure.

1091
1092 The agency may grant extensions to this reporting requirement
1093 for no more than 15 days upon justification submitted in writing
1094 to the agency by the licensed facility administrator. The agency
1095 may require an additional, final report. These reports are not
1096 available to the public pursuant to s. 119.07(1) or any other
1097 law providing access to public records, nor discoverable or
1098 admissible in any civil or administrative action, except in
1099 disciplinary proceedings by the agency or the appropriate
1100 regulatory board, nor available to the public as part of the
1101 record of investigation for and prosecution in disciplinary
1102 proceedings made available to the public by the agency or the

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1103 appropriate regulatory board. However, the agency or the
1104 appropriate regulatory board shall make available, upon written
1105 request by a health care professional against whom probable
1106 cause has been found, any such records that form the basis of
1107 the determination of probable cause. The agency may, as it deems
1108 appropriate, investigate any such incident and prescribe
1109 measures that must or may be taken in response to the incident.
1110 The agency shall review each incident and determine whether it
1111 potentially involved conduct by the health care professional,
1112 who would be subject to disciplinary action, in which case s.
1113 456.073 applies.

1114 (8) The agency shall publish on the agency's website, at
1115 least quarterly, a summary and trend analysis of adverse
1116 incident reports received pursuant to this section, which may
1117 not include information that would identify the patient, the
1118 reporting facility, or the health care practitioners involved.
1119 The agency shall publish on the agency's website an annual
1120 summary and trend analysis of all adverse incident reports and
1121 malpractice claims information provided by licensed facilities
1122 in their annual reports, which may not include information that
1123 would identify the patient, the reporting facility, or the
1124 practitioners involved. The purpose of the publication of the
1125 summary and trend analysis is to promote the rapid dissemination
1126 of information relating to adverse incidents and malpractice
1127 claims to assist licensed facilities in avoiding similar
1128 incidents and reduce morbidity and mortality.

1129 (9) The internal risk manager of each licensed facility
1130 shall:

1131 (a) Investigate every allegation of sexual misconduct which

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is made against a member of the licensed facility's staff who has direct patient contact, when the allegation is that the sexual misconduct occurred at the facility or on the grounds of the facility.

(b) Report every allegation of sexual misconduct to the administrator of the licensed facility.

(c) Notify the family or guardian of the victim, if a minor, that an allegation of sexual misconduct has been made and that an investigation is being conducted.

(d) Report to the department every allegation of sexual misconduct by a licensed health care practitioner which involves a patient.

(10) Any witness who witnessed or who possesses actual knowledge of the act that is the basis of an allegation of sexual abuse shall:

(a) Notify the local police; and

(b) Notify the risk manager and the administrator.

For purposes of this subsection, the term "sexual abuse" means acts of a sexual nature committed for the sexual gratification of anyone upon or in the presence of a vulnerable adult as defined in s. 415.102, without the vulnerable adult's informed consent, or upon or in the presence of a minor. The term includes, but is not limited to, the acts defined in s. 794.011(1)(j), fondling, exposure of a vulnerable adult's or minor's sexual organs, or the use of the vulnerable adult or minor to solicit for or engage in prostitution or sexual performance. The term does not include any act intended for a valid medical purpose or any act which may reasonably be

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1161 construed to be a normal caregiving action.

1162 (11) A person who, with malice or with intent to discredit
1163 or harm a licensed facility or any person, makes a false
1164 allegation of sexual misconduct against a member of a licensed
1165 facility's staff commits a misdemeanor of the second degree,
1166 punishable as provided in s. 775.082 or s. 775.083.

1167 (12) In addition to any penalty imposed pursuant to this
1168 section or part II of chapter 408, the agency shall require a
1169 written plan of correction from the licensed facility. For a
1170 single incident or series of isolated incidents that are
1171 nonwillful violations of the reporting requirements of this
1172 section or part II of chapter 408, the agency shall first seek
1173 to obtain corrective action by the licensed facility. If the
1174 correction is not demonstrated within the timeframe established
1175 by the agency or if there is a pattern of nonwillful violations
1176 of this section or part II of chapter 408, the agency may impose
1177 an administrative fine, not to exceed \$5,000 for any violation
1178 of the reporting requirements of this section or part II of
1179 chapter 408. The administrative fine for repeated nonwillful
1180 violations may not exceed \$10,000 for any violation. The
1181 administrative fine for each intentional and willful violation
1182 may not exceed \$25,000 per violation, per day. The fine for an
1183 intentional and willful violation of this section or part II of
1184 chapter 408 may not exceed \$250,000. In determining the amount
1185 of fine to be levied, the agency shall be guided by s.
1186 396.219(2) (b).

1187 (13) The agency shall be given access to all licensed
1188 facility records necessary to carry out this section. The
1189 records obtained by the agency under subsection (6), subsection

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(7), or subsection (9) are not available to the public under s. 119.07(1), nor discoverable or admissible in any civil or administrative action, except in disciplinary proceedings by the agency or the appropriate regulatory board, nor are records obtained pursuant to s. 456.071 available to the public as part of the record of investigation for and prosecution in disciplinary proceedings made available to the public by the agency or the appropriate regulatory board. However, the agency or the appropriate regulatory board shall make available, upon written request by a health care practitioner against whom probable cause has been found, any such records that form the basis of the determination of probable cause, except that, with respect to medical review committee records, s. 766.101 controls.

(14) The meetings of the committees and governing board of a licensed facility held solely for the purpose of achieving the objectives of risk management as provided by this section may not be open to the public under chapter 286. The records of such meetings are confidential and exempt from s. 119.07(1), except as provided in subsection (13).

(15) The agency shall review, as part of its licensure review process, the internal risk management program at each licensed facility regulated by this section to determine whether the program meets standards established in statutes and rules, whether the program is being conducted in a manner designed to reduce adverse incidents, and whether the program is appropriately reporting incidents under this section.

(16) There is no monetary liability on the part of, and no cause of action for damages may arise against, any risk manager

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for the implementation and oversight of the internal risk management program in a facility licensed under this chapter as required by this section, for any act or proceeding undertaken or performed within the scope of the functions of such internal risk management program, if the risk manager acts without intentional fraud.

(17) A privilege against civil liability is granted to any risk manager or licensed facility with regard to information furnished pursuant to this chapter, unless the risk manager or facility acted in bad faith or with malice in providing such information.

(18) If the agency, through its receipt of any report required under this section or through any investigation, has a reasonable belief that conduct by a staff member or employee of a licensed facility is grounds for disciplinary action by the appropriate regulatory board, the agency must report this fact to such regulatory board.

(19) It is unlawful for any person to coerce, intimidate, or preclude a risk manager from lawfully executing his or her reporting obligations pursuant to this chapter. Such unlawful action is subject to civil monetary penalties not to exceed \$10,000 per violation.

Section 14. Section 396.214, Florida Statutes, is created to read:

396.214 Identification, segregation, and separation of biomedical waste.—Each licensed facility shall comply with the requirements in s. 381.0098 relating to biomedical waste. Any transporter or potential transporter of such waste must be notified of the existence and locations of such waste.

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1248 Section 15. Section 396.215, Florida Statutes, is created
1249 to read:

1250 396.215 Patient safety.-

1251 (1) Each licensed facility shall adopt a patient safety
1252 plan. A plan adopted to implement the requirements of 42 C.F.R.
1253 s. 416.43 is deemed to comply with this requirement.

1254 (2) Each licensed facility shall appoint a patient safety
1255 officer and a patient safety committee, which must include at
1256 least one person who is neither employed by nor practicing at
1257 the facility, for the purpose of promoting the health and safety
1258 of patients, reviewing and evaluating the quality of patient
1259 safety measures used by the facility, and assisting in the
1260 implementation of the facility patient safety plan.

1261 (3) Each licensed facility shall, at least biennially,
1262 conduct a patient safety culture survey using the applicable
1263 Survey on Patient Safety Culture developed by the federal Agency
1264 for Healthcare Research and Quality. Each licensed facility
1265 shall conduct the survey anonymously to encourage completion of
1266 the survey by staff working in or employed by the facility. Each
1267 licensed facility may contract to administer the survey. Each
1268 licensed facility shall biennially submit the survey data to the
1269 agency in a format specified by rule, which must include the
1270 survey participation rate. Each licensed facility may develop an
1271 internal action plan between conducting surveys to identify
1272 measures to improve the survey and submit the plan to the
1273 agency.

1274 (4) Each licensed facility shall:

1275 (a) Develop and implement policies and procedures for the
1276 rendering of appropriate medical care for persons at risk of

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1277 forming venous thromboembolisms which reflect evidence-based
1278 best practices relating to, at a minimum:

1279 1. Assessing patients for risk of venous thromboembolism
1280 using a nationally recognized risk assessment tool.

1281 2. Treatment options for a patient diagnosed with venous
1282 thromboembolism.

1283 (b) Train all nonphysician personnel at least annually on
1284 the policies and procedures developed under this subsection. For
1285 purposes of this subsection, the term "nonphysician personnel"
1286 means all personnel of the licensed facility working in clinical
1287 areas and providing patient care, except those persons licensed
1288 as health care practitioners.

1289 Section 16. Section 396.216, Florida Statutes, is created
1290 to read:

1291 396.216 Cases of child abuse, abandonment, or neglect;
1292 duties.—Each licensed facility shall adopt protocols that, at a
1293 minimum, require the facility to:

1294 (1) Incorporate a facility policy that every staff member
1295 has an affirmative duty to report, pursuant to chapter 39, any
1296 actual or suspected case of child abuse, abandonment, or
1297 neglect; and

1298 (2) In any case involving suspected child abuse,
1299 abandonment, or neglect, designate, at the request of the
1300 Department of Children and Families, a staff physician to act as
1301 a liaison between the licensed facility and the Department of
1302 Children and Families office that is investigating the suspected
1303 abuse, abandonment, or neglect, and the Child Protection Team,
1304 as defined in s. 39.01, when the case is referred to such a
1305 team.

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Section 17. Section 396.217, Florida Statutes, is created to read:

396.217 Duty to notify patients.—An appropriately trained person designated by each licensed facility shall inform each patient, or an individual identified pursuant to s. 765.401(1), in person about adverse incidents that result in serious harm to the patient. Notifications of outcomes of care that result in harm to the patient under this section do not constitute an acknowledgment or admission of liability, and may not be introduced as evidence.

Section 18. Section 396.218, Florida Statutes, is created to read:

396.218 Rules and enforcement.—

(1) The agency shall adopt rules pursuant to ss. 120.536(1) and 120.54 to implement this chapter, which must include reasonable and fair minimum standards for ensuring that:

(a) Sufficient numbers and qualified types of personnel and occupational disciplines are on duty and available at all times to provide necessary and adequate patient care and safety.

(b) Infection control, housekeeping, sanitary conditions, and medical record procedures that will adequately protect patient care and safety are established and implemented.

(c) A comprehensive emergency management plan is prepared and updated annually. Standards for such plans must be included in the rules adopted by the agency after consulting with the Division of Emergency Management. At a minimum, the rules must provide for plan components that address emergency evacuation transportation; adequate sheltering arrangements; postdisaster activities, including emergency power, food, and water;

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1335 postdisaster transportation; supplies; staffing; emergency
1336 equipment; individual identification of residents and transfer
1337 of records; and responding to family inquiries. The
1338 comprehensive emergency management plan is subject to review and
1339 approval by the local emergency management agency. During its
1340 review, the local emergency management agency shall ensure that
1341 the following agencies, at a minimum, are given the opportunity
1342 to review the plan: the Agency for Health Care Administration,
1343 the Department of Elderly Affairs, the Department of Health, and
1344 the Division of Emergency Management. Also, appropriate
1345 volunteer organizations must be given the opportunity to review
1346 the plan. The local emergency management agency shall complete
1347 its review within 60 days and either approve the plan or advise
1348 the licensed facility of necessary revisions.

1349 (d) Licensed facilities are established, organized, and
1350 operated consistently with established standards and rules.

1351 (e) Licensed facility beds conform to minimum space,
1352 equipment, and furnishings standards as specified by the agency.

1353 (f) Each licensed facility has a quality improvement
1354 program designed to enhance quality of care and to emphasize
1355 quality patient outcomes, corrective action for problems,
1356 governing board review, and reporting to the agency of
1357 standardized data elements necessary to analyze quality of care
1358 outcomes. The agency shall use existing data, when available,
1359 and may not duplicate the efforts of other state agencies in
1360 order to obtain such data.

1361 (g) Licensed facilities make available on their websites,
1362 and in a hard copy format upon request, a description of and a
1363 link to the patient charge and performance outcome data

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collected from licensed facilities pursuant to s. 408.061.

(2) The agency shall adopt rules that establish minimum standards for pediatric patient care in ambulatory surgical centers to ensure the safe and effective delivery of surgical care to children. Such standards must include quality of care, nurse staffing, physician staffing, and equipment standards. Ambulatory surgical centers may not provide operative procedures to children under 18 years of age which require a length of stay past midnight unless such standards are established by rule.

(3) Any rule adopted under this chapter by the agency may not deny a license to a facility required to be licensed under this chapter solely by reason of the school or system of practice employed or permitted to be employed by physicians therein, provided that such school or system of practice is recognized by the laws of this state. However, this subsection does not limit the powers of the agency to provide and require minimum standards for the maintenance and operation of, and for the treatment of patients in, those licensed facilities that receive federal aid, in order to meet minimum standards related to such matters in such licensed facilities which may now or hereafter be required by appropriate federal officers or agencies pursuant to federal law or rules adopted pursuant thereto.

(4) Any licensed facility that is in operation at the time of adoption of any applicable rule under this chapter must be given a reasonable time, under the particular circumstances, but not to exceed 1 year after the date of such adoption, within which to comply with such rule.

(5) The agency may not adopt any rule governing the design,

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1393 construction, erection, alteration, modification, repair, or
1394 demolition of any ambulatory surgical center. It is the intent
1395 of the Legislature to preempt that function to the Florida
1396 Building Commission and the State Fire Marshal through adoption
1397 and maintenance of the Florida Building Code and the Florida
1398 Fire Prevention Code. However, the agency shall provide
1399 technical assistance to the commission and the State Fire
1400 Marshal in updating the construction standards of the Florida
1401 Building Code and the Florida Fire Prevention Code which govern
1402 ambulatory surgical centers.

1403 Section 19. Section 396.219, Florida Statutes, is created
1404 to read:

1405 396.219 Criminal and administrative penalties; moratorium.—

1406 (1) In addition to the penalties provided in s. 408.812, a
1407 person establishing, conducting, managing, or operating any
1408 facility without a license under this chapter commits a
1409 misdemeanor and, upon conviction, shall be fined not more than
1410 \$500 for the first offense and not more than \$1,000 for each
1411 subsequent offense, and each day of continuing violation after
1412 conviction is considered a separate offense.

1413 (2)(a) The agency may impose an administrative fine, not to
1414 exceed \$1,000 per violation, per day, for the violation of any
1415 provision of this chapter, part II of chapter 408, or applicable
1416 rules. Each day of violation constitutes a separate violation
1417 and is subject to a separate fine.

1418 (b) In determining the amount of fine to be levied for a
1419 violation, as provided in paragraph (a), the following factors
1420 must be considered:

1421 1. The severity of the violation, including the probability

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that death or serious harm to the health or safety of any person will result or has resulted, the severity of the actual or potential harm, and the extent to which the provisions of this chapter were violated.

2. Actions taken by the licensee to correct the violations or to remedy complaints.

3. Any previous violations of the licensee.

(c) The agency may impose an administrative fine for the violation of s. 641.3154 or, if sufficient claims due a provider from a health maintenance organization do not exist to enable the take-back of an overpayment, as provided under s. 641.3155(5), for the violation of s. 641.3155(5). The administrative fine for a violation cited in this paragraph shall be in the amounts specified in s. 641.52(5), and paragraph (a) does not apply.

(3) In accordance with part II of chapter 408, the agency may impose an immediate moratorium on elective admissions to any licensed facility, building, or portion thereof, or service, when the agency determines that any condition in the licensed facility presents a threat to public health or safety.

(4) The agency shall impose a fine of \$500 for each instance of the licensed facility's failure to provide the information required by rules adopted pursuant to s. 396.218(1)(g).

Section 20. Section 396.221, Florida Statutes, is created to read:

396.221 Powers and duties of the agency.—The agency shall:

(1) Adopt rules pursuant to ss. 120.536(1) and 120.54 to implement this chapter and part II of chapter 408 conferring

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duties upon it.

(2) Enforce the special-occupancy provisions of the Florida Building Code which apply to ambulatory surgical centers in conducting any inspection authorized by this chapter and part II of chapter 408.

Section 21. Section 396.222, Florida Statutes, is created to read:

396.222 Price transparency; itemized patient statement or bill; patient admission status notification.—

(1) A facility licensed under this chapter shall provide timely and accurate financial information and quality of service measures to patients and prospective patients of the facility, or to patients' survivors or legal guardians, as appropriate. Such information must be provided in accordance with this section and rules adopted by the agency pursuant to this chapter and s. 408.05.

(a) Each licensed facility shall make available to the public on its website information on payments made to that facility for defined bundles of services and procedures. The payment data must be presented and searchable in accordance with, and through a hyperlink to, the system established by the agency and its vendor using the descriptive service bundles developed under s. 408.05(3)(c). At a minimum, the licensed facility shall provide the estimated average payment received from all payors, excluding Medicaid and Medicare, for the descriptive service bundles available at that facility and the estimated payment range for such bundles. Using plain language, comprehensible to an ordinary layperson, the licensed facility shall disclose that the information on average payments and the

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1480 payment ranges is an estimate of costs that may be incurred by
1481 the patient or prospective patient and that actual costs will be
1482 based on the services actually provided to the patient. The
1483 licensed facility's website must:

1484 1. Provide information to prospective patients on the
1485 licensed facility's financial assistance policy, including the
1486 application process, payment plans, and discounts, and the
1487 facility's charity care policy and collection procedures.

1488 2. If applicable, notify patients and prospective patients
1489 that services may be provided in the licensed facility by that
1490 facility as well as by other health care providers who may
1491 separately bill the patient and that such health care providers
1492 may or may not participate with the same health insurers or
1493 health maintenance organizations as the facility.

1494 3. Inform patients and prospective patients that they may
1495 request from the licensed facility and other health care
1496 providers a more personalized estimate of charges and other
1497 information, and inform patients that they should contact each
1498 health care practitioner who will provide services in the
1499 facility to determine the health insurers and health maintenance
1500 organizations with which the health care practitioner
1501 participates as a network provider or preferred provider.

1502 4. Provide the names, mailing addresses, and telephone
1503 numbers of the health care practitioners and medical practice
1504 groups with which it contracts to provide services in the
1505 licensed facility and instructions on how to contact the
1506 practitioners and groups to determine the health insurers and
1507 health maintenance organizations with which they participate as
1508 network providers or preferred providers.

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(b) Each licensed facility shall post on its website a consumer-friendly list of standard charges for at least 300 shoppable health care services, or an Internet-based price estimator tool that meets federal standards. If a licensed facility provides fewer than 300 distinct shoppable health care services, it must make available on its website the standard charges for each service it provides. As used in this paragraph, the term:

1. "Shoppable health care service" means a service that can be scheduled by a health care consumer in advance. The term includes, but is not limited to, the services described in s. 627.6387(2)(e) and any services defined in regulations or guidance issued by the United States Department of Health and Human Services.

2. "Standard charge" has the same meaning as that term is defined in regulations or guidance issued by the United States Department of Health and Human Services for purposes of ambulatory surgical center price transparency.

(c)1. Before providing any nonemergency medical service, each licensed facility shall provide in writing or by electronic means a good faith estimate of reasonably anticipated charges for the treatment of a patient's or prospective patient's specific condition. The licensed facility is not required to adjust the estimate for any potential insurance coverage. The licensed facility must provide the estimate to the patient's health insurer, as defined in s. 627.446(1), and the patient at least 3 business days before the date such service is to be provided, but no later than 1 business day after the date such service is scheduled or, in the case of a service scheduled at

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1538 least 10 business days in advance, no later than 3 business days
1539 after the date the service is scheduled. The licensed facility
1540 shall provide the estimate to the patient no later than 3
1541 business days after the date the patient requests an estimate.

1542 The estimate may be based on the descriptive service bundles
1543 developed by the agency under s. 408.05(3)(c) unless the patient
1544 or prospective patient requests a more personalized and specific
1545 estimate that accounts for the specific condition and
1546 characteristics of the patient or prospective patient. The
1547 licensed facility shall inform the patient or prospective
1548 patient that he or she may contact his or her health insurer for
1549 additional information concerning cost-sharing responsibilities.

1550 2. In the estimate, the licensed facility shall provide to
1551 the patient or prospective patient information on the facility's
1552 financial assistance policy, including the application process,
1553 payment plans, and discounts and the facility's charity care
1554 policy and collection procedures.

1555 3. The estimate must clearly identify any facility fee and,
1556 if applicable, include a statement notifying the patient or
1557 prospective patient that a facility fee is included in the
1558 estimate, the purpose of the fee, and that the patient may pay
1559 less for the procedure or service at another facility or in
1560 another health care setting.

1561 4. The licensed facility shall notify the patient or
1562 prospective patient of any revision to the estimate.

1563 5. In the estimate, the licensed facility shall notify the
1564 patient or prospective patient that services may be provided by
1565 the facility as well as by other health care providers that may
1566 separately bill the patient, if applicable.

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1567 6. Failure to timely provide the estimate pursuant to this
1568 paragraph shall result in a daily fine of \$1,000 until the
1569 estimate is provided to the patient or prospective patient and
1570 the health insurer. The total fine per patient estimate may not
1571 exceed \$10,000.

1572 (d) Each licensed facility shall make available on its
1573 website a hyperlink to the health-related data, including
1574 quality measures and statistics that are disseminated by the
1575 agency pursuant to s. 408.05. The licensed facility shall also
1576 take action to notify the public that such information is
1577 electronically available and provide a hyperlink to the agency's
1578 website.

1579 (e)1. Upon request, and after the patient's discharge or
1580 release from a licensed facility, the facility shall provide to
1581 the patient or to the patient's survivor or legal guardian, as
1582 applicable, an itemized statement or a bill detailing in plain
1583 language, comprehensible to an ordinary layperson, the specific
1584 nature of charges or expenses incurred by the patient. The
1585 initial statement or bill must be provided within 7 days after
1586 the patient's discharge or release or after a request for such
1587 statement or bill, whichever is later. The initial statement or
1588 bill must contain a statement of specific services received and
1589 expenses incurred by date and provider for such services,
1590 enumerating in detail as prescribed by the agency the
1591 constituent components of the services received within each
1592 department of the licensed facility and including unit price
1593 data on rates charged by the licensed facility. The statement or
1594 bill must also clearly identify any facility fee and explain the
1595 purpose of the fee. The statement or bill must identify each

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1596 item as paid, pending payment by a third party, or pending
1597 payment by the patient, and must include the amount due, if
1598 applicable. If an amount is due from the patient, a due date
1599 must be included. The initial statement or bill must direct the
1600 patient or the patient's survivor or legal guardian, as
1601 applicable, to contact the patient's insurer or health
1602 maintenance organization regarding the patient's cost-sharing
1603 responsibilities.

1604 2. Any subsequent statement or bill provided to a patient
1605 or to the patient's survivor or legal guardian, as applicable,
1606 relating to the episode of care must include all of the
1607 information required by subparagraph 1., with any revision
1608 clearly delineated.

1609 3. Each statement or bill provided pursuant to this
1610 subsection:

1611 a. Must include notice of physicians and other health care
1612 providers who bill separately.

1613 b. May not include any generalized category of expenses
1614 such as "other" or "miscellaneous" or similar categories.

1615 (2) Each itemized statement or bill must prominently
1616 display the telephone number of the licensed facility's patient
1617 liaison who is responsible for expediting the resolution of any
1618 billing dispute between the patient, or the patient's survivor
1619 or legal guardian, and the billing department.

1620 (3) A licensed facility shall make available to a patient
1621 or his or her survivor or legal guardian all records necessary
1622 for verification of the accuracy of the patient's statement or
1623 bill within 10 business days after the request for such records.
1624 The records must be made available in the licensed facility's

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offices and through electronic means that comply with the Health Insurance Portability and Accountability Act of 1996, 42 U.S.C. s. 1320d, as amended. Such records must be available before and after payment of the statement or bill. The licensed facility may not charge the patient or his or her survivor or legal guardian for making such verification records available; however, the facility may charge fees for providing copies of records as specified in s. 396.225(1).

(4) Each licensed facility shall establish a method for reviewing and responding to questions from patients or their survivors or legal guardians concerning the patient's itemized statement or bill. Such response must be provided within 7 business days after the date a question is received. If the patient is not satisfied with the response, the facility must provide the patient or his or her survivor or legal guardian with the contact information of the agency to which the issue may be sent for review.

(5) Each licensed facility shall establish an internal process for reviewing and responding to grievances from patients. Such process must allow a patient or his or her survivor or legal guardian to dispute charges that appear on the patient's itemized statement or bill. The licensed facility shall prominently post on its website and indicate in bold print on each itemized statement or bill the instructions for initiating a grievance and the direct contact information required to initiate the grievance process. The licensed facility shall provide an initial response to a patient grievance within 7 business days after the patient or his or her survivor or legal guardian formally files a grievance disputing

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all or a portion of an itemized statement or bill.

(6) Each licensed facility shall disclose to a patient, a prospective patient, or a patient's legal guardian whether a cost-sharing obligation for a particular covered health care service or item exceeds the charge that applies to an individual who pays cash or the cash equivalent for the same health care service or item in the absence of health insurance coverage. Failure to provide a disclosure in compliance with this subsection may result in a fine not to exceed \$500 per incident.

Section 22. Section 396.223, Florida Statutes, is created to read:

396.223 Billing and collection activities.—

(1) As used in this section, the term "extraordinary collection action" means any of the following actions taken by a licensed facility against an individual in relation to obtaining payment of a bill for care:

(a) Selling the individual's debt to another party.

(b) Reporting adverse information about the individual to consumer credit reporting agencies or credit bureaus.

(c) Actions that require a legal or judicial process, including, but not limited to:

1. Placing a lien on the individual's property;

2. Foreclosing on the individual's real property;

3. Attaching or seizing the individual's bank account or any other personal property;

4. Commencing a civil action against the individual;

5. Causing the individual's arrest; or

6. Garnishing the individual's wages.

(2) A licensed facility may not engage in an extraordinary

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collection action against an individual to obtain payment for
services:

(a) Before the licensed facility has made reasonable
efforts to determine whether the individual is eligible for
assistance under its financial assistance policy for the care
provided and, if eligible, before a decision is made by the
facility on the patient's application for such financial
assistance.

(b) Before the licensed facility has provided the
individual with an itemized statement or bill.

(c) During an ongoing grievance process as described in s.
395.301(6) or an ongoing appeal of a claim adjudication.

(d) Before billing any applicable insurer and allowing the
insurer to adjudicate a claim.

(e) For 30 days after notifying the patient in writing, by
certified mail or by other traceable delivery method, that a
collection action will commence absent additional action by the
patient. This paragraph does not apply to a sale of debt
governed by a contract executed by the facility which provides
that the debt may not incur interest or fees and that no other
extraordinary collection actions may be taken by the purchaser
of the debt which could otherwise be taken by the licensed
facility, as described in subsection (1), and that the debt will
be returned to the facility if the debt buyer determines the
individual is eligible for assistance under the facility's
financial assistance policy.

(f) While the individual:

1. Negotiates in good faith the final amount of a bill for
services rendered; or

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1712 2. Complies with all terms of a payment plan with the
1713 licensed facility.

1714 Section 23. Section 396.224, Florida Statutes, is created
1715 to read:

1716 396.224 Patient records; penalties for alteration.—

1717 (1) A person who fraudulently alters, defaces, or falsifies
1718 any medical record, or causes or procures any of these offenses
1719 to be committed, commits a misdemeanor of the second degree,
1720 punishable as provided in s. 775.082 or s. 775.083.

1721 (2) A conviction under subsection (1) is also grounds for
1722 restriction, suspension, or termination of a license.

1723 Section 24. Section 396.225, Florida Statutes, is created
1724 to read:

1725 396.225 Patient and personnel records; copies;
1726 examination.—

1727 (1) A licensed facility shall, upon written request, and
1728 only after discharge of the patient, furnish, in a timely
1729 manner, without delays for legal review, to any person admitted
1730 to the licensed facility for care and treatment or treated at
1731 the licensed facility, or to any such person's guardian,
1732 curator, or personal representative, or in the absence of one of
1733 those persons, to the next of kin of a decedent or the parent of
1734 a minor, or to anyone designated by such person in writing, a
1735 true and correct copy of all patient records, including X rays,
1736 and insurance information concerning such person, which records
1737 are in the possession of the licensed facility, provided that
1738 the person requesting such records agrees to pay a charge. The
1739 exclusive charge for copies of patient records may include sales
1740 tax and actual postage, and, except for nonpaper records that

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are subject to a charge not to exceed \$2, may not exceed \$1 per
page. A fee of up to \$1 may be charged for each year of records
requested. These charges apply to all records furnished, whether
directly from the licensed facility or from a copy service
providing these services on behalf of the licensed facility.
However, a patient whose records are copied or searched for the
purpose of continuing to receive medical care is not required to
pay a charge for copying or for the search. The licensed
facility shall further allow any such person to examine the
original records in its possession, or microforms or other
suitable reproductions of the records, upon such reasonable
terms as must be imposed to ensure that the records will not be
damaged, destroyed, or altered.

(2) Patient records are confidential and may not be
disclosed without the consent of the patient or his or her legal
representative, but appropriate disclosure may be made without
such consent to:

(a) Licensed facility personnel, attending physicians, or
other health care practitioners and providers currently involved
in the care or treatment of the patient for use only in
connection with the treatment of the patient.

(b) Licensed facility personnel only for administrative
purposes or risk management and quality assurance functions.

(c) The agency, for purposes of health care cost
containment.

(d) In any civil or criminal action, unless otherwise
prohibited by law, upon the issuance of a subpoena from a court
of competent jurisdiction and proper notice by the party seeking
such records to the patient or his or her legal representative.

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1770 (e) The department upon a subpoena issued pursuant to s.
1771 456.071, but the records obtained must be used solely for the
1772 purpose of the department and the appropriate regulatory board
1773 in its investigation, prosecution, and appeal of disciplinary
1774 proceedings. If the department requests copies of the records,
1775 the licensed facility must charge no more than its actual
1776 copying costs, including reasonable staff time. The records must
1777 be sealed and must not be available to the public pursuant to s.
1778 119.07(1) or any other statute providing access to records, nor
1779 may they be available to the public as part of the record of
1780 investigation for and prosecution in disciplinary proceedings
1781 made available to the public by the department or the
1782 appropriate regulatory board. However, the department shall make
1783 available, upon written request by a health care practitioner
1784 against whom probable cause has been found, any such record that
1785 forms the basis of the determination of probable cause.

1786 (f) The Medicaid Fraud Control Unit in the Department of
1787 Legal Affairs pursuant to s. 409.920.

1788 (g) The Department of Financial Services, or an agent,
1789 employee, or independent contractor of the department who is
1790 auditing for unclaimed property pursuant to chapter 717.

1791 (h) If applicable to a licensed facility, a regional poison
1792 control center for purposes of treating a poison episode under
1793 evaluation, case management of poison cases, or compliance with
1794 data collection and reporting requirements of s. 395.1027 and
1795 the professional organization that certifies poison control
1796 centers in accordance with federal law.

1797 (i) The Department of Children and Families, its agent, or
1798 its contracted entity, for the purposes of investigations of or

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1799 services for cases of abuse, neglect, or exploitation of
1800 children or vulnerable adults.

1801 (j) Organ procurement organizations, tissue banks, and eye
1802 banks required to conduct death records reviews pursuant to s.
1803 395.2050.

1804 (3) The Department of Health may examine patient records of
1805 a licensed facility, whether held by the licensed facility or
1806 the agency, for the purpose of epidemiological investigations.
1807 The unauthorized release of information by agents of the
1808 department which would identify an individual patient is a
1809 misdemeanor of the first degree, punishable as provided in s.
1810 775.082 or s. 775.083.

1811 (4) Patient records must contain information required for
1812 completion of birth, death, and fetal death certificates.

1813 (5) (a) If the content of any record of patient treatment is
1814 provided under this section, the recipient, if other than the
1815 patient or the patient's representative, may use such
1816 information only for the purpose provided and may not further
1817 disclose any information to any other person or entity, unless
1818 expressly permitted by the written consent of the patient. A
1819 general authorization for the release of medical information is
1820 not sufficient for this purpose. The content of such patient
1821 treatment record is confidential and exempt from s. 119.07(1)
1822 and s. 24(a), Art. I of the State Constitution.

1823 (b) Absent a specific written release or authorization
1824 permitting utilization of patient information for solicitation
1825 or marketing the sale of goods or services, any use of patient
1826 information for those purposes is prohibited.

1827 (6) A licensed facility may prescribe the content and

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1828 custody of limited-access records that the facility may maintain
1829 on its employees. Such records are limited to information
1830 regarding evaluations of employee performance, including records
1831 forming the basis for evaluation and subsequent actions, and
1832 must be open to inspection only by the employee and by officials
1833 of the licensed facility who are responsible for the supervision
1834 of the employee. The custodian of limited-access employee
1835 records shall release information from such records to other
1836 employers or only upon authorization in writing from the
1837 employee or upon order of a court of competent jurisdiction. Any
1838 licensed facility releasing such records pursuant to this
1839 chapter is considered to be acting in good faith and may not be
1840 held liable for information contained in such records, absent a
1841 showing that the facility maliciously falsified such records.
1842 Such limited-access employee records are exempt from s.
1843 119.07(1) for a period of 5 years from the date such records are
1844 designated limited-access records.

1845 (7) The home addresses, telephone numbers, and photographs
1846 of employees of any licensed facility who provide direct patient
1847 care or security services; the home addresses, telephone
1848 numbers, and places of employment of the spouses and children of
1849 such persons; and the names and locations of schools and day
1850 care facilities attended by the children of such persons are
1851 confidential and exempt from s. 119.07(1) and s. 24(a), Art. I
1852 of the State Constitution. However, any state or federal agency
1853 that is authorized to have access to such information by any
1854 provision of law shall be granted such access in the furtherance
1855 of its statutory duties, notwithstanding this subsection. The
1856 Department of Financial Services, or an agent, employee, or

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independent contractor of the department who is auditing for unclaimed property pursuant to chapter 717, shall be granted access to the name, address, and social security number of any employee owed unclaimed property.

(8) The home addresses, telephone numbers, and photographs of employees of any licensed facility who have a reasonable belief, based upon specific circumstances that have been reported in accordance with the procedure adopted by the licensed facility, that release of the information may be used to threaten, intimidate, harass, inflict violence upon, or defraud the employee or any member of the employee's family; the home addresses, telephone numbers, and places of employment of the spouses and children of such persons; and the names and locations of schools and day care facilities attended by the children of such persons are confidential and exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution. However, any state or federal agency that is authorized to have access to such information by any provision of law shall be granted such access in the furtherance of its statutory duties, notwithstanding this subsection. The licensed facility shall maintain the confidentiality of the personal information only if the employee submits a written request for confidentiality to the licensed facility.

Section 25. Subsection (3) of section 39.304, Florida Statutes, is amended to read:

39.304 Photographs, medical examinations, X rays, and medical treatment of abused, abandoned, or neglected child.—

(3) Any facility licensed under chapter 395 or chapter 396 shall provide to the department, its agent, or a Child

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Protection Team that contracts with the department any photograph or report on examinations made or X rays taken pursuant to this section, or copies thereof, for the purpose of investigation or assessment of cases of abuse, abandonment, neglect, or exploitation of children.

Section 26. Subsection (4) of section 95.11, Florida Statutes, is amended to read:

95.11 Limitations other than for the recovery of real property.—Actions other than for recovery of real property shall be commenced as follows:

(4) WITHIN THREE YEARS.—An action to collect medical debt for services rendered by a facility licensed under chapter 395 or chapter 396, provided that the period of limitations shall run from the date on which the facility refers the medical debt to a third party for collection.

Section 27. Section 222.26, Florida Statutes, is amended to read:

222.26 Additional exemptions from legal process concerning medical debt.—If a debt is owed for medical services provided by a facility licensed under chapter 395 or chapter 396, the following property is exempt from attachment, garnishment, or other legal process in an action on such debt:

(1) A debtor's interest, not to exceed \$10,000 in value, in a single motor vehicle as defined in s. 320.01(1).

(2) A debtor's interest in personal property, not to exceed \$10,000 in value, if the debtor does not claim or receive the benefits of a homestead exemption under s. 4, Art. X of the State Constitution.

Section 28. Paragraph (d) of subsection (3) of section

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381.00316, Florida Statutes, is amended to read:

381.00316 Discrimination by governmental and business entities based on health care choices; prohibition.—

(3)

(d) A hospital licensed under chapter 395 or an ambulatory surgical center licensed under chapter 396 ~~licensed facility as defined in s. 395.002~~ may not discriminate in providing health care to a patient based solely on that patient's vaccination status with a COVID-19 vaccine.

Section 29. Subsections (1) and (2) of section 381.0035, Florida Statutes, are amended to read:

381.0035 Educational course on HIV and AIDS; employees and clients of certain health care facilities.—

(1) The Department of Health shall require all employees and clients of facilities licensed under chapter 393, chapter 394, or chapter 397 and employees of facilities licensed under chapter 395 or chapter 396, part II, part III, or part IV of chapter 400, or part I of chapter 429 to complete a one-time educational course on the modes of transmission, infection control procedures, clinical management, and prevention of human immunodeficiency virus and acquired immune deficiency syndrome with an emphasis on appropriate behavior and attitude change. Such instruction shall include information on current Florida law and its impact on testing, confidentiality of test results, and treatment of patients and any protocols and procedures applicable to human immunodeficiency counseling and testing, reporting, the offering of HIV testing to pregnant women, and partner notification issues pursuant to ss. 381.004 and 384.25. An employee who has completed the educational course required in

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1944 this subsection is not required to repeat the course upon
1945 changing employment to a different facility licensed under
1946 chapter 393, chapter 394, chapter 395, chapter 396, chapter 397,
1947 part II, part III, or part IV of chapter 400, or part I of
1948 chapter 429.

1949 (2) Facilities licensed under chapter 393, chapter 394,
1950 chapter 395, chapter 396, or chapter 397, part II, part III, or
1951 part IV of chapter 400, or part I of chapter 429 shall maintain
1952 a record of employees and dates of attendance at human
1953 immunodeficiency virus and acquired immune deficiency syndrome
1954 educational courses.

1955 Section 30. Paragraph (b) of subsection (2) and subsection
1956 (6) of section 381.026, Florida Statutes, are amended to read:

1957 381.026 Florida Patient's Bill of Rights and
1958 Responsibilities.—

1959 (2) DEFINITIONS.—As used in this section and s. 381.0261,
1960 the term:

1961 (b) "Health care facility" means a facility licensed under
1962 chapter 395 or chapter 396.

1963 (6) SUMMARY OF RIGHTS AND RESPONSIBILITIES.—Any health care
1964 provider who treats a patient in an office or any health care
1965 facility licensed under chapter 395 or chapter 396 that provides
1966 emergency services and care or outpatient services and care to a
1967 patient, or admits and treats a patient, shall adopt and make
1968 available to the patient, in writing, a statement of the rights
1969 and responsibilities of patients, including the following:

1971 SUMMARY OF THE FLORIDA PATIENT'S BILL
1972 OF RIGHTS AND RESPONSIBILITIES

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Florida law requires that your health care provider or health care facility recognize your rights while you are receiving medical care and that you respect the health care provider's or health care facility's right to expect certain behavior on the part of patients. You may request a copy of the full text of this law from your health care provider or health care facility. A summary of your rights and responsibilities follows:

A patient has the right to be treated with courtesy and respect, with appreciation of his or her individual dignity, and with protection of his or her need for privacy.

A patient has the right to a prompt and reasonable response to questions and requests.

A patient has the right to know who is providing medical services and who is responsible for his or her care.

A patient has the right to know what patient support services are available, including whether an interpreter is available if he or she does not speak English.

A patient has the right to bring any person of his or her choosing to the patient-accessible areas of the health care facility or provider's office to accompany the patient while the patient is receiving inpatient or outpatient treatment or is consulting with his or her health care provider, unless doing so would risk the safety or health of the patient, other patients, or staff of the facility or office or cannot be reasonably accommodated by the facility or provider.

A patient has the right to know what rules and regulations apply to his or her conduct.

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A patient has the right to be given by the health care provider information concerning diagnosis, planned course of treatment, alternatives, risks, and prognosis.

A patient has the right to refuse any treatment, except as otherwise provided by law.

A patient has the right to be given, upon request, full information and necessary counseling on the availability of known financial resources for his or her care.

A patient who is eligible for Medicare has the right to know, upon request and in advance of treatment, whether the health care provider or health care facility accepts the Medicare assignment rate.

A patient has the right to receive, upon request, prior to treatment, a reasonable estimate of charges for medical care.

A patient has the right to receive a copy of a reasonably clear and understandable, itemized bill and, upon request, to have the charges explained.

A patient has the right to impartial access to medical treatment or accommodations, regardless of race, national origin, religion, handicap, or source of payment.

A patient has the right to treatment for any emergency medical condition that will deteriorate from failure to provide treatment.

A patient has the right to know if medical treatment is for purposes of experimental research and to give his or her consent or refusal to participate in such experimental research.

A patient has the right to express grievances regarding any violation of his or her rights, as stated in Florida law, through the grievance procedure of the health care provider or

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health care facility which served him or her and to the appropriate state licensing agency.

A patient is responsible for providing to the health care provider, to the best of his or her knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to his or her health.

A patient is responsible for reporting unexpected changes in his or her condition to the health care provider.

A patient is responsible for reporting to the health care provider whether he or she comprehends a contemplated course of action and what is expected of him or her.

A patient is responsible for following the treatment plan recommended by the health care provider.

A patient is responsible for keeping appointments and, when he or she is unable to do so for any reason, for notifying the health care provider or health care facility.

A patient is responsible for his or her actions if he or she refuses treatment or does not follow the health care provider's instructions.

A patient is responsible for assuring that the financial obligations of his or her health care are fulfilled as promptly as possible.

A patient is responsible for following health care facility rules and regulations affecting patient care and conduct.

Section 31. Paragraph (f) of subsection (3), paragraph (a) of subsection (6), and paragraph (b) of subsection (7) of section 381.028, Florida Statutes, are amended to read:

381.028 Adverse medical incidents.—

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(3) DEFINITIONS.—As used in s. 25, Art. X of the State Constitution and this act, the term:

(f) "Health care facility" means a facility licensed under chapter 395 or chapter 396.

(6) USE OF RECORDS.—

(a) This section does not repeal or otherwise alter any existing restrictions on the discoverability or admissibility of records relating to adverse medical incidents otherwise provided by law, including, but not limited to, those contained in ss. 395.0191, 395.0193, 395.0197, 396.211, 396.212, 396.213, 766.101, and 766.1016, or repeal or otherwise alter any immunity provided to, or prohibition against compelling testimony by, persons providing information or participating in any peer review panel, medical review committee, hospital committee, or other hospital board otherwise provided by law, including, but not limited to, ss. 395.0191, 395.0193, 396.211, 396.212, 766.101, and 766.1016.

(7) PRODUCTION OF RECORDS.—

(b)1. Using the process provided in s. 395.0197 or s. 396.213, as applicable, the health care facility shall be responsible for identifying records as records of an adverse medical incident, as defined in s. 25, Art. X of the State Constitution.

2. Using the process provided in s. 458.351, the health care provider shall be responsible for identifying records as records of an adverse medical incident, as defined in s. 25, Art. X of the State Constitution, occurring in an office setting.

Section 32. Paragraph (b) of subsection (9) and paragraph

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(d) of subsection (12) of section 381.915, Florida Statutes, is amended to read:

381.915 Casey DeSantis Cancer Research Program.—

(9)

(b) To be eligible for grant funding under this subsection, a licensed or certified health care provider, facility, or entity must meet at least one of the following criteria:

1. Operates as a licensed hospital that has a minimum of 30 percent of its current cancer patients residing in rural or underserved areas.

2. Operates as a licensed health care clinic or facility that employs or contracts with at least one physician licensed under chapter 458 or chapter 459 who is board certified in oncology and that administers chemotherapy treatments for cancer.

3. Operates as a licensed facility that employs or contracts with at least one physician licensed under chapter 458 or chapter 459 who is board certified in oncology and that administers radiation therapy treatments for cancer.

4. Operates as a licensed health care clinic or facility that provides cancer screening services at no cost or a minimal cost to patients.

5. Operates as a rural hospital as defined in s. 395.602(2)(b).

6. Operates as a critical access hospital as defined in s. 408.07(14).

7. Operates as a specialty hospital as defined in s. 395.002(27)(a) ~~s. 395.002(28)(a)~~ which provides cancer treatment for patients from birth to 18 years of age.

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8. Operates as a licensed hospital that is accredited by the American College of Surgeons as a Comprehensive Community Cancer Program or Integrated Network Cancer Program.

9. Engages in biomedical research intended to develop therapies, medical pharmaceuticals, treatment protocols, or medical procedures intended to cure cancer or improve the quality of life of cancer patients.

10. Educates or trains students, postdoctoral fellows, or licensed or certified health care practitioners in the screening, diagnosis, or treatment of cancer.

(12)

(d) Applications for incubator funding may be submitted by any Florida-based specialty hospital as defined in s. 395.002(27)(a) ~~s. 395.002(28)(a)~~ which provides cancer treatment for patients from birth to 18 years of age. All qualified applicants must have equal access and opportunity to compete for research funding. Incubator grants must be recommended by the collaborative and awarded by the department on the basis of scientific merit, as determined by a competitively open and peer-reviewed process to ensure objectivity, consistency, and high quality.

Section 33. Paragraph (d) of subsection (2) of section 383.145, Florida Statutes, is amended to read:

383.145 Newborn, infant, and toddler hearing screening.—

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

(d) "Hospital" means a facility as defined in s. 395.002 ~~s. 395.002(13)~~ and licensed under chapter 395 and part II of chapter 408.

Section 34. Subsection (1) of section 385.202, Florida

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Statutes, is amended to read:

385.202 Statewide cancer registry.—

(1) Each facility licensed under chapter 395 or chapter 396 and each freestanding radiation therapy center as defined in s. 408.07 shall report to the Department of Health such information, specified by the department, by rule, which indicates diagnosis, stage of disease, medical history, laboratory data, tissue diagnosis, and radiation, surgical, or other methods of diagnosis or treatment for each cancer diagnosed or treated by the facility or center. Failure to comply with this requirement may be cause for registration or licensure suspension or revocation.

Section 35. Subsection (2) of section 385.211, Florida Statutes, is amended to read:

385.211 Refractory and intractable epilepsy treatment and research at recognized medical centers.—

(2) Notwithstanding chapter 893, medical centers recognized pursuant to s. 381.925, or an academic medical research institution legally affiliated with a licensed children's specialty hospital as defined in s. 395.002 which ~~s. 395.002(28)~~ ~~that~~ contracts with the Department of Health, may conduct research on cannabidiol and low-THC cannabis. This research may include, but is not limited to, the agricultural development, production, clinical research, and use of liquid medical derivatives of cannabidiol and low-THC cannabis for the treatment for refractory or intractable epilepsy. The authority for recognized medical centers to conduct this research is derived from 21 C.F.R. parts 312 and 316. Current state or privately obtained research funds may be used to support the

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activities described in this section.

Section 36. Subsection (8) of section 390.011, Florida Statutes, is amended to read:

390.011 Definitions.—As used in this chapter, the term:

(8) "Hospital" means a facility as defined in s. 395.002 ~~s. 395.002(12)~~ and licensed under chapter 395 and part II of chapter 408.

Section 37. Paragraphs (a) and (c) of subsection (4) of section 390.025, Florida Statutes, are amended to read:

390.025 Abortion referral or counseling agencies; penalties.—

(4) The following are exempt from the requirement to register pursuant to subsection (3):

(a) Facilities licensed pursuant to this chapter, chapter 395, chapter 396, chapter 400, or chapter 408;

(c) Health care practitioners, as defined in s. 456.001, who, in the course of their practice outside of a facility licensed pursuant to this chapter, chapter 395, chapter 396, chapter 400, or chapter 408, refer five or fewer patients for abortions each month.

Section 38. Subsection (7) of section 394.4787, Florida Statutes, is amended to read:

394.4787 Definitions; ss. 394.4786, 394.4787, 394.4788, and 394.4789.—As used in this section and ss. 394.4786, 394.4788, and 394.4789:

(7) "Specialty psychiatric hospital" means a hospital licensed by the agency pursuant to s. 395.002 ~~s. 395.002(28)~~ and part II of chapter 408 as a specialty psychiatric hospital.

Section 39. Section 395.001, Florida Statutes, is amended

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to read:

395.001 Legislative intent.—It is the intent of the Legislature to provide for the protection of public health and safety in the establishment, construction, maintenance, and operation of hospitals ~~and ambulatory surgical centers~~ by providing for licensure of same and for the development, establishment, and enforcement of minimum standards with respect thereto.

Section 40. Subsections (3), (10), (17), (23), and (28) of section 395.002, Florida Statutes, are amended to read:

395.002 Definitions.—As used in this chapter:

~~(3) "Ambulatory surgical center" means a facility, the primary purpose of which is to provide elective surgical care, in which the patient is admitted to and discharged from such facility within 24 hours, and which is not part of a hospital. However, a facility existing for the primary purpose of performing terminations of pregnancy, an office maintained by a physician for the practice of medicine, or an office maintained for the practice of dentistry may not be construed to be an ambulatory surgical center, provided that any facility or office which is certified or seeks certification as a Medicare ambulatory surgical center shall be licensed as an ambulatory surgical center pursuant to s. 395.003.~~

~~(9)(10)~~ "General hospital" means any facility which meets the provisions of subsection (11) ~~(12)~~ and which regularly makes its facilities and services available to the general population.

~~(16)(17)~~ "Licensed facility" means a hospital ~~or ambulatory surgical center~~ licensed in accordance with this chapter.

(22) ~~(23)~~ "Premises" means those buildings, beds, and

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equipment located at the address of the licensed facility and all other buildings, beds, and equipment for the provision of hospital ~~or ambulatory surgical~~ care located in such reasonable proximity to the address of the licensed facility as to appear to the public to be under the dominion and control of the licensee. For any licensee that is a teaching hospital as defined in s. 408.07, reasonable proximity includes any buildings, beds, services, programs, and equipment under the dominion and control of the licensee that are located at a site with a main address that is within 1 mile of the main address of the licensed facility; and all such buildings, beds, and equipment may, at the request of a licensee or applicant, be included on the facility license as a single premises.

(27)~~(28)~~ "Specialty hospital" means any facility which meets the provisions of subsection (11) ~~(12)~~, and which regularly makes available either:

(a) The range of medical services offered by general hospitals but restricted to a defined age or gender group of the population;

(b) A restricted range of services appropriate to the diagnosis, care, and treatment of patients with specific categories of medical or psychiatric illnesses or disorders; or

(c) Intensive residential treatment programs for children and adolescents as defined in subsection (15) ~~(16)~~.

Section 41. Subsection (1) and paragraph (d) of subsection (5) of section 395.003, Florida Statutes, are amended to read:

395.003 Licensure; denial, suspension, and revocation.—

(1)(a) The requirements of part II of chapter 408 apply to the provision of services that require licensure pursuant to ss.

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395.001-395.1065 and part II of chapter 408 and to entities licensed by or applying for such licensure from the Agency for Health Care Administration pursuant to ss. 395.001-395.1065. A license issued by the agency is required in order to operate a hospital ~~or ambulatory surgical center~~ in this state.

(b)1. It is unlawful for a person to use or advertise to the public, in any way or by any medium whatsoever, any facility as a "hospital" ~~or "ambulatory surgical center"~~ unless such facility has first secured a license under this chapter ~~part~~.

2. This part does not apply to veterinary hospitals or to commercial business establishments using the word "hospital" ~~or "ambulatory surgical center"~~ as a part of a trade name if no treatment of human beings is performed on the premises of such establishments.

(5)

(d) A hospital, ~~an ambulatory surgical center~~, a specialty hospital, or an urgent care center shall comply with ss. 627.64194 and 641.513 as a condition of licensure.

Section 42. Subsections (2), (3), and (9) of section 395.1055, Florida Statutes, are amended to read:

395.1055 Rules and enforcement.—

(2) Separate standards may be provided for general and specialty hospitals, ~~ambulatory surgical centers~~, and statutory rural hospitals as defined in s. 395.602.

~~(3) The agency shall adopt rules that establish minimum standards for pediatric patient care in ambulatory surgical centers to ensure the safe and effective delivery of surgical care to children in ambulatory surgical centers. Such standards must include quality of care, nurse staffing, physician~~

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staffing, and equipment standards. Ambulatory surgical centers may not provide operative procedures to children under 18 years of age which require a length of stay past midnight until such standards are established by rule.

(8)~~(9)~~ The agency may not adopt any rule governing the design, construction, erection, alteration, modification, repair, or demolition of any public or private hospital or intermediate residential treatment facility~~, or ambulatory surgical center~~. It is the intent of the Legislature to preempt that function to the Florida Building Commission and the State Fire Marshal through adoption and maintenance of the Florida Building Code and the Florida Fire Prevention Code. However, the agency shall provide technical assistance to the commission and the State Fire Marshal in updating the construction standards of the Florida Building Code and the Florida Fire Prevention Code which govern hospitals and intermediate residential treatment facilities~~, and ambulatory surgical centers~~.

Section 43. Subsection (3) of section 395.10973, Florida Statutes, is amended to read:

395.10973 Powers and duties of the agency.—It is the function of the agency to:

(3) Enforce the special-occupancy provisions of the Florida Building Code which apply to hospitals and intermediate residential treatment facilities~~, and ambulatory surgical centers~~ in conducting any inspection authorized by this chapter and part II of chapter 408.

Section 44. Subsection (8) of section 395.3025, Florida Statutes, is amended to read:

395.3025 Patient and personnel records; copies;

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2321 examination.—

2322 (8) Patient records at hospitals ~~and ambulatory surgical~~
2323 ~~centers~~ are exempt from disclosure under s. 119.07(1), except as
2324 provided by subsections (1)-(5).

2325 Section 45. Subsection (3) of section 395.607, Florida
2326 Statutes, is amended to read:

2327 395.607 Rural emergency hospitals.—

2328 (3) Notwithstanding s. 395.002 ~~s. 395.002(12)~~, a rural
2329 emergency hospital is not required to offer acute inpatient care
2330 or care beyond 24 hours, or to make available treatment
2331 facilities for surgery, obstetrical care, or similar services in
2332 order to be deemed a hospital as long as it maintains its
2333 designation as a rural emergency hospital, and may be required
2334 to make such services available only if it ceases to be
2335 designated as a rural emergency hospital.

2336 Section 46. Paragraph (c) of subsection (1) of section
2337 395.701, Florida Statutes, is amended to read:

2338 395.701 Annual assessments on net operating revenues for
2339 inpatient and outpatient services to fund public medical
2340 assistance; administrative fines for failure to pay assessments
2341 when due; exemption.—

2342 (1) For the purposes of this section, the term:

2343 (c) "Hospital" means a health care institution as defined
2344 in s. 395.002 ~~s. 395.002(12)~~, but does not include any hospital
2345 operated by a state agency.

2346 Section 47. Paragraph (b) of subsection (3) of section
2347 400.518, Florida Statutes, is amended to read:

2348 400.518 Prohibited referrals to home health agencies.—

2349 (3)

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(b) A physician who violates this section is subject to disciplinary action by the appropriate board under s. 458.331(2) or s. 459.015(2). A hospital ~~or ambulatory surgical center~~ that violates this section is subject to s. 395.0185(2). An ambulatory surgical center that violates this section is subject to s. 396.209.

Section 48. Paragraph (h) of subsection (5) of section 400.93, Florida Statutes, is amended to read:

400.93 Licensure required; exemptions; unlawful acts; penalties.—

(5) The following are exempt from home medical equipment provider licensure, unless they have a separate company, corporation, or division that is in the business of providing home medical equipment and services for sale or rent to consumers at their regular or temporary place of residence pursuant to the provisions of this part:

(h) Hospitals licensed under chapter 395 and ambulatory surgical centers licensed under chapter 396 ~~395~~.

Section 49. Paragraphs (a) through (d) of subsection (4) of section 400.9905, Florida Statutes, are amended to read:

400.9905 Definitions.—

(4) "Clinic" means an entity where health care services are provided to individuals and which tenders charges for reimbursement for such services, including a mobile clinic and a portable equipment provider. As used in this part, the term does not include and the licensure requirements of this part do not apply to:

(a) Entities licensed or registered by the state under chapter 395 or chapter 396; entities licensed or registered by

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the state and providing only health care services within the scope of services authorized under their respective licenses under ss. 383.30-383.332, chapter 390, chapter 394, chapter 397, this chapter except part X, chapter 429, chapter 463, chapter 465, chapter 466, chapter 478, chapter 484, or chapter 651; end-stage renal disease providers authorized under 42 C.F.R. part 494; providers certified and providing only health care services within the scope of services authorized under their respective certifications under 42 C.F.R. part 485, subpart B, subpart H, or subpart J; providers certified and providing only health care services within the scope of services authorized under their respective certifications under 42 C.F.R. part 486, subpart C; providers certified and providing only health care services within the scope of services authorized under their respective certifications under 42 C.F.R. part 491, subpart A; providers certified by the Centers for Medicare and Medicaid services under the federal Clinical Laboratory Improvement Amendments and the federal rules adopted thereunder; or any entity that provides neonatal or pediatric hospital-based health care services or other health care services by licensed practitioners solely within a hospital licensed under chapter 395.

(b) Entities that own, directly or indirectly, entities licensed or registered by the state pursuant to chapter 395 or chapter 396; entities that own, directly or indirectly, entities licensed or registered by the state and providing only health care services within the scope of services authorized pursuant to their respective licenses under ss. 383.30-383.332, chapter 390, chapter 394, chapter 397, this chapter except part X, chapter 429, chapter 463, chapter 465, chapter 466, chapter 478,

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chapter 484, or chapter 651; end-stage renal disease providers authorized under 42 C.F.R. part 494; providers certified and providing only health care services within the scope of services authorized under their respective certifications under 42 C.F.R. part 485, subpart B, subpart H, or subpart J; providers certified and providing only health care services within the scope of services authorized under their respective certifications under 42 C.F.R. part 486, subpart C; providers certified and providing only health care services within the scope of services authorized under their respective certifications under 42 C.F.R. part 491, subpart A; providers certified by the Centers for Medicare and Medicaid services under the federal Clinical Laboratory Improvement Amendments and the federal rules adopted thereunder; or any entity that provides neonatal or pediatric hospital-based health care services by licensed practitioners solely within a hospital licensed under chapter 395.

(c) Entities that are owned, directly or indirectly, by an entity licensed or registered by the state pursuant to chapter 395 or chapter 396; entities that are owned, directly or indirectly, by an entity licensed or registered by the state and providing only health care services within the scope of services authorized pursuant to their respective licenses under ss. 383.30-383.332, chapter 390, chapter 394, chapter 397, this chapter except part X, chapter 429, chapter 463, chapter 465, chapter 466, chapter 478, chapter 484, or chapter 651; end-stage renal disease providers authorized under 42 C.F.R. part 494; providers certified and providing only health care services within the scope of services authorized under their respective

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certifications under 42 C.F.R. part 485, subpart B, subpart H, or subpart J; providers certified and providing only health care services within the scope of services authorized under their respective certifications under 42 C.F.R. part 486, subpart C; providers certified and providing only health care services within the scope of services authorized under their respective certifications under 42 C.F.R. part 491, subpart A; providers certified by the Centers for Medicare and Medicaid services under the federal Clinical Laboratory Improvement Amendments and the federal rules adopted thereunder; or any entity that provides neonatal or pediatric hospital-based health care services by licensed practitioners solely within a hospital under chapter 395.

(d) Entities that are under common ownership, directly or indirectly, with an entity licensed or registered by the state pursuant to chapter 395 or chapter 396; entities that are under common ownership, directly or indirectly, with an entity licensed or registered by the state and providing only health care services within the scope of services authorized pursuant to their respective licenses under ss. 383.30-383.332, chapter 390, chapter 394, chapter 397, this chapter except part X, chapter 429, chapter 463, chapter 465, chapter 466, chapter 478, chapter 484, or chapter 651; end-stage renal disease providers authorized under 42 C.F.R. part 494; providers certified and providing only health care services within the scope of services authorized under their respective certifications under 42 C.F.R. part 485, subpart B, subpart H, or subpart J; providers certified and providing only health care services within the scope of services authorized under their respective

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certifications under 42 C.F.R. part 486, subpart C; providers certified and providing only health care services within the scope of services authorized under their respective certifications under 42 C.F.R. part 491, subpart A; providers certified by the Centers for Medicare and Medicaid services under the federal Clinical Laboratory Improvement Amendments and the federal rules adopted thereunder; or any entity that provides neonatal or pediatric hospital-based health care services by licensed practitioners solely within a hospital licensed under chapter 395.

Notwithstanding this subsection, an entity shall be deemed a clinic and must be licensed under this part in order to receive reimbursement under the Florida Motor Vehicle No-Fault Law, ss. 627.730-627.7405, unless exempted under s. 627.736(5)(h).

Section 50. Paragraph (i) of subsection (1) of section 400.9935, Florida Statutes, is amended to read:

400.9935 Clinic responsibilities.—

(1) Each clinic shall appoint a medical director or clinic director who shall agree in writing to accept legal responsibility for the following activities on behalf of the clinic. The medical director or the clinic director shall:

(i) Ensure that the clinic publishes a schedule of charges for the medical services offered to patients. The schedule must include the prices charged to an uninsured person paying for such services by cash, check, credit card, or debit card. The schedule may group services by price levels, listing services in each price level. The schedule must be posted in a conspicuous place in the reception area of any clinic that is considered an

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urgent care center as defined in s. 395.002 ~~s. 395.002(30)(b)~~ and must include, but is not limited to, the 50 services most frequently provided by the clinic. The posting may be a sign that must be at least 15 square feet in size or through an electronic messaging board that is at least 3 square feet in size. The failure of a clinic, including a clinic that is considered an urgent care center, to publish and post a schedule of charges as required by this section shall result in a fine of not more than \$1,000, per day, until the schedule is published and posted.

Section 51. Paragraph (b) of subsection (2) of section 401.272, Florida Statutes, is amended to read:

401.272 Emergency medical services community health care.—

(2) Notwithstanding any other provision of law to the contrary:

(b) Paramedics and emergency medical technicians shall operate under the medical direction of a physician through two-way communication or pursuant to established standing orders or protocols and within the scope of their training when a patient is not transported to an emergency department or is transported to a facility other than a hospital as defined in s. 395.002 ~~s. 395.002(12)~~.

Section 52. Subsections (4) and (5) of section 408.051, Florida Statutes, are amended to read:

408.051 Florida Electronic Health Records Exchange Act.—

(4) EMERGENCY RELEASE OF IDENTIFIABLE HEALTH RECORD.—A health care provider may release or access an identifiable health record of a patient without the patient's consent for use in the treatment of the patient for an emergency medical

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condition, as defined in s. 395.002 ~~s. 395.002(8)~~, when the health care provider is unable to obtain the patient's consent or the consent of the patient representative due to the patient's condition or the nature of the situation requiring immediate medical attention. A health care provider who in good faith releases or accesses an identifiable health record of a patient in any form or medium under this subsection is immune from civil liability for accessing or releasing an identifiable health record.

(5) HOSPITAL DATA.—A hospital as defined in s. 395.002 ~~s. 395.002(12)~~ which maintains certified electronic health record technology must make available admission, transfer, and discharge data to the agency's Florida Health Information Exchange program for the purpose of supporting public health data registries and patient care coordination. The agency may adopt rules to implement this subsection.

Section 53. Subsection (6) of section 408.07, Florida Statutes, is amended to read:

408.07 Definitions.—As used in this chapter, with the exception of ss. 408.031-408.045, the term:

(6) "Ambulatory surgical center" means a facility licensed as an ambulatory surgical center under chapter 396 ~~395~~.

Section 54. Subsection (9) of section 408.802, Florida Statutes, is amended to read:

408.802 Applicability.—This part applies to the provision of services that require licensure as defined in this part and to the following entities licensed, registered, or certified by the agency, as described in chapters 112, 383, 390, 394, 395, 400, 429, 440, and 765:

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(9) Ambulatory surgical centers, as provided under ~~part I~~
~~of~~ chapter 396 ~~395~~.

Section 55. Subsection (9) of section 408.820, Florida
Statutes, is amended to read:

408.820 Exemptions.—Except as prescribed in authorizing
statutes, the following exemptions shall apply to specified
requirements of this part:

(9) Ambulatory surgical centers, as provided under ~~part I~~
~~of~~ chapter 396 ~~395~~, are exempt from s. 408.810(7)-(10).

Section 56. Subsection (8) of section 409.905, Florida
Statutes, is amended to read:

409.905 Mandatory Medicaid services.—The agency may make
payments for the following services, which are required of the
state by Title XIX of the Social Security Act, furnished by
Medicaid providers to recipients who are determined to be
eligible on the dates on which the services were provided. Any
service under this section shall be provided only when medically
necessary and in accordance with state and federal law.
Mandatory services rendered by providers in mobile units to
Medicaid recipients may be restricted by the agency. Nothing in
this section shall be construed to prevent or limit the agency
from adjusting fees, reimbursement rates, lengths of stay,
number of visits, number of services, or any other adjustments
necessary to comply with the availability of moneys and any
limitations or directions provided for in the General
Appropriations Act or chapter 216.

(8) NURSING FACILITY SERVICES.—The agency shall pay for 24-
hour-a-day nursing and rehabilitative services for a recipient
in a nursing facility licensed under part II of chapter 400 or

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in a rural hospital, as defined in s. 395.602, or in a Medicare certified skilled nursing facility operated by a hospital, as defined in s. 395.002 ~~by s. 395.002(10)~~, that is licensed under part I of chapter 395, and in accordance with provisions set forth in s. 409.908(2)(a), which services are ordered by and provided under the direction of a licensed physician. However, if a nursing facility has been destroyed or otherwise made uninhabitable by natural disaster or other emergency and another nursing facility is not available, the agency must pay for similar services temporarily in a hospital licensed under part I of chapter 395 provided federal funding is approved and available. The agency shall pay only for bed-hold days if the facility has an occupancy rate of 95 percent or greater. The agency is authorized to seek any federal waivers to implement this policy.

Section 57. Subsection (3) of section 409.906, Florida Statutes, is amended to read:

409.906 Optional Medicaid services.—Subject to specific appropriations, the agency may make payments for services which are optional to the state under Title XIX of the Social Security Act and are furnished by Medicaid providers to recipients who are determined to be eligible on the dates on which the services were provided. Any optional service that is provided shall be provided only when medically necessary and in accordance with state and federal law. Optional services rendered by providers in mobile units to Medicaid recipients may be restricted or prohibited by the agency. Nothing in this section shall be construed to prevent or limit the agency from adjusting fees, reimbursement rates, lengths of stay, number of visits, or

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number of services, or making any other adjustments necessary to comply with the availability of moneys and any limitations or directions provided for in the General Appropriations Act or chapter 216. If necessary to safeguard the state's systems of providing services to elderly and disabled persons and subject to the notice and review provisions of s. 216.177, the Governor may direct the Agency for Health Care Administration to amend the Medicaid state plan to delete the optional Medicaid service known as "Intermediate Care Facilities for the Developmentally Disabled." Optional services may include:

(3) AMBULATORY SURGICAL CENTER SERVICES.—The agency may pay for services provided to a recipient in an ambulatory surgical center licensed under ~~part I of~~ chapter 396 ~~395~~, by or under the direction of a licensed physician or dentist.

Section 58. Paragraph (b) of subsection (1) of section 409.975, Florida Statutes, is amended to read:

409.975 Managed care plan accountability.—In addition to the requirements of s. 409.967, plans and providers participating in the managed medical assistance program shall comply with the requirements of this section.

(1) PROVIDER NETWORKS.—Managed care plans must develop and maintain provider networks that meet the medical needs of their enrollees in accordance with standards established pursuant to s. 409.967(2)(c). Except as provided in this section, managed care plans may limit the providers in their networks based on credentials, quality indicators, and price.

(b) Certain providers are statewide resources and essential providers for all managed care plans in all regions. All managed care plans must include these essential providers in their

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networks. Statewide essential providers include:

1. Faculty plans of Florida medical schools.
2. Regional perinatal intensive care centers as defined in s. 383.16(2).
3. Hospitals licensed as specialty children's hospitals as defined in s. 395.002 ~~s. 395.002(28)~~.
4. Accredited and integrated systems serving medically complex children which comprise separately licensed, but commonly owned, health care providers delivering at least the following services: medical group home, in-home and outpatient nursing care and therapies, pharmacy services, durable medical equipment, and Prescribed Pediatric Extended Care.
5. Florida cancer hospitals that meet the criteria in 42 U.S.C. s. 1395ww(d)(1)(B)(v).

Managed care plans that have not contracted with all statewide essential providers in all regions as of the first date of recipient enrollment must continue to negotiate in good faith. Payments to physicians on the faculty of nonparticipating Florida medical schools shall be made at the applicable Medicaid rate. Payments for services rendered by regional perinatal intensive care centers shall be made at the applicable Medicaid rate as of the first day of the contract between the agency and the plan. Except for payments for emergency services, payments to nonparticipating specialty children's hospitals, and payments to nonparticipating Florida cancer hospitals that meet the criteria in 42 U.S.C. s. 1395ww(d)(1)(B)(v), shall equal the highest rate established by contract between that provider and any other Medicaid managed care plan.

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2669 Section 59. Subsection (7) of section 456.013, Florida
2670 Statutes, is amended to read:

2671 456.013 Department; general licensing provisions.—

2672 (7) The boards, or the department when there is no board,
2673 shall require the completion of a 2-hour course relating to
2674 prevention of medical errors as part of the biennial renewal
2675 process. The 2-hour course counts toward the total number of
2676 continuing education hours required for the profession. The
2677 course must be approved by the board or department, as
2678 appropriate, and must include a study of root-cause analysis,
2679 error reduction and prevention, and patient safety. In addition,
2680 the course approved by the Board of Medicine and the Board of
2681 Osteopathic Medicine must include information relating to the
2682 five most misdiagnosed conditions during the previous biennium,
2683 as determined by the board. If the course is being offered by a
2684 facility licensed under ~~pursuant to~~ chapter 395 or chapter 396
2685 for its employees, the board may approve up to 1 hour of the 2-
2686 hour course to be specifically related to error reduction and
2687 prevention methods used in that facility.

2688 Section 60. Subsection (5) of section 456.0135, Florida
2689 Statutes, is amended to read:

2690 456.0135 General background screening provisions.—

2691 (5) In addition to the offenses listed in s. 435.04, all
2692 persons required to undergo background screening under this
2693 section, other than those licensed under s. 465.022, must not
2694 have an arrest awaiting final disposition for, must not have
2695 been found guilty of, regardless of adjudication, or entered a
2696 plea of nolo contendere or guilty to, and must not have been
2697 adjudicated delinquent and the record not have been sealed or

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expunged for an offense under s. 784.03 or any similar offense of another jurisdiction relating to battery, if the victim is a vulnerable adult as defined in s. 415.102 or a patient or resident of a facility licensed under chapter 395, chapter 396, chapter 400, or chapter 429.

Section 61. Subsection (5) of section 456.041, Florida Statutes, is amended to read:

456.041 Practitioner profile; creation.—

(5) The Department of Health shall include the date of a hospital or ambulatory surgical center disciplinary action taken by a licensed hospital or an ambulatory surgical center, in accordance with the requirements of ss. 395.013 and 396.212 ~~s. 395.0193~~, in the practitioner profile. The department shall state whether the action related to professional competence and whether it related to the delivery of services to a patient.

Section 62. Paragraph (n) of subsection (3) of section 456.053, Florida Statutes, is amended to read:

456.053 Financial arrangements between referring health care providers and providers of health care services.—

(3) DEFINITIONS.—For the purpose of this section, the word, phrase, or term:

(n) "Referral" means any referral of a patient by a health care provider for health care services, including, without limitation:

1. The forwarding of a patient by a health care provider to another health care provider or to an entity which provides or supplies designated health services or any other health care item or service; or

2. The request or establishment of a plan of care by a

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health care provider, which includes the provision of designated health services or other health care item or service.

3. The following orders, recommendations, or plans of care do ~~shall~~ not constitute a referral by a health care provider:

a. By a radiologist for diagnostic-imaging services.

b. By a physician specializing in the provision of radiation therapy services for such services.

c. By a medical oncologist for drugs and solutions to be prepared and administered intravenously to such oncologist's patient, as well as for the supplies and equipment used in connection therewith to treat such patient for cancer and the complications thereof.

d. By a cardiologist for cardiac catheterization services.

e. By a pathologist for diagnostic clinical laboratory tests and pathological examination services, if furnished by or under the supervision of such pathologist pursuant to a consultation requested by another physician.

f. By a health care provider who is the sole provider or member of a group practice for designated health services or other health care items or services that are prescribed or provided solely for such referring health care provider's or group practice's own patients, and that are provided or performed by or under the supervision of such referring health care provider or group practice if such supervision complies with all applicable Medicare payment and coverage rules for services; provided, however, a physician licensed pursuant to chapter 458, chapter 459, chapter 460, or chapter 461 or an advanced practice registered nurse registered under s. 464.0123 may refer a patient to a sole provider or group practice for

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diagnostic imaging services, excluding radiation therapy services, for which the sole provider or group practice billed both the technical and the professional fee for or on behalf of the patient, if the referring physician or advanced practice registered nurse registered under s. 464.0123 has no investment interest in the practice. The diagnostic imaging service referred to a group practice or sole provider must be a diagnostic imaging service normally provided within the scope of practice to the patients of the group practice or sole provider. The group practice or sole provider may accept no more than 15 percent of their patients receiving diagnostic imaging services from outside referrals, excluding radiation therapy services. However, the 15 percent limitation of this sub-subparagraph and the requirements of subparagraph (4)(a)2. do not apply to a group practice entity that owns an accountable care organization or an entity operating under an advanced alternative payment model according to federal regulations if such entity provides diagnostic imaging services and has more than 30,000 patients enrolled per year.

g. By a health care provider for services provided by an ambulatory surgical center licensed under chapter 396 ~~395~~.

h. By a urologist for lithotripsy services.

i. By a dentist for dental services performed by an employee of or health care provider who is an independent contractor with the dentist or group practice of which the dentist is a member.

j. By a physician for infusion therapy services to a patient of that physician or a member of that physician's group practice.

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k. By a nephrologist for renal dialysis services and supplies, except laboratory services.

l. By a health care provider whose principal professional practice consists of treating patients in their private residences for services to be rendered in such private residences, except for services rendered by a home health agency licensed under chapter 400. For purposes of this subparagraph, the term "private residences" includes patients' private homes, independent living centers, and assisted living facilities, but does not include skilled nursing facilities.

m. By a health care provider for sleep-related testing.

Section 63. Subsection (3) of section 456.056, Florida Statutes, is amended to read:

456.056 Treatment of Medicare beneficiaries; refusal, emergencies, consulting physicians.—

(3) If treatment is provided to a beneficiary for an emergency medical condition as defined in s. 395.002 ~~s. 395.002(8)(a)~~, the physician must accept Medicare assignment provided that the requirement to accept Medicare assignment for an emergency medical condition does ~~shall~~ not apply to treatment rendered after the patient is stabilized, or ~~the~~ treatment that is unrelated to the original emergency medical condition. For the purpose of this subsection, the term "stabilized" means ~~is defined to mean~~ with respect to an emergency medical condition, that no material deterioration of the condition is likely within reasonable medical probability.

Section 64. Subsection (2) of section 456.0575, Florida Statutes, is amended to read:

456.0575 Duty to notify patients.—

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(2) Upon request by a patient, before providing nonemergency medical services in a facility licensed under chapter 395 or chapter 396, a health care practitioner shall provide, in writing or by electronic means, a good faith estimate of reasonably anticipated charges to treat the patient's condition at the facility. The health care practitioner shall provide the estimate to the patient within 7 business days after receiving the request and is not required to adjust the estimate for any potential insurance coverage. The health care practitioner shall inform the patient that the patient may contact his or her health insurer or health maintenance organization for additional information concerning cost-sharing responsibilities. The health care practitioner shall provide information to uninsured patients and insured patients for whom the practitioner is not a network provider or preferred provider which discloses the practitioner's financial assistance policy, including the application process, payment plans, discounts, or other available assistance, and the practitioner's charity care policy and collection procedures. Such estimate does not preclude the actual charges from exceeding the estimate. Failure to provide the estimate in accordance with this subsection, without good cause, shall result in disciplinary action against the health care practitioner and a daily fine of \$500 until the estimate is provided to the patient. The total fine may not exceed \$5,000.

Section 65. Paragraph (t) of subsection (1) of section 456.072, Florida Statutes, is amended to read:

456.072 Grounds for discipline; penalties; enforcement.—

(1) The following acts shall constitute grounds for which

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the disciplinary actions specified in subsection (2) may be taken:

(t) Failing to identify through written notice, which may include the wearing of a name tag, or orally to a patient the type of license under which the practitioner is practicing. Any advertisement for health care services naming the practitioner must identify the type of license the practitioner holds. This paragraph does not apply to a practitioner while the practitioner is providing services in a facility licensed under chapter 394, chapter 395, chapter 396, chapter 400, or chapter 429. Each board, or the department where there is no board, is authorized by rule to determine how its practitioners may comply with this disclosure requirement.

Section 66. Paragraph (b) of subsection (12) of section 456.073, Florida Statutes, is amended to read:

456.073 Disciplinary proceedings.—Disciplinary proceedings for each board shall be within the jurisdiction of the department.

(12)

(b) No facility licensed under chapter 395 or chapter 396, health maintenance organization certificated under part I of chapter 641, physician licensed under chapter 458, or osteopathic physician licensed under chapter 459 shall discharge, threaten to discharge, intimidate, or coerce any employee or staff member by reason of such employee's or staff member's report to the department about a physician licensed under chapter 458, chapter 459, chapter 460, chapter 461, or chapter 466 who may be guilty of incompetence, impairment, or unprofessional conduct so long as such report is given without

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intentional fraud or malice.

Section 67. Subsection (3) of section 458.3145, Florida Statutes, is amended to read:

458.3145 Medical faculty certificate.—

(3) The holder of a medical faculty certificate issued under this section has all rights and responsibilities prescribed by law for the holder of a license issued under s. 458.311, except as specifically provided otherwise by law. Such responsibilities include compliance with continuing medical education requirements as set forth by rule of the board. A hospital licensed under chapter 395, an ~~or~~ ambulatory surgical center licensed under chapter 396 ~~395~~, a health maintenance organization certified under chapter 641, an insurer as defined in s. 624.03, a multiple-employer welfare arrangement as defined in s. 624.437, or any other entity in this state, in considering and acting upon an application for staff membership, clinical privileges, or other credentials as a health care provider, may not deny the application of an otherwise qualified physician for such staff membership, clinical privileges, or other credentials solely because the applicant is a holder of a medical faculty certificate under this section.

Section 68. Subsection (2) of section 458.320, Florida Statutes, is amended to read:

458.320 Financial responsibility.—

(2) Physicians who perform surgery in an ambulatory surgical center licensed under chapter 396 ~~395~~ and, as a continuing condition of hospital staff privileges, physicians who have staff privileges must also establish financial responsibility by one of the following methods:

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(a) Establishing and maintaining an escrow account consisting of cash or assets eligible for deposit in accordance with s. 625.52 in the per claim amounts specified in paragraph (b). The required escrow amount set forth in this paragraph may not be used for litigation costs or attorney ~~attorney's~~ fees for the defense of any medical malpractice claim.

(b) Obtaining and maintaining professional liability coverage in an amount not less than \$250,000 per claim, with a minimum annual aggregate of not less than \$750,000 from an authorized insurer as defined under s. 624.09, from a surplus lines insurer as defined under s. 626.914(2), from a risk retention group as defined under s. 627.942, from the Joint Underwriting Association established under s. 627.351(4), through a plan of self-insurance as provided in s. 627.357, or through a plan of self-insurance which meets the conditions specified for satisfying financial responsibility in s. 766.110. The required coverage amount set forth in this paragraph may not be used for litigation costs or attorney ~~attorney's~~ fees for the defense of any medical malpractice claim.

(c) Obtaining and maintaining an unexpired irrevocable letter of credit, established pursuant to chapter 675, in an amount not less than \$250,000 per claim, with a minimum aggregate availability of credit of not less than \$750,000. The letter of credit must be payable to the physician as beneficiary upon presentment of a final judgment indicating liability and awarding damages to be paid by the physician or upon presentment of a settlement agreement signed by all parties to such agreement when such final judgment or settlement is a result of a claim arising out of the rendering of, or the failure to

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render, medical care and services. The letter of credit may not be used for litigation costs or attorney ~~attorney's~~ fees for the defense of any medical malpractice claim. The letter of credit must be nonassignable and nontransferable. The letter of credit must be issued by any bank or savings association organized and existing under the laws of this state or any bank or savings association organized under the laws of the United States which has its principal place of business in this state or has a branch office that is authorized under the laws of this state or of the United States to receive deposits in this state.

This subsection shall be inclusive of the coverage in subsection (1).

Section 69. Paragraph (a) of subsection (1) of section 458.3265, Florida Statutes, is amended to read:

458.3265 Pain-management clinics.—

(1) REGISTRATION.—

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

a. "Board eligible" means successful completion of an anesthesia, physical medicine and rehabilitation, rheumatology, or neurology residency program approved by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association for a period of 6 years from successful completion of such residency program.

b. "Chronic nonmalignant pain" means pain unrelated to cancer which persists beyond the usual course of disease or the injury that is the cause of the pain or more than 90 days after surgery.

c. "Pain-management clinic" or "clinic" means any publicly

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or privately owned facility:

(I) That advertises in any medium for any type of pain-management services; or

(II) Where in any month a majority of patients are prescribed opioids, benzodiazepines, barbiturates, or carisoprodol for the treatment of chronic nonmalignant pain.

2. Each pain-management clinic must register with the department or hold a valid certificate of exemption pursuant to subsection (2).

3. The following clinics are exempt from the registration requirement of paragraphs (c)-(m) and must apply to the department for a certificate of exemption:

a. A clinic licensed as a hospital under ~~facility pursuant to~~ chapter 395 or an ambulatory surgical center under chapter 396;

b. A clinic in which the majority of the physicians who provide services in the clinic primarily provide surgical services;

c. A clinic owned by a publicly held corporation whose shares are traded on a national exchange or on the over-the-counter market and whose total assets at the end of the corporation's most recent fiscal quarter exceeded \$50 million;

d. A clinic affiliated with an accredited medical school at which training is provided for medical students, residents, or fellows;

e. A clinic that does not prescribe controlled substances for the treatment of pain;

f. A clinic owned by a corporate entity exempt from federal taxation under 26 U.S.C. s. 501(c)(3);

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g. A clinic wholly owned and operated by one or more board-eligible or board-certified anesthesiologists, physiatrists, rheumatologists, or neurologists; or

h. A clinic wholly owned and operated by a physician multispecialty practice where one or more board-eligible or board-certified medical specialists, who have also completed fellowships in pain medicine approved by the Accreditation Council for Graduate Medical Education or who are also board-certified in pain medicine by the American Board of Pain Medicine or a board approved by the American Board of Medical Specialties, the American Board of Physician Specialties, or the American Osteopathic Association, perform interventional pain procedures of the type routinely billed using surgical codes.

Section 70. Paragraph (a) of subsection (1) and paragraph (a) of subsection (2) of section 458.328, Florida Statutes, are amended to read:

458.328 Office surgeries.—

(1) REGISTRATION.—

(a)1. An office in which a physician performs a liposuction procedure in which more than 1,000 cubic centimeters of supernatant fat is temporarily or permanently removed, a Level II office surgery, or a Level III office surgery must register with the department. A facility licensed under chapter 390, ~~or~~ chapter 395, or chapter 396 may not be registered under this section.

2. The department must complete an inspection of any office seeking registration under this section before the office may be registered.

(2) STANDARDS OF PRACTICE.—

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(a) A physician may not perform any surgery or procedure identified in paragraph (1)(a) in a setting other than an office surgery setting registered under this section or a facility licensed under chapter 390, ~~or~~ chapter 395, or chapter 396, as applicable. The board shall impose a fine of \$5,000 per incident on a physician who violates this paragraph.

Section 71. Paragraph (g) of subsection (4) of section 458.347, Florida Statutes, is amended to read:

458.347 Physician assistants.—

(4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

(g) A supervisory physician may delegate to a licensed physician assistant the authority to, and the licensed physician assistant acting under the direction of the supervisory physician may, order any medication for administration to the supervisory physician's patient in a facility licensed under chapter 395, chapter 396, or part II of chapter 400, notwithstanding any provisions in chapter 465 or chapter 893 which may prohibit this delegation.

Section 72. Paragraph (f) of subsection (4) of section 458.351, Florida Statutes, is amended to read:

458.351 Reports of adverse incidents in office practice settings.—

(4) For purposes of notification to the department pursuant to this section, the term "adverse incident" means an event over which the physician or licensee could exercise control and which is associated in whole or in part with a medical intervention, rather than the condition for which such intervention occurred, and which results in the following patient injuries:

(f) Any condition that required the transfer of a patient

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to a hospital licensed under chapter 395 from an ambulatory surgical center licensed under chapter 396 ~~395~~ or any facility or any office maintained by a physician for the practice of medicine which is not licensed under chapter 395.

Section 73. Subsection (2) of section 459.0085, Florida Statutes, is amended to read:

459.0085 Financial responsibility.—

(2) Osteopathic physicians who perform surgery in an ambulatory surgical center licensed under chapter 396 ~~395~~ and, as a continuing condition of hospital staff privileges, osteopathic physicians who have staff privileges must also establish financial responsibility by one of the following methods:

(a) Establishing and maintaining an escrow account consisting of cash or assets eligible for deposit in accordance with s. 625.52 in the per-claim amounts specified in paragraph (b). The required escrow amount set forth in this paragraph may not be used for litigation costs or attorney ~~attorney's~~ fees for the defense of any medical malpractice claim.

(b) Obtaining and maintaining professional liability coverage in an amount not less than \$250,000 per claim, with a minimum annual aggregate of not less than \$750,000 from an authorized insurer as defined under s. 624.09, from a surplus lines insurer as defined under s. 626.914(2), from a risk retention group as defined under s. 627.942, from the Joint Underwriting Association established under s. 627.351(4), through a plan of self-insurance as provided in s. 627.357, or through a plan of self-insurance that meets the conditions specified for satisfying financial responsibility in s. 766.110.

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The required coverage amount set forth in this paragraph may not be used for litigation costs or attorney ~~attorney's~~ fees for the defense of any medical malpractice claim.

(c) Obtaining and maintaining an unexpired, irrevocable letter of credit, established pursuant to chapter 675, in an amount not less than \$250,000 per claim, with a minimum aggregate availability of credit of not less than \$750,000. The letter of credit must be payable to the osteopathic physician as beneficiary upon presentment of a final judgment indicating liability and awarding damages to be paid by the osteopathic physician or upon presentment of a settlement agreement signed by all parties to such agreement when such final judgment or settlement is a result of a claim arising out of the rendering of, or the failure to render, medical care and services. The letter of credit may not be used for litigation costs or attorney ~~attorney's~~ fees for the defense of any medical malpractice claim. The letter of credit must be nonassignable and nontransferable. The letter of credit must be issued by any bank or savings association organized and existing under the laws of this state or any bank or savings association organized under the laws of the United States which has its principal place of business in this state or has a branch office that is authorized under the laws of this state or of the United States to receive deposits in this state.

This subsection shall be inclusive of the coverage in subsection (1).

Section 74. Paragraph (a) of subsection (1) of section 459.0137, Florida Statutes, is amended to read:

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459.0137 Pain-management clinics.—

(1) REGISTRATION.—

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

a. "Board eligible" means successful completion of an anesthesia, physical medicine and rehabilitation, rheumatology, or neurology residency program approved by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association for a period of 6 years from successful completion of such residency program.

b. "Chronic nonmalignant pain" means pain unrelated to cancer which persists beyond the usual course of disease or the injury that is the cause of the pain or more than 90 days after surgery.

c. "Pain-management clinic" or "clinic" means any publicly or privately owned facility:

(I) That advertises in any medium for any type of pain-management services; or

(II) Where in any month a majority of patients are prescribed opioids, benzodiazepines, barbiturates, or carisoprodol for the treatment of chronic nonmalignant pain.

2. Each pain-management clinic must register with the department or hold a valid certificate of exemption pursuant to subsection (2).

3. The following clinics are exempt from the registration requirement of paragraphs (c)-(m) and must apply to the department for a certificate of exemption:

a. A clinic licensed as a hospital under facility pursuant to chapter 395 or an ambulatory surgical center under chapter 396;

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b. A clinic in which the majority of the physicians who provide services in the clinic primarily provide surgical services;

c. A clinic owned by a publicly held corporation whose shares are traded on a national exchange or on the over-the-counter market and whose total assets at the end of the corporation's most recent fiscal quarter exceeded \$50 million;

d. A clinic affiliated with an accredited medical school at which training is provided for medical students, residents, or fellows;

e. A clinic that does not prescribe controlled substances for the treatment of pain;

f. A clinic owned by a corporate entity exempt from federal taxation under 26 U.S.C. s. 501(c)(3);

g. A clinic wholly owned and operated by one or more board-eligible or board-certified anesthesiologists, physiatrists, rheumatologists, or neurologists; or

h. A clinic wholly owned and operated by a physician multispecialty practice where one or more board-eligible or board-certified medical specialists, who have also completed fellowships in pain medicine approved by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association or who are also board-certified in pain medicine by the American Board of Pain Medicine or a board approved by the American Board of Medical Specialties, the American Board of Physician Specialties, or the American Osteopathic Association, perform interventional pain procedures of the type routinely billed using surgical codes.

Section 75. Paragraph (a) of subsection (1) and paragraph

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(a) of subsection (2) of section 459.0138, Florida Statutes, are amended to read:

459.0138 Office surgeries.—

(1) REGISTRATION.—

(a)1. An office in which a physician performs a liposuction procedure in which more than 1,000 cubic centimeters of supernatant fat is temporarily or permanently removed, a Level II office surgery, or a Level III office surgery must register with the department. A facility licensed under chapter 390, ~~or~~ chapter 395, or chapter 396 may not be registered under this section.

2. The department must complete an inspection of any office seeking registration under this section before the office may be registered.

(2) STANDARDS OF PRACTICE.—

(a) A physician may not perform any surgery or procedure identified in paragraph (1)(a) in a setting other than an office surgery setting registered under this section or a facility licensed under chapter 390, ~~or~~ chapter 395, or chapter 396, as applicable. The board shall impose a fine of \$5,000 per incident on a physician who violates this paragraph.

Section 76. Paragraph (11) of subsection (1) and subsections (7) and (9) of section 459.015, Florida Statutes, are amended to read:

459.015 Grounds for disciplinary action; action by the board and department.—

(1) The following acts constitute grounds for denial of a license or disciplinary action, as specified in s. 456.072(2):

(11) Failing to report to the department any licensee under

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chapter 458 or under this chapter who the osteopathic physician or physician assistant knows has violated the grounds for disciplinary action set out in the law under which that person is licensed and who provides health care services in a facility licensed under chapter 395 or chapter 396, or a health maintenance organization certificated under part I of chapter 641, in which the osteopathic physician or physician assistant also provides services.

(7) Upon the department's receipt from the Agency for Health Care Administration pursuant to s. 395.0197 or s. 396.213 of the name of an osteopathic physician whose conduct may constitute grounds for disciplinary action by the department, the department shall investigate the occurrences upon which the report was based and determine if action by the department against the osteopathic physician is warranted.

(9) When an investigation of an osteopathic physician is undertaken, the department shall promptly furnish to the osteopathic physician or his or her attorney a copy of the complaint or document which resulted in the initiation of the investigation. For purposes of this subsection, such documents include, but are not limited to: the pertinent portions of an annual report submitted to the department pursuant to s. 395.0197(6) or s. 396.213(6); a report of an adverse incident which is provided to the department pursuant to s. 395.0197 or s. 396.213; a report of peer review disciplinary action submitted to the department pursuant to s. 395.0193(4), s. 396.212(4), or s. 459.016, provided that the investigations, proceedings, and records relating to such peer review disciplinary action shall continue to retain their privileged

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status even as to the licensee who is the subject of the investigation, as provided by ss. 395.0193(8), 396.212(8), and 459.016(3); a report of a closed claim submitted pursuant to s. 627.912; a presuit notice submitted pursuant to s. 766.106(2); and a petition brought under the Florida Birth-Related Neurological Injury Compensation Plan, pursuant to s. 766.305(2). The osteopathic physician may submit a written response to the information contained in the complaint or document which resulted in the initiation of the investigation within 45 days after service to the osteopathic physician of the complaint or document. The osteopathic physician's written response shall be considered by the probable cause panel.

Section 77. Paragraph (f) of subsection (4) of section 459.022, Florida Statutes, is amended to read:

459.022 Physician assistants.—

(4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

(f) A supervisory physician may delegate to a licensed physician assistant the authority to, and the licensed physician assistant acting under the direction of the supervisory physician may, order any medication for administration to the supervisory physician's patient in a facility licensed under chapter 395, chapter 396, or part II of chapter 400, notwithstanding any provisions in chapter 465 or chapter 893 which may prohibit this delegation.

Section 78. Paragraph (f) of subsection (4) of section 459.026, Florida Statutes, is amended to read:

459.026 Reports of adverse incidents in office practice settings.—

(4) For purposes of notification to the department pursuant

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to this section, the term "adverse incident" means an event over which the physician or licensee could exercise control and which is associated in whole or in part with a medical intervention, rather than the condition for which such intervention occurred, and which results in the following patient injuries:

(f) Any condition that required the transfer of a patient to a hospital licensed under chapter 395 from an ambulatory surgical center licensed under chapter 396 ~~395~~ or any facility or any office maintained by a physician for the practice of medicine which is not licensed under chapter 395.

Section 79. Paragraph (ee) of subsection (1) of section 460.413, Florida Statutes, is amended to read:

460.413 Grounds for disciplinary action; action by board or department.—

(1) The following acts constitute grounds for denial of a license or disciplinary action, as specified in s. 456.072(2):

(ee) Failing to report to the department any licensee under chapter 458 or under chapter 459 who the chiropractic physician or chiropractic physician's assistant knows has violated the grounds for disciplinary action set out in the law under which that person is licensed and who provides health care services in a facility licensed under chapter 395 or chapter 396, or a health maintenance organization certificated under part I of chapter 641, in which the chiropractic physician or chiropractic physician's assistant also provides services.

Section 80. Paragraph (c) of subsection (1) of section 460.4167, Florida Statutes, is amended to read:

460.4167 Proprietorship by persons other than licensed chiropractic physicians.—

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(1) A person may not employ a chiropractic physician licensed under this chapter or engage a chiropractic physician licensed under this chapter as an independent contractor to provide services that chiropractic physicians are authorized to offer under this chapter, unless the person is any of the following:

(c) An entity that is wholly owned, directly or indirectly, by an entity licensed or registered by the state under chapter 395 or chapter 396.

Section 81. Paragraph (aa) of subsection (1) and paragraph (b) of subsection (5) of section 461.013, Florida Statutes, are amended to read:

461.013 Grounds for disciplinary action; action by the board; investigations by department.—

(1) The following acts constitute grounds for denial of a license or disciplinary action, as specified in s. 456.072(2):

(aa) Failing to report to the department any licensee under chapter 458 or chapter 459 who the podiatric physician knows has violated the grounds for disciplinary action set out in the law under which that person is licensed and who provides health care services in a facility licensed under chapter 395 or chapter 396, or a health maintenance organization certificated under part I of chapter 641, in which the podiatric physician also provides services.

(5)

(b) Upon the department's receipt from the Agency for Health Care Administration pursuant to s. 395.0197 or s. 396.213 of the name of the podiatric physician whose conduct may constitute grounds for disciplinary action by the department,

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the department shall investigate the occurrences upon which the report was based and determine if action by the department against the podiatric physician is warranted.

Section 82. Paragraph (e) of subsection (3) of section 464.012, Florida Statutes, is amended to read:

464.012 Licensure of advanced practice registered nurses; fees; controlled substance prescribing.—

(3) An advanced practice registered nurse shall perform those functions authorized in this section within the framework of an established protocol that must be maintained on site at the location or locations at which an advanced practice registered nurse practices, unless the advanced practice registered nurse is registered and practicing under s. 464.0123. In the case of multiple supervising physicians in the same group, an advanced practice registered nurse must enter into a supervisory protocol with at least one physician within the physician group practice. A practitioner currently licensed under chapter 458, chapter 459, or chapter 466 shall maintain supervision for directing the specific course of medical treatment. Within the established framework, an advanced practice registered nurse may:

(e) Order any medication for administration to a patient in a facility licensed under chapter 395, chapter 396, or part II of chapter 400, notwithstanding any provisions in chapter 465 or chapter 893.

Section 83. Paragraph (e) of subsection (1) of section 465.0125, Florida Statutes, is amended to read:

465.0125 Consultant pharmacist license; application, renewal, fees; responsibilities; rules.—

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(1) The department shall issue or renew a consultant pharmacist license upon receipt of an initial or renewal application that conforms to the requirements for consultant pharmacist initial licensure or renewal as adopted by the board by rule and a fee set by the board not to exceed \$250. To be licensed as a consultant pharmacist, a pharmacist must complete additional training as required by the board.

(e) For purposes of this subsection, the term "health care facility" means a ~~an ambulatory surgical center or~~ hospital licensed under chapter 395, an ambulatory surgical center licensed under chapter 396, an alcohol or chemical dependency treatment center licensed under chapter 397, an inpatient hospice licensed under part IV of chapter 400, a nursing home licensed under part II of chapter 400, an ambulatory care center as defined in s. 408.07, or a nursing home component under chapter 400 within a continuing care facility licensed under chapter 651.

Section 84. Paragraph (o) of subsection (1) of section 465.016, Florida Statutes, is amended to read:

465.016 Disciplinary actions.—

(1) The following acts constitute grounds for denial of a license or disciplinary action, as specified in s. 456.072(2):

(o) Failing to report to the department any licensee under chapter 458 or under chapter 459 who the pharmacist knows has violated the grounds for disciplinary action set out in the law under which that person is licensed and who provides health care services in a facility licensed under chapter 395 or chapter 396, or a health maintenance organization certificated under part I of chapter 641, in which the pharmacist also provides

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services. However, a person who the licensee knows is unable to practice medicine or osteopathic medicine with reasonable skill and safety to patients by reason of illness or use of alcohol, drugs, narcotics, chemicals, or any other type of material, or as a result of a mental or physical condition, may be reported to a consultant operating an impaired practitioner program as described in s. 456.076 rather than to the department.

Section 85. Paragraph (hh) of subsection (1) of section 466.028, Florida Statutes, is amended to read:

466.028 Grounds for disciplinary action; action by the board.—

(1) The following acts constitute grounds for denial of a license or disciplinary action, as specified in s. 456.072(2):

(hh) Failing to report to the department any licensee under chapter 458 or chapter 459 who the dentist knows has violated the grounds for disciplinary action set out in the law under which that person is licensed and who provides health care services in a facility licensed under chapter 395 or chapter 396, or a health maintenance organization certificated under part I of chapter 641, in which the dentist also provides services.

Section 86. Paragraph (1) of subsection (1) of section 468.505, Florida Statutes, is amended to read:

468.505 Exemptions; exceptions.—

(1) Nothing in this part may be construed as prohibiting or restricting the practice, services, or activities of:

(1) A person employed by a nursing facility exempt from licensing under s. 395.002 ~~s. 395.002(12)~~, or a person exempt from licensing under s. 464.022.

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Section 87. Paragraph (d) of subsection (11) of section 486.021, Florida Statutes, is amended to read:

486.021 Definitions.—As used in this chapter, unless the context otherwise requires, the term:

(11) "Practice of physical therapy" means the performance of physical therapy assessments and the treatment of any disability, injury, disease, or other health condition of human beings, or the prevention of such disability, injury, disease, or other health condition, and the rehabilitation of such disability, injury, disease, or other health condition by alleviating impairments, functional movement limitations, and disabilities by designing, implementing, and modifying treatment interventions through therapeutic exercise; functional movement training in self-management and in-home, community, or work integration or reintegration; manual therapy; massage; airway clearance techniques; maintaining and restoring the integumentary system and wound care; physical agent or modality; mechanical or electrotherapeutic modality; patient-related instruction; the use of apparatus and equipment in the application of such treatment, prevention, or rehabilitation; the performance of tests of neuromuscular functions as an aid to the diagnosis or treatment of any human condition; or the performance of electromyography as an aid to the diagnosis of any human condition only upon compliance with the criteria set forth by the Board of Medicine.

(d) This subsection does not authorize a physical therapist to implement a plan of treatment for a patient currently being treated in a facility licensed under ~~pursuant to~~ chapter 395 or chapter 396.

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Section 88. Subsection (22) of section 499.003, Florida Statutes, is amended to read:

499.003 Definitions of terms used in this part.—As used in this part, the term:

(22) "Health care facility" means a health care facility licensed under chapter 395 or chapter 396.

Section 89. Subsection (5) of section 499.0295, Florida Statutes, is amended to read:

499.0295 Experimental treatments for terminal conditions.—

(5) A hospital or health care facility licensed under chapter 395 or chapter 396, as applicable, is not required to provide new or additional services unless those services are approved by the hospital or health care facility.

Section 90. Paragraph (c) of subsection (1) of section 553.80, Florida Statutes, is amended to read:

553.80 Enforcement.—

(1) Except as provided in paragraphs (a)-(g), each local government and each legally constituted enforcement district with statutory authority shall regulate building construction and, where authorized in the state agency's enabling legislation, each state agency shall enforce the Florida Building Code required by this part on all public or private buildings, structures, and facilities, unless such responsibility has been delegated to another unit of government under s. 553.79(11).

(c) In addition to the requirements of s. 553.79 and this section, facilities subject to ~~the provisions of~~ chapter 395, chapter 396, and parts II and VIII of chapter 400 shall have facility plans reviewed and construction surveyed by the state

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agency authorized to do so under the requirements of chapter 395 and parts II and VIII of chapter 400 and the certification requirements of the Federal Government. Facilities subject to the provisions of part IV of chapter 400 may have facility plans reviewed and shall have construction surveyed by the state agency authorized to do so under the requirements of part IV of chapter 400 and the certification requirements of the Federal Government.

The governing bodies of local governments may provide a schedule of fees, as authorized by s. 125.56(2) or s. 166.222 and this section, for the enforcement of the provisions of this part. Such fees shall be used solely for carrying out the local government's responsibilities in enforcing the Florida Building Code. The authority of state enforcing agencies to set fees for enforcement shall be derived from authority existing on July 1, 1998. However, nothing contained in this subsection shall operate to limit such agencies from adjusting their fee schedule in conformance with existing authority.

Section 91. Paragraph (h) of subsection (4) of section 627.351, Florida Statutes, is amended to read:

627.351 Insurance risk apportionment plans.—

(4) MEDICAL MALPRACTICE RISK APPORTIONMENT; ASSOCIATION CONTRACTS AND PURCHASES.—

(h) As used in this subsection, the term:

1. "Health care provider" means hospitals licensed under chapter 395; physicians licensed under chapter 458; osteopathic physicians licensed under chapter 459; podiatric physicians licensed under chapter 461; dentists licensed under chapter 466;

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chiropractic physicians licensed under chapter 460; naturopaths licensed under chapter 462; nurses licensed under part I of chapter 464; midwives licensed under chapter 467; physician assistants licensed under chapter 458 or chapter 459; physical therapists and physical therapist assistants licensed under chapter 486; health maintenance organizations certificated under part I of chapter 641; ambulatory surgical centers licensed under chapter 396 ~~395~~; other medical facilities as defined in subparagraph 2.; blood banks, plasma centers, industrial clinics, and renal dialysis facilities; or professional associations, partnerships, corporations, joint ventures, or other associations for professional activity by health care providers.

2. "Other medical facility" means a facility the primary purpose of which is to provide human medical diagnostic services or a facility providing nonsurgical human medical treatment, to which facility the patient is admitted and from which facility the patient is discharged within the same working day, and which facility is not part of a hospital. However, a facility existing for the primary purpose of performing terminations of pregnancy or an office maintained by a physician or dentist for the practice of medicine may not be construed to be an "other medical facility."

3. "Health care facility" means any hospital licensed under chapter 395, health maintenance organization certificated under part I of chapter 641, ambulatory surgical center licensed under chapter 396 ~~395~~, or other medical facility as defined in subparagraph 2.

Section 92. Paragraph (b) of subsection (1) of section

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627.357, Florida Statutes, is amended to read:

627.357 Medical malpractice self-insurance.—

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

(b) "Health care provider" means any:

1. Hospital licensed under chapter 395.

2. Physician licensed, or physician assistant licensed,
under chapter 458.

3. Osteopathic physician or physician assistant licensed
under chapter 459.

4. Podiatric physician licensed under chapter 461.

5. Health maintenance organization certificated under part
I of chapter 641.

6. Ambulatory surgical center licensed under chapter 396
~~395~~.

7. Chiropractic physician licensed under chapter 460.

8. Psychologist licensed under chapter 490.

9. Optometrist licensed under chapter 463.

10. Dentist licensed under chapter 466.

11. Pharmacist licensed under chapter 465.

12. Registered nurse, licensed practical nurse, or advanced
practice registered nurse licensed or registered under part I of
chapter 464.

13. Other medical facility.

14. Professional association, partnership, corporation,
joint venture, or other association established by the
individuals set forth in subparagraphs 2., 3., 4., 7., 8., 9.,
10., 11., and 12. for professional activity.

Section 93. Section 627.6056, Florida Statutes, is amended
to read:

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627.6056 Coverage for ambulatory surgical center service.—
An ~~No~~ individual health insurance policy providing coverage on
an expense-incurred basis or individual service or indemnity-
type contract issued by a nonprofit corporation, of any kind or
description, may not ~~shall~~ be issued unless coverage provided
for any service performed in an ambulatory surgical center, as
defined in s. 396.202 ~~s. 395.002~~, is provided if such service
would have been covered under the terms of the policy or
contract as an eligible inpatient service.

Section 94. Paragraph (a) of subsection (2) of section
627.6387, Florida Statutes, is amended to read:

627.6387 Shared savings incentive program.—

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

(a) "Health care provider" means a hospital or facility
licensed under chapter 395 or chapter 396; an entity licensed
under chapter 400; a health care practitioner as defined in s.
456.001; a blood bank, plasma center, industrial clinic, or
renal dialysis facility; or a professional association,
partnership, corporation, joint venture, or other association
for professional activity by health care providers. The term
includes entities and professionals outside of this state with
an active, unencumbered license for an equivalent facility or
practitioner type issued by another state, the District of
Columbia, or a possession or territory of the United States.

Section 95. Subsection (3) of section 627.6405, Florida
Statutes, is amended to read:

627.6405 Decreasing inappropriate utilization of emergency
care.—

(3) As a disincentive for insureds to inappropriately use

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emergency department services for nonemergency care, health insurers may require higher copayments for urgent care or primary care provided in an emergency department and higher copayments for use of out-of-network emergency departments. Higher copayments may not be charged for the utilization of the emergency department for emergency care. For the purposes of this section, the term "emergency care" has the same meaning as the term "emergency services and care" as defined in s. 395.002 ~~s. 395.002(9)~~ and includes services provided to rule out an emergency medical condition.

Section 96. Paragraph (b) of subsection (1) of section 627.64194, Florida Statutes, is amended to read:

627.64194 Coverage requirements for services provided by nonparticipating providers; payment collection limitations.—

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

(b) "Facility" means a licensed facility as defined in s. 395.002 ~~s. 395.002(17)~~ and an urgent care center as defined in s. 395.002.

Section 97. Section 627.6616, Florida Statutes, is amended to read:

627.6616 Coverage for ambulatory surgical center service.—A
~~No~~ group health insurance policy providing coverage on an expense-incurred basis, or group service or indemnity-type contract issued by a nonprofit corporation, or self-insured group health benefit plan or trust, of any kind or description, may not ~~shall~~ be issued unless coverage provided for any service performed in an ambulatory surgical center, as defined in s. 396.202 ~~s. 395.002~~, is provided if such service would have been covered under the terms of the policy or contract as an eligible

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inpatient service.

Section 98. Paragraph (a) of subsection (2) of section 627.6648, Florida Statutes, is amended to read:

627.6648 Shared savings incentive program.—

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

(a) "Health care provider" means a hospital or facility licensed under chapter 395 or chapter 396; an entity licensed under chapter 400; a health care practitioner as defined in s. 456.001; a blood bank, plasma center, industrial clinic, or renal dialysis facility; or a professional association, partnership, corporation, joint venture, or other association for professional activity by health care providers. The term includes entities and professionals outside this state with an active, unencumbered license for an equivalent facility or practitioner type issued by another state, the District of Columbia, or a possession or territory of the United States.

Section 99. Paragraph (a) of subsection (1) of section 627.736, Florida Statutes, is amended to read:

627.736 Required personal injury protection benefits; exclusions; priority; claims.—

(1) REQUIRED BENEFITS.—An insurance policy complying with the security requirements of s. 627.733 must provide personal injury protection to the named insured, relatives residing in the same household unless excluded under s. 627.747, persons operating the insured motor vehicle, passengers in the motor vehicle, and other persons struck by the motor vehicle and suffering bodily injury while not an occupant of a self-propelled vehicle, subject to subsection (2) and paragraph (4) (e), to a limit of \$10,000 in medical and disability benefits

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and \$5,000 in death benefits resulting from bodily injury, sickness, disease, or death arising out of the ownership, maintenance, or use of a motor vehicle as follows:

(a) *Medical benefits.*—Eighty percent of all reasonable expenses for medically necessary medical, surgical, X-ray, dental, and rehabilitative services, including prosthetic devices and medically necessary ambulance, hospital, and nursing services if the individual receives initial services and care pursuant to subparagraph 1. within 14 days after the motor vehicle accident. The medical benefits provide reimbursement only for:

1. Initial services and care that are lawfully provided, supervised, ordered, or prescribed by a physician licensed under chapter 458 or chapter 459, a dentist licensed under chapter 466, a chiropractic physician licensed under chapter 460, or an advanced practice registered nurse registered under s. 464.0123 or that are provided in a hospital or in a facility that owns, or is wholly owned by, a hospital. Initial services and care may also be provided by a person or entity licensed under part III of chapter 401 which provides emergency transportation and treatment.

2. Upon referral by a provider described in subparagraph 1., follow-up ~~followup~~ services and care consistent with the underlying medical diagnosis rendered pursuant to subparagraph 1. which may be provided, supervised, ordered, or prescribed only by a physician licensed under chapter 458 or chapter 459, a chiropractic physician licensed under chapter 460, a dentist licensed under chapter 466, or an advanced practice registered nurse registered under s. 464.0123, or, to the extent permitted

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by applicable law and under the supervision of such physician, osteopathic physician, chiropractic physician, or dentist, by a physician assistant licensed under chapter 458 or chapter 459 or an advanced practice registered nurse licensed under chapter 464. ~~Follow-up~~ Follow-up services and care may also be provided by the following persons or entities:

a. A hospital licensed under chapter 395 or an ambulatory surgical center licensed under chapter 396 ~~395~~.

b. An entity wholly owned by one or more physicians licensed under chapter 458 or chapter 459, chiropractic physicians licensed under chapter 460, advanced practice registered nurses registered under s. 464.0123, or dentists licensed under chapter 466 or by such practitioners and the spouse, parent, child, or sibling of such practitioners.

c. An entity that owns or is wholly owned, directly or indirectly, by a hospital or hospitals.

d. A physical therapist licensed under chapter 486, based upon a referral by a provider described in this subparagraph.

e. A health care clinic licensed under part X of chapter 400 which is accredited by an accrediting organization whose standards incorporate comparable regulations required by this state, or

(I) Has a medical director licensed under chapter 458, chapter 459, or chapter 460;

(II) Has been continuously licensed for more than 3 years or is a publicly traded corporation that issues securities traded on an exchange registered with the United States Securities and Exchange Commission as a national securities exchange; and

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(III) Provides at least four of the following medical specialties:

(A) General medicine.

(B) Radiography.

(C) Orthopedic medicine.

(D) Physical medicine.

(E) Physical therapy.

(F) Physical rehabilitation.

(G) Prescribing or dispensing outpatient prescription medication.

(H) Laboratory services.

3. Reimbursement for services and care provided in subparagraph 1. or subparagraph 2. up to \$10,000 if a physician licensed under chapter 458 or chapter 459, a dentist licensed under chapter 466, a physician assistant licensed under chapter 458 or chapter 459, or an advanced practice registered nurse licensed under chapter 464 has determined that the injured person had an emergency medical condition.

4. Reimbursement for services and care provided in subparagraph 1. or subparagraph 2. is limited to \$2,500 if a provider listed in subparagraph 1. or subparagraph 2. determines that the injured person did not have an emergency medical condition.

5. Medical benefits do not include massage therapy as defined in s. 480.033 or acupuncture as defined in s. 457.102, regardless of the person, entity, or licensee providing massage therapy or acupuncture, and a licensed massage therapist or licensed acupuncturist may not be reimbursed for medical benefits under this section.

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6. The Financial Services Commission shall adopt by rule the form that must be used by an insurer and a health care provider specified in sub-subparagraph 2.b., sub-subparagraph 2.c., or sub-subparagraph 2.e. to document that the health care provider meets the criteria of this paragraph. Such rule must include a requirement for a sworn statement or affidavit.

Only insurers writing motor vehicle liability insurance in this state may provide the required benefits of this section, and such insurer may not require the purchase of any other motor vehicle coverage other than the purchase of property damage liability coverage as required by s. 627.7275 as a condition for providing such benefits. Insurers may not require that property damage liability insurance in an amount greater than \$10,000 be purchased in conjunction with personal injury protection. Such insurers shall make benefits and required property damage liability insurance coverage available through normal marketing channels. An insurer writing motor vehicle liability insurance in this state who fails to comply with such availability requirement as a general business practice violates part IX of chapter 626, and such violation constitutes an unfair method of competition or an unfair or deceptive act or practice involving the business of insurance. An insurer committing such violation is subject to the penalties provided under that part, as well as those provided elsewhere in the insurance code.

Section 100. Paragraph (a) of subsection (1) of section 627.912, Florida Statutes, is amended to read:

627.912 Professional liability claims and actions; reports by insurers and health care providers; annual report by office.-

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(1)(a) Each self-insurer authorized under s. 627.357 and each commercial self-insurance fund authorized under s. 624.462, authorized insurer, surplus lines insurer, risk retention group, and joint underwriting association providing professional liability insurance to a practitioner of medicine licensed under chapter 458, to a practitioner of osteopathic medicine licensed under chapter 459, to a podiatric physician licensed under chapter 461, to a dentist licensed under chapter 466, to a hospital licensed under chapter 395, to a crisis stabilization unit licensed under part IV of chapter 394, to a health maintenance organization certificated under part I of chapter 641, to clinics included in chapter 390, or to an ambulatory surgical center as defined in s. 396.202 ~~s. 395.002~~, and each insurer providing professional liability insurance to a member of The Florida Bar shall report to the office as set forth in paragraph (c) any written claim or action for damages for personal injuries claimed to have been caused by error, omission, or negligence in the performance of such insured's professional services or based on a claimed performance of professional services without consent.

Section 101. Paragraph (a) of subsection (2) of section 641.31076, Florida Statutes, is amended to read:

641.31076 Shared savings incentive program.—

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

(a) "Health care provider" means a hospital or facility licensed under chapter 395 or chapter 396; an entity licensed under chapter 400; a health care practitioner as defined in s. 456.001; a blood bank, plasma center, industrial clinic, or renal dialysis facility; or a professional association,

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partnership, corporation, joint venture, or other association for professional activity by health care providers. The term includes entities and professionals outside this state with an active, unencumbered license for an equivalent facility or practitioner type issued by another state, the District of Columbia, or a possession or territory of the United States.

Section 102. Subsection (2) of section 765.101, Florida Statutes, is amended to read:

765.101 Definitions.—As used in this chapter, the term:

(2) "Attending physician" means the physician who has primary responsibility for the treatment and care of the patient while the patient receives such treatment or care in a hospital as defined in s. 395.002 ~~s. 395.002(12)~~.

Section 103. Paragraph (a) of subsection (1) of section 766.101, Florida Statutes, is amended to read:

766.101 Medical review committee, immunity from liability.—

(1) As used in this section:

(a) The term "medical review committee" or "committee" means:

1.a. A committee of a hospital licensed under chapter 395 or an ambulatory surgical center licensed under chapter 396 ~~395~~ or a health maintenance organization certificated under part I of chapter 641;

b. A committee of a physician-hospital organization, a provider-sponsored organization, or an integrated delivery system;

c. A committee of a state or local professional society of health care providers;

d. A committee of a medical staff of a licensed hospital or

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nursing home, provided the medical staff operates pursuant to written bylaws that have been approved by the governing board of the hospital or nursing home;

e. A committee of the Department of Corrections or the Correctional Medical Authority as created under s. 945.602, or employees, agents, or consultants of either the department or the authority or both;

f. A committee of a professional service corporation formed under chapter 621 or a corporation organized under part I of chapter 607 or chapter 617, which is formed and operated for the practice of medicine as defined in s. 458.305(3), and which has at least 25 health care providers who routinely provide health care services directly to patients;

g. A committee of the Department of Children and Families which includes employees, agents, or consultants to the department as deemed necessary to provide peer review, utilization review, and mortality review of treatment services provided pursuant to chapters 394, 397, and 916;

h. A committee of a mental health treatment facility licensed under chapter 394 or a community mental health center as defined in s. 394.907, provided the quality assurance program operates pursuant to the guidelines that have been approved by the governing board of the agency;

i. A committee of a substance abuse treatment and education prevention program licensed under chapter 397 provided the quality assurance program operates pursuant to the guidelines that have been approved by the governing board of the agency;

j. A peer review or utilization review committee organized under chapter 440;

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k. A committee of the Department of Health, a county health department, healthy start coalition, or certified rural health network, when reviewing quality of care, or employees of these entities when reviewing mortality records; or

1. A continuous quality improvement committee of a pharmacy licensed pursuant to chapter 465,

which committee is formed to evaluate and improve the quality of health care rendered by providers of health service, to determine that health services rendered were professionally indicated or were performed in compliance with the applicable standard of care, or that the cost of health care rendered was considered reasonable by the providers of professional health services in the area; or

2. A committee of an insurer, self-insurer, or joint underwriting association of medical malpractice insurance, or other persons conducting review under s. 766.106.

Section 104. Paragraph (a) of subsection (1) and subsection (4) of section 766.1016, Florida Statutes, are amended to read:

766.1016 Patient safety data privilege.—

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

(a) "Patient safety data" means reports made to patient safety organizations, including all health care data, interviews, memoranda, analyses, root cause analyses, products of quality assurance or quality improvement processes, corrective action plans, or information collected or created by a health care facility licensed under chapter 395 or chapter 396, or a health care practitioner as defined in s. 456.001(4), as a result of an occurrence related to the provision of health

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care services which exacerbates an existing medical condition or could result in injury, illness, or death.

(4) The exchange of patient safety data among health care facilities licensed under chapter 395 or chapter 396, or health care practitioners as defined in s. 456.001(4), or patient safety organizations which does not identify any patient shall not constitute a waiver of any privilege established in this section.

Section 105. Paragraph (d) of subsection (2) of section 766.106, Florida Statutes, is amended to read:

766.106 Notice before filing action for medical negligence; presuit screening period; offers for admission of liability and for arbitration; informal discovery; review.—

(2) PRESUIT NOTICE.—

(d) Following the initiation of a suit alleging medical negligence with a court of competent jurisdiction, and service of the complaint upon a prospective defendant, the claimant shall provide a copy of the complaint to the Department of Health and, if the complaint involves a facility licensed under chapter 395, the Agency for Health Care Administration. The requirement of providing the complaint to the Department of Health or the Agency for Health Care Administration does not impair the claimant's legal rights or ability to seek relief for his or her claim. The Department of Health or the Agency for Health Care Administration shall review each incident that is the subject of the complaint and determine whether it involved conduct by a licensee which is potentially subject to disciplinary action, in which case, for a licensed health care practitioner, s. 456.073 applies ~~and~~, for a licensed facility,

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part I of chapter 395 applies, and for a licensed ambulatory surgical center, chapter 396 applies.

Section 106. Subsection (3) of section 766.110, Florida Statutes, is amended to read:

766.110 Liability of health care facilities.—

(3) In order to ensure comprehensive risk management for diagnosis of disease, a health care facility, including a hospital as defined in s. 395.002 or an ambulatory surgical center, ~~as defined in s. 396.202 chapter 395,~~ may use scientific diagnostic disease methodologies that use information regarding specific diseases in health care facilities and that are adopted by the facility's medical review committee.

Section 107. Paragraph (d) of subsection (3) of section 766.1115, Florida Statutes, is amended to read:

766.1115 Health care providers; creation of agency relationship with governmental contractors.—

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

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

1. A birth center licensed under chapter 383.
2. An ambulatory surgical center licensed under chapter 396 ~~395~~.
3. A hospital licensed under chapter 395.
4. A physician or physician assistant licensed under chapter 458.
5. An osteopathic physician or osteopathic physician assistant licensed under chapter 459.
6. A chiropractic physician licensed under chapter 460.
7. A podiatric physician licensed under chapter 461.
8. A registered nurse, nurse midwife, licensed practical

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nurse, or advanced practice registered nurse licensed or registered under part I of chapter 464 or any facility which employs nurses licensed or registered under part I of chapter 464 to supply all or part of the care delivered under this section.

9. A midwife licensed under chapter 467.

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

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

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

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

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

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

The term includes any nonprofit corporation qualified as exempt from federal income taxation under s. 501(a) of the Internal Revenue Code, and described in s. 501(c) of the Internal Revenue Code, which delivers health care services provided by licensed

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professionals listed in this paragraph, any federally funded community health center, and any volunteer corporation or volunteer health care provider that delivers health care services.

Section 108. Subsection (4) and paragraph (b) of subsection (6) of section 766.118, Florida Statutes, are amended to read:

766.118 Determination of noneconomic damages.—

(4) LIMITATION ON NONECONOMIC DAMAGES FOR NEGLIGENCE OF PRACTITIONERS PROVIDING EMERGENCY SERVICES AND CARE.—

Notwithstanding subsections (2) and (3), with respect to a cause of action for personal injury or wrongful death arising from medical negligence of practitioners providing emergency services and care, as defined in s. 395.002 ~~s. 395.002(9)~~, or providing services as provided in s. 401.265, or providing services pursuant to obligations imposed by 42 U.S.C. s. 1395dd to persons with whom the practitioner does not have a then-existing health care patient-practitioner relationship for that medical condition:

(a) Regardless of the number of such practitioner defendants, noneconomic damages may ~~shall~~ not exceed \$150,000 per claimant.

(b) Notwithstanding paragraph (a), the total noneconomic damages recoverable by all claimants from all such practitioners may ~~shall~~ not exceed \$300,000.

The limitation provided by this subsection applies only to noneconomic damages awarded as a result of any act or omission of providing medical care or treatment, including diagnosis that occurs prior to the time the patient is stabilized and is

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capable of receiving medical treatment as a nonemergency patient, unless surgery is required as a result of the emergency within a reasonable time after the patient is stabilized, in which case the limitation provided by this subsection applies to any act or omission of providing medical care or treatment which occurs prior to the stabilization of the patient following the surgery.

(6) LIMITATION ON NONECONOMIC DAMAGES FOR NEGLIGENCE OF A PRACTITIONER PROVIDING SERVICES AND CARE TO A MEDICAID RECIPIENT.—Notwithstanding subsections (2), (3), and (5), with respect to a cause of action for personal injury or wrongful death arising from medical negligence of a practitioner committed in the course of providing medical services and medical care to a Medicaid recipient, regardless of the number of such practitioner defendants providing the services and care, noneconomic damages may not exceed \$300,000 per claimant, unless the claimant pleads and proves, by clear and convincing evidence, that the practitioner acted in a wrongful manner. A practitioner providing medical services and medical care to a Medicaid recipient is not liable for more than \$200,000 in noneconomic damages, regardless of the number of claimants, unless the claimant pleads and proves, by clear and convincing evidence, that the practitioner acted in a wrongful manner. The fact that a claimant proves that a practitioner acted in a wrongful manner does not preclude the application of the limitation on noneconomic damages prescribed elsewhere in this section. For purposes of this subsection:

(b) The term "practitioner," in addition to the meaning prescribed in subsection (1), includes a ~~any~~ hospital ~~or~~

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~~ambulatory surgical center~~ as defined and licensed under chapter 395 or an ambulatory surgical center as defined and licensed under chapter 396.

Section 109. Subsection (4) of section 766.202, Florida Statutes, is amended to read:

766.202 Definitions; ss. 766.201-766.212.—As used in ss. 766.201-766.212, the term:

(4) "Health care provider" means a ~~any~~ hospital ~~or ambulatory surgical center~~ as defined and licensed under chapter 395; an ambulatory surgical center as defined and licensed under chapter 396; a birth center licensed under chapter 383; any person licensed under chapter 458, chapter 459, chapter 460, chapter 461, chapter 462, chapter 463, part I of chapter 464, chapter 466, chapter 467, part XIV of chapter 468, or chapter 486; a health maintenance organization certificated under part I of chapter 641; a blood bank; a plasma center; an industrial clinic; a renal dialysis facility; or a professional association partnership, corporation, joint venture, or other association for professional activity by health care providers.

Section 110. Section 766.316, Florida Statutes, is amended to read:

766.316 Notice to obstetrical patients of participation in the plan.—Each hospital with a participating physician on its staff and each participating physician, other than residents, assistant residents, and interns deemed to be participating physicians under s. 766.314(4)(c), under the Florida Birth-Related Neurological Injury Compensation Plan shall provide notice to the obstetrical patients as to the limited no-fault alternative for birth-related neurological injuries. Such notice

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shall be provided on forms furnished by the association and shall include a clear and concise explanation of a patient's rights and limitations under the plan. The hospital or the participating physician may elect to have the patient sign a form acknowledging receipt of the notice form. Signature of the patient acknowledging receipt of the notice form raises a rebuttable presumption that the notice requirements of this section have been met. Notice need not be given to a patient when the patient has an emergency medical condition as defined in s. 395.002 ~~s. 395.002(8)(b)~~ or when notice is not practicable.

Section 111. Subsections (1), (2), (5), (6), and (8) of section 790.338, Florida Statutes, are amended to read:

790.338 Medical privacy concerning firearms; prohibitions; penalties; exceptions.—

(1) A health care practitioner licensed under chapter 456 or a health care facility licensed under chapter 395 or chapter 396 may not intentionally enter any disclosed information concerning firearm ownership into the patient's medical record if the practitioner knows that such information is not relevant to the patient's medical care or safety, or the safety of others.

(2) A health care practitioner licensed under chapter 456 or a health care facility licensed under chapter 395 or chapter 396 shall respect a patient's right to privacy and should refrain from making a written inquiry or asking questions concerning the ownership of a firearm or ammunition by the patient or by a family member of the patient, or the presence of a firearm in a private home or other domicile of the patient or

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a family member of the patient. Notwithstanding this provision, a health care practitioner or health care facility that in good faith believes that this information is relevant to the patient's medical care or safety, or the safety of others, may make such a verbal or written inquiry.

(5) A health care practitioner licensed under chapter 456 or a health care facility licensed under chapter 395 or chapter 396 may not discriminate against a patient based solely upon the patient's exercise of the constitutional right to own and possess firearms or ammunition.

(6) A health care practitioner licensed under chapter 456 or a health care facility licensed under chapter 395 or chapter 396 shall respect a patient's legal right to own or possess a firearm and should refrain from unnecessarily harassing a patient about firearm ownership during an examination.

(8) Violations of the provisions of subsections (1)-(4) constitute grounds for disciplinary action under ss. 456.072(2), ~~and~~ 395.1055, and 396.218, as applicable.

Section 112. Paragraph (b) of subsection (2) of section 812.014, Florida Statutes, is amended to read:

812.014 Theft.—

(2)

(b)1. If the property stolen is valued at \$20,000 or more, but less than \$100,000;

2. If the property stolen is cargo valued at less than \$50,000 that has entered the stream of interstate or intrastate commerce from the shipper's loading platform to the consignee's receiving dock;

3. If the property stolen is emergency medical equipment,

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valued at \$300 or more, that is taken from a facility licensed under chapter 395 or from an aircraft or vehicle permitted under chapter 401; or

4. If the property stolen is law enforcement equipment, valued at \$300 or more, that is taken from an authorized emergency vehicle, as defined in s. 316.003,

the offender commits grand theft in the second degree, punishable as a felony of the second degree, as provided in s. 775.082, s. 775.083, or s. 775.084. Emergency medical equipment means mechanical or electronic apparatus used to provide emergency services and care as defined in s. 395.002 ~~s. 395.002(9)~~ or to treat medical emergencies. Law enforcement equipment means any property, device, or apparatus used by any law enforcement officer as defined in s. 943.10 in the officer's official business. However, if the property is stolen during a riot or an aggravated riot prohibited under s. 870.01 and the perpetration of the theft is facilitated by conditions arising from the riot; or within a county that is subject to a state of emergency declared by the Governor under chapter 252, the theft is committed after the declaration of emergency is made, and the perpetration of the theft is facilitated by conditions arising from the emergency, the theft is a felony of the first degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084. As used in this paragraph, the term "conditions arising from the riot" means civil unrest, power outages, curfews, or a reduction in the presence of or response time for first responders or homeland security personnel and the term "conditions arising from the emergency" means civil unrest, power outages, curfews,

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voluntary or mandatory evacuations, or a reduction in the presence of or response time for first responders or homeland security personnel. A person arrested for committing a theft during a riot or an aggravated riot or within a county that is subject to a state of emergency may not be released until the person appears before a committing magistrate at a first appearance hearing. For purposes of sentencing under chapter 921, a felony offense that is reclassified under this paragraph is ranked one level above the ranking under s. 921.0022 or s. 921.0023 of the offense committed.

Section 113. Paragraph (b) of subsection (1) of section 893.05, Florida Statutes, is amended to read:

893.05 Practitioners and persons administering controlled substances in their absence.—

(1)

(b) Pursuant to s. 458.347(4)(g), s. 459.022(4)(f), or s. 464.012(3), as applicable, a practitioner who supervises a licensed physician assistant or advanced practice registered nurse may authorize the licensed physician assistant or advanced practice registered nurse to order controlled substances for administration to a patient in a facility licensed under chapter 395, chapter 396, or part II of chapter 400.

Section 114. Paragraph (h) of subsection (1) of section 893.13, Florida Statutes, is amended to read:

893.13 Prohibited acts; penalties.—

(1)

(h) Except as authorized by this chapter, a person may not sell, manufacture, or deliver, or possess with intent to sell, manufacture, or deliver, a controlled substance in, on, or

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within 1,000 feet of the real property comprising a mental health facility, as that term is used in chapter 394; a health care facility licensed under chapter 395 or chapter 396 which provides substance abuse treatment; a licensed service provider as defined in s. 397.311; a facility providing services that include clinical treatment, intervention, or prevention as described in s. 397.311(27); a recovery residence as defined in s. 397.311; an assisted living facility as defined in chapter 429; or a pain management clinic as defined in s. 458.3265(1)(a)1.c. or s. 459.0137(1)(a)1.c. A person who violates this paragraph with respect to:

1. A controlled substance named or described in s. 893.03(1)(a), (1)(b), (1)(d), (2)(a), (2)(b), or (2)(c)5. commits a felony of the first degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

2. A controlled substance named or described in s. 893.03(1)(c), (2)(c)1., (2)(c)2., (2)(c)3., (2)(c)6., (2)(c)7., (2)(c)8., (2)(c)9., (2)(c)10., (3), or (4) commits a felony of the second degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

3. Any other controlled substance, except as lawfully sold, manufactured, or delivered, must be sentenced to pay a \$500 fine and to serve 100 hours of public service in addition to any other penalty prescribed by law.

Section 115. Paragraph (b) of subsection (1) of section 945.6041, Florida Statutes, is amended to read:

945.6041 Inmate medical services.—

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

(b) "Health care provider" means:

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1. A hospital licensed under chapter 395.

2. A physician or physician assistant licensed under chapter 458.

3. An osteopathic physician or physician assistant licensed under chapter 459.

4. A podiatric physician licensed under chapter 461.

5. A health maintenance organization certificated under part I of chapter 641.

6. An ambulatory surgical center licensed under chapter 396 ~~395~~.

7. A professional association, partnership, corporation, joint venture, or other association established by the individuals set forth in subparagraphs 2., 3., and 4. for professional activity.

8. An other medical facility.

a. As used in this subparagraph, the term "other medical facility" means:

(I) A facility the primary purpose of which is to provide human medical diagnostic services, or a facility providing nonsurgical human medical treatment which discharges patients on the same working day that the patients are admitted; and

(II) A facility that is not part of a hospital.

b. The term does not include a facility existing for the primary purpose of performing terminations of pregnancy, or an office maintained by a physician or dentist for the practice of medicine.

Section 116. Paragraph (a) of subsection (1) of section 985.6441, Florida Statutes, is amended to read:

985.6441 Health care services.—

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

(a) "Health care provider" means:

1. A hospital licensed under chapter 395.

2. A physician or physician assistant licensed under chapter 458.

3. An osteopathic physician or physician assistant licensed under chapter 459.

4. A podiatric physician licensed under chapter 461.

5. A health maintenance organization certificated under part I of chapter 641.

6. An ambulatory surgical center licensed under chapter 396 ~~395~~.

7. A professional association, partnership, corporation, joint venture, or other association established by the individuals set forth in subparagraphs 2.-4. for professional activity.

8. An other medical facility.

a. As used in this subparagraph, the term "other medical facility" means:

(I) A facility the primary purpose of which is to provide human medical diagnostic services, or a facility providing nonsurgical human medical treatment which discharges patients on the same working day that the patients are admitted; and

(II) A facility that is not part of a hospital.

b. The term does not include a facility existing for the primary purpose of performing terminations of pregnancy, or an office maintained by a physician or dentist for the practice of medicine.

Section 117. Paragraph (b) of subsection (28) of section

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1001.42, Florida Statutes, is amended to read:

1001.42 Powers and duties of district school board.—The district school board, acting as a board, shall exercise all powers and perform all duties listed below:

(28) UNACCOMPANIED HOMELESS YOUTH.—Provide to each student who is an unaccompanied homeless youth certified under s. 743.067 a card that includes information on the rights and benefits for such youth, as well as the contact information for the school district's liaison for homeless children and youths. The card must be similar in size to the student identification card issued to students in the district and include all of the following information:

(b) On the back of the card, the following statement:

Section 743.067, Florida Statutes, provides that this certified youth may consent to medical care; dental care; behavioral health care services, including psychological counseling and treatment, psychiatric treatment, and substance abuse prevention and treatment services; and surgical diagnosis and treatment, including preventative care and care by a facility licensed under chapter 394, chapter 395, chapter 396, or chapter 397 and any forensic medical examination for the purpose of investigating any felony offense under chapter 784, chapter 787, chapter 794, chapter 800, or chapter 827, for himself or herself or his or her child, if the certified youth is unmarried, is the parent of the child, and has actual custody of the child.

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Section 118. Subsection (1) of section 1012.965, Florida Statutes, is amended to read:

1012.965 Payment of costs of civil action against employees.—

(1) An employee or agent under the right of control of a university board of trustees who, pursuant to the university board's policies or rules, renders medical care or treatment at any hospital or health care facility with which the university board maintains an affiliation agreement whereby the hospital or health care facility provides to the university board a clinical setting for health care education, research, and services, is ~~shall~~ not be deemed to be an agent of any person other than the university board in any civil action resulting from any act or omission of the employee or agent while rendering said medical care or treatment. For this subsection to apply, the patient shall be provided separate written conspicuous notice by the university board of trustees or by the hospital or health care facility, and shall acknowledge receipt of this notice, in writing, unless impractical by reason of an emergency, either personally or through another person authorized to give consent for him or her, that he or she will receive care provided by university board's employees and liability, if any, that may arise from that care is limited as provided by law. Compliance by a hospital or health care facility with the requirements of chapter 395, chapter 396, or s. 766.110(1) may ~~shall~~ not be used as evidence in any civil action to establish an employment or agency relationship between the hospital or health care facility and an employee or agent of the university board of trustees providing services within the hospital or health care facility.

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Section 119. This act shall take effect July 1, 2026.

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THE FLORIDA SENATE

Tallahassee, Florida 32399-1100

COMMITTEES:

Appropriations Committee on Health and Human
Services, *Chair*
Appropriations
Community Affairs
Health Policy
Judiciary
Rules

SENATOR JAY TRUMBULL

2nd District

January 19, 2026

Re: SB 1156

Dear Chair Burton,

I respectfully request Senate Bill 1156, Ambulatory Surgical Centers, be placed on the agenda for the next meeting of the Healthy Policy Committee.

I appreciate your time and consideration of this request. If you have any questions or concerns, please do not hesitate to contact my office at (850) 487-5002.

Thank you,

A handwritten signature in black ink, appearing to be "J. Trumbull", written in a cursive style.

Senator Jay Trumbull
District 2

REPLY TO:

- ☐ 840 West 11th Street, Panama City, Florida 32401 (850) 747-5454
- ☐ 415 Senate Building, 404 South Monroe Street, Tallahassee, Florida 32399-1100 (850) 487-5002

Senate's Website: www.flsenate.gov

BEN ALBRITTON
President of the Senate

JASON BRODEUR
President Pro Tempore

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

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

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

BILL: CS/SB 1480

INTRODUCER: Health Policy Committee and Senator Burton

SUBJECT: Temporary Certificates for Practice in Areas of Critical Need

DATE: January 28, 2026

REVISED: _____

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

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/SB 1480 amends provisions relating to temporary certificates for practice in areas of critical need. It authorizes a certificateholder to continue providing primary care services to patients in an area of critical need after the area has lost its designation if the practitioner maintains an active primary care treatment relationship in the area with at least one patient and satisfies all other applicable requirements.

The bill takes effect upon becoming a law.

II. Present Situation:

Health Care Professional Shortage Areas (HPSAs)

The federal Health Resources and Services Administration (HRSA) designates health care shortage areas in the U.S. The two main types of health care shortage areas designated by the HRSA are HPSAs and Medically Underserved Areas.

There are three categories of HPSA: primary care, dental health, and mental health.¹ HPSAs can be designated as geographic areas; areas with a specific group of people such as low-income

¹ *Health Professional Shortage Areas (HPSAs) and Your Site*, National Health Service Corps, available at <https://bhwh.hrsa.gov/sites/default/files/bureau-health-workforce/workforce-shortage-areas/nhsc-hpsas-practice-sites.pdf>, (last visited Jan 22, 2026).

populations, homeless populations, and migrant farmworker populations; or as a specific facility that serves a population or geographic area with a shortage of providers.² HRSA designates a HPSA when an area, population group, or facility meets federal criteria that focus on provider availability and access, including minimum population-to-provider ratio requirements and access measures such as travel time to the nearest source of care.³

2026 Florida HPSA Statistics

As of January 1, 2026, it would take an additional 1,434 primary care practitioners, 1,271 dental practitioners, and 545 mental health practitioners to eliminate Florida's HPSA shortage areas.⁴

Of the *primary care* HPSAs in Florida (320 total), 23 are geographic area designations, 134 are population group designations, and 163 are facility designations.⁵

Of the *dental health* HPSAs in Florida (283 total), 6 are geographic area designations, 111 are population group designations, and 166 are facility designations.⁶

Of the *mental health* HPSAs in Florida (239 total), 31 are geographic area designations, 42 are population group designations, and 166 are facility designations.⁷

Scoring and Designations

Each HPSA is given a score by the HRSA indicating the severity of the shortage in that area, population, or facility. The scores for primary care and mental health HPSAs can be between 0 and 25 and between 0 and 26 for dental health HPSAs, with a higher score indicating a more severe shortage.⁸

HRSA regularly rechecks HPSA designations to confirm that an area, population group, or facility still meets the shortage criteria. If updated data suggest an area, group, or facility may no longer qualify, HRSA can label it "Proposed for Withdrawal," which is an early warning that it could lose its HPSA status, but it is not final.⁹ During this period, the designation is generally still active and counted, while state and local partners have an opportunity to review the data and submit updates or corrections. If HRSA later issues a final withdrawal, the designation is removed, and programs or benefits that rely on an active HPSA may no longer apply.

² *What is a Shortage Designation?*, HRSA, available at <https://bhw.hrsa.gov/workforce-shortage-areas/shortage-designation#hpsas>, (last visited Jan 22, 2026).

³ Health Resources and Services Administration, Bureau of Health Workforce, *2025 National Shortage Designation Update (NSDU): Introducing New Data to Existing HPSAs* (May 29, 2025), <https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/2025-nsdu-may-29-webinar-slides.pdf> (last visited Jan. 20, 2026).

⁴ Bureau of Health Workforce, HRSA, U.S. Department of Health and Human Services, *Designated Health Professional Shortage Areas Statistics, First Quarter of Fiscal Year 2026* (December 31, 2025), available at <https://data.hrsa.gov/default/generatehpsaquarterlyreport> (last visited Jan 22, 2026).

⁵ *Id* at 5.

⁶ *Id* at 8.

⁷ *Id* at 11.

⁸ HRSA, *Scoring Shortage Designations*, available at <https://bhw.hrsa.gov/workforce-shortage-areas/shortage-designation/scoring>, (last visited Jan 22, 2026).

⁹ Health Resources and Services Administration, *Federal Register Notice* (listing designated HPSAs reflecting Federal Register notice published Nov. 5, 2024; status as of Oct. 15, 2024), <https://data.hrsa.gov/topics/health-workforce/shortage-areas/frn> (last visited Jan. 20, 2026).

New areas, population groups, or facilities can be proposed for designation when a State Primary Care Office submits an application in HRSA's online system.¹⁰ HRSA reviews the application and, if it meets the criteria, HRSA approves the designation, calculates a score, and notifies the Primary Care Office and any identified interested parties.¹¹ Florida's Primary Care Office is the Health Resources and Access Section within the Division of Public Health Statistics and Performance Improvement at the Florida Department of Health (DOH).¹²

Florida Areas of Critical Need

The Florida Statutes require the State Surgeon General to determine the areas of critical need in which a temporary certificateholder may practice.¹³ Those areas must include health professional shortage areas designated by the United States Department of Health and Human Services.¹⁴

In August 2022, Florida's Surgeon General, Joseph Ladapo, issued an order¹⁵ determining the following areas as areas of critical need:

- Primary care HPSAs;¹⁶
- Mental health HPSAs;¹⁷
- Volunteer Health Care Provider Program participants;¹⁸ and
- Free clinics.

The order also provided that, regarding temporary certificates, practicing in any location that was in a designated HPSA at the time the temporary certificate was issued or renewed, whichever was later, but was withdrawn by HRSA as published in the Federal Register during the term of the temporary certificate, would be considered practicing in an area of critical need until the next temporary certificate renewal.

The Surgeon General also designated the following institutions as areas of critical need which had been operating as approved institutions in a designated area of critical need but which are not

¹⁰ Health Resources and Services Administration, Bureau of Health Workforce, *Reviewing Shortage Designation Applications* (last reviewed Jan. 2025), <https://bhw.hrsa.gov/workforce-shortage-areas/shortage-designation/reviewing-applications> (last visited Jan. 20, 2026).

¹¹ *Id.*

¹² Health Resources and Services Administration, Bureau of Health Workforce, *Contact Your State/Territorial Primary Care Office*, <https://bhw.hrsa.gov/workforce-shortage-areas/shortage-designation/contact-state-primary-care-office> (last visited Jan. 20, 2026).

¹³ Sections. 458.315(3)(a), 459.0076(3)(a), and 464.0121(3)(a), F.S.

¹⁴ *Id.*

¹⁵ Florida Department of Health, Office of the State Surgeon General, *Order of the State Surgeon General Determining Areas of Critical Need* (Aug. 10, 2022), available at <https://flboardofmedicine.gov/pdfs/ssg-order.pdf> (last visited Jan. 27, 2026).

¹⁶ Health Resources and Services Administration, *Find Shortage Areas by Address* (Health Workforce Shortage Areas), <https://data.hrsa.gov/topics/health-workforce/shortage-areas/by-address> (last visited Jan. 20, 2026).

¹⁷ *Id.*

¹⁸ Florida Department of Health, *Volunteer Health Care Provider Program: Provider Program* (describing the Volunteer Health Care Provider Program and participation requirements), <https://www.floridahealth.gov/licensing-regulations/provider-partner-resources/volunteer-health-services/provider-program/> (last visited Jan. 20, 2026).

located in a HPSA, so long as the facility continues to provide health care to meet the needs of the underserved population in its area:¹⁹

- Crossroads, 444 Valparaiso Parkway, Building C, Valparaiso, Florida 32580.
- Med Express Urgent Care, 13856 North Dale Mabry, Tampa, Florida 33618.
- Interamerican Medical Center Group, 15529 Bull Run Road, Miami Lakes, Florida 33014.

An area of critical need may lose its designation either by action of the State Surgeon General or if it no longer qualifies under the Surgeon General's criteria by losing its primary care or mental health HPSA designation. A temporary certificateholder who is practicing in an area that loses its designation may continue practicing under the certificate until the next annual renewal review; at that time, the certificateholder will no longer meet the criteria to hold the certificate to practice in that area.

Temporary Certificates to Practice in Areas of Critical Need

Florida law authorizes the Board of Medicine, the Board of Osteopathic Medicine, and the Board of Nursing to issue a temporary certificate to practice in areas of critical need, as determined by the Surgeon General, for out-of-state licensed health care practitioners. Section 458.315, F.S. (allopathic physicians and physician assistants), s. 459.0076, F.S. (osteopathic physicians and physician assistants), and s. 464.0121, F.S. (advanced practice registered nurses), are structured similarly and contain parallel eligibility criteria, practice settings, and oversight requirements, as detailed below.

An allopathic physician, osteopathic physician, or an APRN who is licensed to practice in any jurisdiction of the U.S. whose license is currently valid may be issued a temporary certificate for practice in areas of critical need. An APRN must also meet educational and training requirements established by the Board of Nursing. An allopathic or osteopathic physician seeking the temporary certificate must pay an application fee of \$300.

A physician assistant licensed to practice in any state of the U.S. or the District of Columbia whose license is currently valid may be issued a temporary certificate for practice in areas of critical need. In 2025, the statute was amended to narrow eligibility from licensure in any U.S. jurisdiction to licensure in any state or D.C.²⁰

Each board is authorized to administer an abbreviated oral examination to determine competency and may not require a written regular exam. Within 60 days after receipt of an application, the board must: issue the temporary certificate; notify the applicant of denial; or notify the applicant that the board recommends additional assessment, training, education, or other requirements as a condition of certification. The board may deny the application, issue the temporary certificate with reasonable restrictions, or require the applicant to meet any reasonable conditions if it has been more than three years since the applicant has actively practiced and the respective board determines the applicant lacks clinical competency, adequate skills, necessary medical knowledge, or sufficient clinical decision-making.

¹⁹ *Supra* note 7.

²⁰ Chapter 2025-114, ss. 10-11, Laws of Fla.

The boards must review the temporary certificate holder at least annually to ensure that he or she is in compliance with the practice act and rules adopted thereunder. A board may revoke or restrict the temporary certificate for practice in areas of critical need if noncompliance is found.

Temporary Certificateholder Statistics

According to the DOH, Medical Quality Assurance Annual Report (FY 2024–2025), the temporary “Area of Critical Need” credential types implicated by SB 1480 represent a relatively small population within Florida’s health workforce.²¹ The DOH reports:

- 1,253 Medical Doctor temporary certificates in total (1,130 active, 93 delinquent, and 27 retired, with the remainder inactive).
- 60 Physician Assistant temporary certificates (all 60 active).
- 2 Osteopathic Medicine temporary certificates (both active).
- 2 APRN temporary certificates (both active).

Collectively, these data indicate 1,317 total temporary certificates to practice in areas of critical need, with 1,194 being active.²²

The report also indicates that initial applications for temporary certificates were received as follows: 120 for medical doctors, 273 for physician assistants, 1 for osteopathic physicians, and 11 for APRNs.²³

III. Effect of Proposed Changes:

The bill amends the statutes governing temporary certificates for certain health care practitioners who practice in areas of critical need, including allopathic physicians and physician assistants, osteopathic physicians and physician assistants, and advanced practice registered nurses. The bill creates a pathway under which a certificate may remain usable in a location that later loses its “area of critical need” designation.

If an area of critical need loses its designation, and if the certificateholder has established an active primary care treatment relationship in that area with one or more patients, he or she may continue providing primary care services in that area to patients under the certificate. The continued practice would be limited to the geographic area, population, or facility in which the certificateholder was already treating patients.

Under current law, the Board of Medicine, Board of Osteopathic Medicine, or the Board of Nursing, as applicable, must review each temporary certificateholder at least annually to ascertain that the certificateholder is complying with his or her practice act and related rules. Under the bill, if an area of critical need loses its designation, the board in question must find that all requirements, other than the area being designated as a current area of critical need, are satisfied in order to re-authorize continued primary care practice by an affected certificateholder under his or her certificate.

²¹ Florida Department of Health, *2024-2025 Medical Quality Assurance Annual Report*, available at <https://flhealthsource.gov/pdf/reports/2025.10.31.FY24-25MQAAR-FINAL1.pdf> (last visited Jan. 27, 2026).

²² *Id.*

²³ *Id.*

The bill may provide continuity of care for patients who began receiving treatment during the period in which the location was designated as an area of critical need.

Section 1 of the bill amends s. 458.315, F.S., relating to temporary certificates issued by the Board of Medicine.

Section 2 of the bill amends s. 459.0076, F.S., relating to temporary certificates issued by the Board of Osteopathic Medicine.

Section 3 of the bill amends s. 464.0121, F.S., relating to temporary certificates issued by the Board of Nursing.

Section 4 of the bill provides that the bill takes effect upon the act becoming a law.

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 identified.

B. Private Sector Impact:

None identified.

C. Government Sector Impact:

Due to the relatively small number of temporary certificateholders, any impact on the Boards of Medicine, Osteopathic Medicine, and Nursing, or the DOH is expected to be minimal and absorbed within existing resources.

VI. Technical Deficiencies:

None identified.

VII. Related Issues:

None identified.

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 458.315, 459.0076, 464.0121.

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

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

CS by Health Policy on January 26, 2026:

The CS:

- Removes the requirement in the underlying bill that the practitioner may only treat established patients after the area loses its designation, enabling the practitioner to provide primary care services to new patients.
- Limits the continued practice under the otherwise-expired certificate to primary care.
- Clarifies that the treatment relationship must be located within the area rather than the patient.
- Clarifies that the applicable board must find the certificateholder has satisfied certain requirements during its annual review of the temporary certificate in order to authorize continued practice under the otherwise-expired certificate.

B. Amendments:

None.



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LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
01/27/2026	.	
	.	
	.	
	.	

The Committee on Health Policy (Burton) recommended the following:

Senate Amendment (with title amendment)

Delete everything after the enacting clause
and insert:

Section 1. Paragraph (c) of subsection (3) of section
458.315, Florida Statutes, is amended to read:

458.315 Temporary certificate for practice in areas of
critical need.—

(3) The board may issue a temporary certificate under this
section subject to the following restrictions:



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11 (c)1. Any certificate issued under this section is valid
12 only so long as one of the following conditions applies:

13 a. The State Surgeon General determines that the reason for
14 which it was issued remains a critical need to the state.

15 b. The certificate was issued for practice in an area of
16 critical need that has since lost its designation and the
17 certificateholder maintains an active primary care treatment
18 relationship in the area with one or more patients. In such
19 case, the certificateholder may continue providing primary care
20 services to patients in such area under the certificate if the
21 board finds that all other requirements are satisfied during its
22 review of the certificateholder.

23 2. The board shall review each temporary certificateholder
24 at least annually to ascertain that the certificateholder is
25 complying with the minimum requirements of the Medical Practice
26 Act and its adopted rules, as applicable to the
27 certificateholder. If it is determined that the
28 certificateholder is not meeting such minimum requirements, the
29 board must revoke such certificate or impose restrictions or
30 conditions, or both, as a condition of continued practice under
31 the certificate.

32 Section 2. Paragraph (c) of subsection (3) of section
33 459.0076, Florida Statutes, is amended to read:

34 459.0076 Temporary certificate for practice in areas of
35 critical need.—

36 (3) The board may issue this temporary certificate subject
37 to the following restrictions:

38 (c)1. Any certificate issued under this section is valid
39 only so long as one of the following conditions applies:



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40 a. The State Surgeon General determines that the reason for
41 which it was issued remains a critical need to the state.

42 b. The certificate was issued for practice in an area of
43 critical need that has since lost its designation and the
44 certificateholder maintains an active primary care treatment
45 relationship in the area with one or more patients. In such
46 case, the certificateholder may continue providing primary care
47 services to patients in such area under the certificate if the
48 board finds that all other requirements are satisfied during its
49 review of the certificateholder.

50 2. The board shall review each temporary certificateholder
51 at least annually to ascertain that the certificateholder is
52 complying with the minimum requirements of the Osteopathic
53 Medical Practice Act and its adopted rules, as applicable to the
54 certificateholder. If it is determined that the
55 certificateholder is not meeting such minimum requirements, the
56 board must revoke such certificate or impose restrictions or
57 conditions, or both, as a condition of continued practice under
58 the certificate.

59 Section 3. Paragraph (c) of subsection (3) of section
60 464.0121, Florida Statutes, is amended to read:

61 464.0121 Temporary certificate for practice in areas of
62 critical need.—

63 (3) The board may issue a temporary certificate under this
64 section subject to the following restrictions:

65 (c)1. Any certificate issued under this section is valid
66 only so long as one of the following conditions applies:

67 a. The State Surgeon General maintains the determination
68 that the critical need that supported the issuance of the



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temporary certificate remains a critical need to the state.

b. The certificate was issued for practice in an area of critical need that has since lost its designation and the certificateholder maintains an active primary care treatment relationship in the area with one or more patients. In such case, the certificateholder may continue providing primary care services to patients in such area under the certificate if the board finds that all other requirements are satisfied during its review of the certificateholder.

2. The board shall review each temporary certificateholder at least annually to ascertain that the certificateholder is complying with the minimum requirements of the Nurse Practice Act and its adopted rules, as applicable to the certificateholder. If it is determined that the certificateholder is not meeting such minimum requirements, the board must revoke such certificate or impose restrictions or conditions, or both, as a condition of continued practice under the certificate.

Section 4. This act shall take effect upon becoming a law.

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

And the title is amended as follows:

Delete everything before the enacting clause
and insert:

A bill to be entitled
An act relating to temporary certificates for practice
in areas of critical need; amending ss. 458.315,
459.0076, and 464.0121, F.S.; revising the conditions
under which the Board of Medicine, the Board of



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98 Osteopathic Medicine, and the Board of Nursing,
99 respectively, are authorized to issue temporary
100 certificates for practice in areas of critical need;
101 authorizing certificateholders to continue primary
102 care services after such areas lose their critical
103 need designation under certain circumstances;
104 providing an effective date.

By Senator Burton

12-01198B-26

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A bill to be entitled
An act relating to temporary certificates for practice
in areas of critical need; amending ss. 458.315,
459.0076, and 464.0121, F.S.; authorizing certain
health care practitioners practicing under a temporary
certificate to practice in areas of critical need to
continue to practice after such areas lose such
designation if certain conditions are met; providing
an effective date.

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

Section 1. Paragraph (c) of subsection (3) of section
458.315, Florida Statutes, is amended to read:

458.315 Temporary certificate for practice in areas of
critical need.—

(3) The board may issue a temporary certificate under this
section subject to the following restrictions:

(c)1. Any certificate issued under this section is valid
only so long as one of the following conditions applies:

a. The State Surgeon General determines that the reason for
which it was issued remains a critical need to the state.

b. The certificateholder has an active primary care
treatment relationship, established no later than January 1,
2026, with one or more patients in an area that was determined
to be an area of critical need under paragraph (a) when the
certificate was issued but that subsequently lost such
designation. In such case, at the discretion of the board, a
certificateholder may continue treating such patients in that

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area under the certificate if all other requirements of this section are satisfied.

2. The board shall review each temporary certificateholder at least annually to ascertain that the certificateholder is complying with the minimum requirements of the Medical Practice Act and its adopted rules, as applicable to the certificateholder. If it is determined that the certificateholder is not meeting such minimum requirements, the board must revoke such certificate or impose restrictions or conditions, or both, as a condition of continued practice under the certificate.

Section 2. Paragraph (c) of subsection (3) of section 459.0076, Florida Statutes, is amended to read:

459.0076 Temporary certificate for practice in areas of critical need.—

(3) The board may issue this temporary certificate subject to the following restrictions:

(c)1. Any certificate issued under this section is valid only so long as one of the following conditions applies:

a. The State Surgeon General determines that the reason for which it was issued remains a critical need to the state.

b. The certificateholder has an active primary care treatment relationship, established no later than January 1, 2026, with one or more patients in an area that was determined to be an area of critical need under paragraph (a) when the certificate was issued but that subsequently lost such designation. In such case, at the discretion of the board, a certificateholder may continue treating such patients in that area under the certificate if all other requirements of this

12-01198B-26

20261480__

section are satisfied.

2. The board shall review each temporary certificateholder at least annually to ascertain that the certificateholder is complying with the minimum requirements of the Osteopathic Medical Practice Act and its adopted rules, as applicable to the certificateholder. If it is determined that the certificateholder is not meeting such minimum requirements, the board must revoke such certificate or impose restrictions or conditions, or both, as a condition of continued practice under the certificate.

Section 3. Paragraph (c) of subsection (3) of section 464.0121, Florida Statutes, is amended to read:

464.0121 Temporary certificate for practice in areas of critical need.—

(3) The board may issue a temporary certificate under this section subject to the following restrictions:

(c)1. Any certificate issued under this section is valid only so long as one of the following conditions applies:

a. The State Surgeon General maintains the determination that the critical need that supported the issuance of the temporary certificate remains a critical need to the state.

b. The certificateholder has an active primary care treatment relationship, established no later than January 1, 2026, with one or more patients in an area that was determined to be an area of critical need under paragraph (a) when the certificate was issued but that subsequently lost such designation. In such case, at the discretion of the board, a certificateholder may continue treating such patients in that area under the certificate if all other requirements of this

12-01198B-26

20261480__

88 section are satisfied.

89 2. The board shall review each temporary certificateholder
90 at least annually to ascertain that the certificateholder is
91 complying with the minimum requirements of the Nurse Practice
92 Act and its adopted rules, as applicable to the
93 certificateholder. If it is determined that the
94 certificateholder is not meeting such minimum requirements, the
95 board must revoke such certificate or impose restrictions or
96 conditions, or both, as a condition of continued practice under
97 the certificate.

98 Section 4. This act shall take effect upon becoming a law.

The Florida Senate

APPEARANCE RECORD

Deliver both copies of this form to
Senate professional staff conducting the meeting

Tab 5

1/26/22

Meeting Date

Health Policy

Committee

1480

Bill Number or Topic

DELETE ALL

Amendment Barcode (if applicable)

Name DR RICK SHINTO

Phone 407-799-7362

Address 9227 SLOW
Street

Email Rshinto@innovacare

ORLANDO
City

FL
State

32827
Zip

Speaking: ☒ For ☐ Against ☐ Information

OR

Waive Speaking: ☐ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☒ I am appearing without
compensation or sponsorship.

☐ I am a registered lobbyist,
representing:

☐ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

This form is part of the public record for this meeting.

S-001 (08/10/2021)

The Florida Senate

APPEARANCE RECORD

1480

Meeting Date

1-26-2026
Health Policy

Deliver both copies of this form to
Senate professional staff conducting the meeting

Bill Number or Topic

Committee

Amendment Barcode (if applicable)

Name

Daniel Martinez

Phone

305-240-2917

Address

107 E College Ave

Email

DMartinez@AFPHQ.org

Street

TLH

City

FL

State

~~3200~~ 32301

Zip

Speaking:

☐

For

☐

Against

☐

Information

OR

Waive Speaking:

☒

In Support

☐

Against

PLEASE CHECK ONE OF THE FOLLOWING:

☐

I am appearing without
compensation or sponsorship.

☒

I am a registered lobbyist,
representing:

Americans for Prosperity

☐

I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

This form is part of the public record for this meeting.

S-001 (08/10/2021)

The Florida Senate

APPEARANCE RECORD

Deliver both copies of this form to
Senate professional staff conducting the meeting

1/26/26

Meeting Date

Health Policy

Committee

SB 1480

Bill Number or Topic

Amendment Barcode (if applicable)

Name

Jeff Scott

Phone

850 224-6496

Address

1413 Piedmont Dr. E.

Street

Email

jscott@flmedical.org

Tallahassee

City

FL

State

32312

Zip

Speaking:

☐

For

☐

Against

☐

Information

OR

Waive Speaking:

☒

In Support

☐

Against

PLEASE CHECK ONE OF THE FOLLOWING:

☐

I am appearing without
compensation or sponsorship.

☒

I am a registered lobbyist,
representing:

Florida Medical Association

☐

I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

This form is part of the public record for this meeting.

S-001 (08/10/2021)



THE FLORIDA SENATE

Tallahassee, Florida 32399-1100

COMMITTEES:

Appropriations Committee on Agriculture,
Environment, and General Government, *Vice Chair*
Appropriations
Education Postsecondary
Education Pre-K - 12
Health Policy
Judiciary
Rules

JOINT COMMITTEE:

Joint Legislative Budget Commission

SENATOR LORI BERMAN

Democratic Leader
26th District

MEMORANDUM

To: Senator Burton
From: Senator Berman
Subject: Absence
Date: January 22, 2026

Good afternoon, Chair Burton,

Please excuse my absence from the Health Policy Committee on January 26, 2025. Please let me know if you have any questions.

All the best,

A handwritten signature in cursive script that reads "Lori Berman". The signature is written in black ink and is followed by a horizontal line.

REPLY TO:

- ☐ 2300 High Ridge Road, Suite 161, Boynton Beach, Florida 33426 (561) 292-6014 FAX: (888) 284-6491
- ☐ 228 Senate Building, 404 South Monroe Street, Tallahassee, Florida 32399-1100 (850) 487-5026

Senate's Website: www.flsenate.gov

BEN ALBRITTON
President of the Senate

JASON BRODEUR
President Pro Tempore

CourtSmart Tag Report

Room: KB 412

Case No.:

Type:

Caption: Senate Health Policy Meeting Judge:

Started: 1/26/2026 3:31:51 PM

Ends: 1/26/2026 5:42:28 PM

Length: 02:10:38

3:32:17 PM	Call to Order
3:32:22 PM	Roll Call
3:32:49 PM	Quorum Present
3:32:53 PM	Opening Remarks, Chair Burton
3:33:30 PM	Tab 1 SB 1082
3:33:36 PM	Senator Grall
3:35:58 PM	Late Filed Amendment 925054
3:36:04 PM	Senator Grall
3:36:17 PM	Senator Harrell
3:36:42 PM	Senator Grall
3:37:10 PM	Adopted
3:37:30 PM	Public Testimony
3:37:39 PM	Blake Buchanan
3:39:01 PM	Waives Read into Record
3:39:40 PM	Reported Favorably as a CS
3:39:59 PM	Tab 2 SB 1168
3:40:01 PM	Senator Grall
3:42:05 PM	Amendment 266302
3:42:40 PM	Senator Grall
3:42:46 PM	Adopted
3:42:55 PM	Senator Davis
3:43:31 PM	Senator Grall
3:44:53 PM	Public Testimony
3:45:04 PM	Waives Read into Record
3:45:14 PM	Senator Osgood
3:47:47 PM	Senator Grall
3:48:18 PM	Reported Favorably as a CS
3:48:37 PM	Tab 4 SB 1156
3:48:41 PM	Senator Trumbull
3:49:54 PM	Reported Favorably
3:50:02 PM	Gavel Given to Senator Passidomo
3:50:12 PM	Tab 5 SB 1480
3:50:20 PM	Senator Burton
3:50:32 PM	Amendment 755302
3:52:34 PM	Adopted
3:52:48 PM	Public Testimony
3:52:55 PM	Rick Shinto
3:54:59 PM	Waives Read into Record
3:55:24 PM	Senator Davis
3:55:58 PM	Senator Burton
3:57:24 PM	Reported Favorably as a CS
3:57:36 PM	Gavel Passed to Senator Burton
3:57:48 PM	Informal Recess
3:57:54 PM	Recording Paused
4:03:33 PM	Recording Resumed
4:03:50 PM	Tab 3 SB 1756
4:03:56 PM	Senator Yarborough
4:05:52 PM	Senator Harrell
4:06:02 PM	Senator Harrell
4:06:54 PM	Senator Yarborough
4:07:37 PM	Senator Harrell
4:07:57 PM	Senator Yarborough

4:09:00 PM	Senator Harrell
4:10:08 PM	Senator Yarborough
4:10:20 PM	Senator Harrell
4:12:03 PM	Senator Yarborough
4:13:39 PM	Senator Harrell
4:14:13 PM	Senator Yarborough
4:15:38 PM	Senator Harrell
4:16:21 PM	Senator Yarborough
4:17:04 PM	Senator Davis
4:17:19 PM	Senator Osgood
4:17:53 PM	Senator Yarborough
4:19:11 PM	Senator Osgood
4:19:30 PM	Senator Yarborough
4:19:35 PM	Senator Osgood
4:20:17 PM	Senator Yarborough
4:21:48 PM	Senator Osgood
4:22:55 PM	Senator Yarborough
4:23:15 PM	Senator Osgood
4:23:51 PM	Senator Yarborough
4:25:39 PM	Senator Passidomo
4:26:28 PM	Senator Yarborough
4:26:43 PM	Senator Massullo
4:27:22 PM	Senator Yarborough
4:28:01 PM	Senator Massullo
4:28:09 PM	Senator Yarborough
4:28:23 PM	Senator Harrell
4:29:34 PM	Chair Burton
4:29:46 PM	Senator Yarborough
4:30:41 PM	Melissa Jordan, Department of Health
4:30:45 PM	Senator Harrell
4:31:10 PM	Melissa Jordan
4:31:58 PM	Senator Harrell
4:32:15 PM	Melissa Jordan
4:33:29 PM	Senator Calatayud
4:33:46 PM	Senator Yarborough
4:34:28 PM	Senator Calatayud
4:34:36 PM	Senator Yarborough
4:36:26 PM	Senator Calatayud
4:36:37 PM	Senator Yarborough
4:36:45 PM	Senator Calatayud
4:37:39 PM	Senator Yarborough
4:38:21 PM	Amendment 882450
4:38:25 PM	Senator Harrell
4:39:39 PM	Senator Yarborough
4:39:55 PM	Adopted
4:40:13 PM	Amendment 560756
4:40:26 PM	Substitute Amendment 205828
4:40:33 PM	Senator Harrell
4:41:48 PM	Senator Massullo
4:42:16 PM	Senator Harrell
4:43:25 PM	Senator Osgood
4:44:16 PM	Senator Harrell
4:46:21 PM	Senator Gaetz
4:46:39 PM	Chair Burton
4:46:42 PM	Senator Gaetz
4:47:42 PM	Melissa Jordan, Department of Health
4:49:03 PM	Senator Yarborough
4:49:19 PM	Senator Harrell
4:50:00 PM	Senator Yarborough
4:51:44 PM	Senator Osgood
4:52:18 PM	Senator Trumbull
4:52:53 PM	Senator Gaetz

4:54:15 PM	Senator Massullo
4:56:12 PM	Senator Harrell
4:58:27 PM	Not Adopted
4:59:04 PM	Amendment 560756 Withdrawn
4:59:44 PM	Public Testimony
5:01:04 PM	Northe Saunders, American Families for Vaccines
5:03:16 PM	Daniel Green
5:05:00 PM	Kas Miller, Florida Families for Vaccines
5:07:23 PM	Kimberly Oural Thorpe
5:09:39 PM	Sarah Marsicek, Florida Chapter of American Academy of Pediatrics
5:11:29 PM	Cathy Mayfield
5:13:10 PM	Rana Alissa, Florida Chapter of AAP
5:15:26 PM	Danielle Carter
5:18:04 PM	Susan Harbin, American Cancer Society Cancer Action Network
5:19:28 PM	Maria Norton
5:20:56 PM	Chair Burton
5:21:27 PM	Nector Antablian
5:23:58 PM	Bianca Ligon
5:25:49 PM	Waives Read into Record
5:27:22 PM	Senator Harrell
5:30:20 PM	Senator Osgood
5:34:13 PM	Senator Massullo
5:37:23 PM	Chair Burton
5:39:05 PM	Senator Yarborough
5:41:20 PM	Reported Favorably as a CS
5:41:28 PM	Closing Remarks, Chair Burton
5:41:36 PM	Vote Records
5:41:41 PM	Senator Harrell
5:41:50 PM	Senator Leek
5:41:58 PM	Senator Gaetz
5:42:22 PM	Adjourned