Tab 2	**SB 68** by **Harrell;** Similar to CS/H 00355 Health Care Patient Protection

720494	A	S	AHS, Harrell	Delete L.113 - 116:	02/02 11:34 AM

Tab 3	**CS/SB 96** by **MS, Sharief (CO-INTRODUCERS) Rouson, Jones;** Compare to CS/H 00253 Veterans Dental Care Grant Program

447652	A	S	AHS, Sharief	Delete L.18 - 22.	02/03 11:31 AM

Tab 4	**CS/SB 340** by **HP, Harrell (CO-INTRODUCERS) Davis;** Identical to CS/H 00303 Human Trafficking Education for Nurse Licensure

Tab 5	**SB 428** by **Yarborough (CO-INTRODUCERS) Smith, Davis, Berman, Massullo;** Identical to H 00085 Swimming Lesson Voucher Program

Tab 6	**CS/SB 606** by **HP, Smith (CO-INTRODUCERS) Yarborough, Davis, Berman;** Similar to H 00503 Drowning Prevention Education

Tab 7	**CS/SB 1480** by **HP, Burton;** Compare to H 00809 Temporary Certificates for Practice in Areas of Critical Need

Tab 8	**SB 7018** by **CF;** Child Welfare

The Florida Senate

COMMITTEE MEETING EXPANDED AGENDA

APPROPRIATIONS COMMITTEE ON HEALTH AND HUMAN SERVICES
Senator Trumbull, Chair
Senator Davis, Vice Chair

MEETING DATE: Wednesday, February 4, 2026
TIME: 1:00—3:15 p.m.
PLACE: *Pat Thomas Committee Room,* 412 Knott Building

MEMBERS: Senator Trumbull, Chair; Senator Davis, Vice Chair; Senators Brodeur, Burton, Garcia, Harrell, Rodriguez, Rouson, and Sharief

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
1	Review and Discussion of Fiscal Year 2026-2027 Budget Issues Relating to: Agency for Health Care Administration Agency for Persons with Disabilities Department of Children and Families Department of Elder Affairs Department of Health Department of Veterans' Affairs		
2	**SB 68** Harrell (Similar CS/H 355)	Health Care Patient Protection; Requiring hospitals with emergency departments to develop and implement policies and procedures and conduct training; authorizing a hospital with an emergency department to conduct the National Pediatric Readiness Project's Open Assessment under certain circumstances; requiring the Agency for Health Care Administration to adopt certain rules for comprehensive emergency management plans, etc. HP 11/18/2025 Favorable AHS 02/04/2026 FP	
3	**CS/SB 96** Military and Veterans Affairs, Space, and Domestic Security / Sharief (Compare CS/H 253)	Veterans Dental Care Grant Program; Revising the purpose of the Veterans Dental Care Grant Program, etc. MS 11/04/2025 Fav/CS AHS 02/04/2026 AP	
4	**CS/SB 340** Health Policy / Harrell (Identical CS/H 303)	Human Trafficking Education for Nurse Licensure; Revising requirements for initial licensure as a registered nurse or licensed practical nurse, beginning on a specified date, to include completion of a certain course on human trafficking, etc. HP 01/20/2026 Fav/CS AHS 02/04/2026 FP	

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
5	**SB 428** Yarborough (Identical H 85)	Swimming Lesson Voucher Program; Revising the age requirements for children receiving a voucher through the Swimming Lesson Voucher Program, etc. HP 01/20/2026 Favorable AHS 02/04/2026 FP	
6	**CS/SB 606** Health Policy / Smith (Similar H 503)	Drowning Prevention Education; Requiring the Department of Health to develop educational materials on drowning prevention safety measures and safe bathing practices for specified purposes; providing requirements for such materials; requiring hospitals, birth centers, and home birth providers to provide the educational materials to new parents and caregivers as part of their postpartum education and care, etc. HP 01/20/2026 Fav/CS AHS 02/04/2026 FP	
7	**CS/SB 1480** Health Policy / Burton (Compare H 809)	Temporary Certificates for Practice in Areas of Critical Need; Revising the conditions under which the Board of Medicine, the Board of Osteopathic Medicine, and the Board of Nursing, respectively, are authorized to issue temporary certificates for practice in areas of critical need; authorizing certificateholders to continue primary care services after such areas lose their critical need designation under certain circumstances, etc. HP 01/26/2026 Fav/CS AHS 02/04/2026 RC	
8	**SB 7018** Children, Families, and Elder Affairs	Child Welfare; Renaming the Step into Success Workforce Education and Internship Pilot Program as the Step into Success Workforce Education and Internship Program; requiring the department's Office of Continuing Care to develop certain cohorts within specified regions, collaborate with certain organizations and recruit mentors and organizations, and provide eligible former foster youth with internship placement opportunities; requiring the Office of Continuing Care to develop trauma-informed training for mentors of certain former foster youth which meets certain requirements, etc. AHS 02/04/2026 AP	
	Other Related Meeting Documents		

No materials for this item

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 Appropriations Committee on Health and Human Services

BILL:	SB 68
INTRODUCER:	Senator Harrell
SUBJECT:	Health Care Patient Protection
DATE:	February 3, 2026
REVISED:	

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Looke	Brown	HP	**Favorable**
2.	Barr	McKnight	AHS	**Pre-meeting**
3.			FP	

I. Summary:

SB 68 requires each hospital with an emergency department (ED) to develop and implement policies and procedures specific to the care of pediatric patients in its ED. The bill provides specific items that must be included in such policies and procedures as well as requiring training on the policies and procedures at least annually. Additionally, the bill requires each hospital's ED to designate a pediatric care coordinator and to conduct the National Pediatric Readiness Assessment (NPRA) on a timeframe established by the National Pediatric Readiness Project (NPRP).

The bill also requires the Agency for Health Care Administration (AHCA) to adopt rules to establish minimum standards for pediatric care in hospital EDs and to collect and publish each overall assessment score from the NPRA conducted by each hospital's ED.

This bill has no fiscal impact on state expenditures or revenues. **See Section V., Fiscal Impact Statement**.

The bill takes effect of July 1, 2026.

II. Present Situation:

Hospital Licensure

In Florida, emergency departments (ED) are either located in a hospital or on separate premises of a licensed hospital. Any licensed hospital that has a dedicated ED may provide emergency services in a location separate from the hospital's main premises, known as a hospital-based off-campus emergency department.[1]

[1] Section 395.002(13), F.S.

Current law requires each hospital with an ED to screen, examine, and evaluate a patient who presents to the ED to determine if an emergency medical condition exists and, if it does, provide care, treatment, or surgery to relieve or eliminate the emergency medical condition.[2] Each hospital with an ED must provide emergency services and care[3] 24 hours a day and must have at least one physician on-call and available within 30 minutes.[4]

Inventory of Hospital Emergency Services

Each hospital offering emergency services and care must report to the Agency for Health Care Administration (AHCA) the services which are within the service capability of the hospital.[5] The AHCA is required to maintain an inventory of hospitals with emergency services, including a list of the services within the service capability of the hospital, to assist emergency medical services providers and the general public in locating appropriate emergency medical care.[6] If a hospital determines it is unable to provide a service on a 24-hour per day, 7-day per week, basis, either directly or indirectly through an arrangement with another hospital, the hospital must request a service exemption from the AHCA.[7]

Policies and Procedures

Each hospital offering emergency services and care is required to maintain written policies and procedures specifying the scope and conduct of their emergency services. The policies and procedures must be approved by the organized medical staff, reviewed at least annually, and must include:

- A process to designate a physician to serve as the director of the ED;
- A written description of the duties and responsibilities of all other health care personnel providing care within the ED;
- A planned formal training program on emergency access laws for all health care personnel working in the ED; and
- A control register to identify all persons seeking emergency care.[8]

Current law does not require EDs to have pediatric-specific policies and procedures.

Equipment and Supplies

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[2] Section 395.1041, F.S.

[3] Section 395.002(9), F.S., "emergency services and care" means medical screening, examination, and evaluation by a physician, or, to the extent permitted by applicable law, by other appropriate personnel under the supervision of a physician, to determine if an emergency medical condition exists and, if it does, the care, treatment, or surgery by a physician necessary to relieve or eliminate the emergency medical condition, within the service capability of the facility.

[4] Fla. Admin. Code R. 59A-3.255(6)(e)(2014).

[5] Section 395.1041(2), F.S.

[6] Medical services listed in the inventory include: anesthesia; burn; cardiology; cardiovascular surgery; colon & rectal surgery; emergency medicine; endocrinology; gastroenterology; general surgery; gynecology; hematology; hyperbaric medicine; internal medicine; nephrology; neurology; neurosurgery; obstetrics; ophthalmology; oral/maxilla-facial surgery; orthopedics; otolaryngology; plastic surgery; podiatry; psychiatry; pulmonary medicine; radiology; thoracic surgery; urology; and vascular surgery.

[7] Fla. Admin. Code R. 59A-3.255(4)(2014).

[8] Fla. Admin. Code R. 59A-3.255(6)(e)(2014).

Each hospital ED is required to provide diagnostic radiology services and clinical laboratory services and must ensure that an adequate supply of blood is available at all times. Hospital EDs are also required to have certain equipment available for immediate use at all times, including:

- Oxygen and means of administration;
- Mechanical ventilatory assistance equipment, including airways, manual breathing bags, and ventilators;
- Cardiac defibrillators with synchronization capability;
- Respiratory and cardiac monitoring equipment;
- Thoracentises and closed thoracotomy sets;
- Tracheostomy or cricothyrotomy sets;
- Tourniquets;
- Vascular cutdown sets;
- Laryngoscopes and endotracheal tubes;
- Urinary catheters with closed volume urinary systems;
- Pleural and pericardial drainage sets;
- Minor surgical instruments;
- Splinting devices;
- Emergency obstetrical packs;
- Standard drugs as determined by the facility;
- Common poison antidotes;
- Syringes, needles, and surgical supplies;
- Parenteral fluids and infusion sets;
- Refrigerated storage for biologicals and other supplies; and
- Stable examination tables.[9]

Currently, there are no pediatric-specific equipment or supply standards for EDs.

Comprehensive Emergency Management Plans

All hospitals are required to develop and adopt a comprehensive emergency management plan for emergency care during an internal or external disaster or an emergency.[10] Each hospital must review, update, and submit its plans annually to the respective county office of emergency management. A hospital's comprehensive emergency management plan must include the following:

- Provisions for the management of staff, including the distribution and assignment of responsibilities and functions;
- Education and training of personnel in carrying out their responsibilities in accordance with the adopted plan;
- Information about how the hospital plans to implement specific procedures outlined in the plan;
- Precautionary measures, including voluntary cessation of hospital admissions, to be taken in preparation and response to warnings of inclement weather, or other potential emergency conditions;

[9] Fla. Admin. Code R. 59A-3.255(6)(g)(2014).
[10] Section 395.1055(1)(c), F.S.

- Provisions for the management of patients, including the discharge of patients in the event of an evacuation order;
- Provisions for coordinating with other hospitals;
- Provisions for the individual identification of patients, including the transfer of patient records;
- Provisions to ensure that relocated patients arrive at designated hospitals;
- Provisions to ensure that medication needs will be reviewed and advance medication for relocated patients will be forwarded to the appropriate hospitals;
- Provisions for essential care and services for patients who may be relocated to the facility during a disaster or an emergency, including staffing, supplies, and identification of patients;
- Provisions for the management of supplies, communications, power, emergency equipment, and security;
- Provisions for coordination with designated agencies including the Red Cross and the county emergency management office; and
- Plans for the recovery phase of the operation.[11]

Current law does not require hospitals to include any pediatric-specific provisions in their comprehensive emergency management plans.

Pediatric Care in Hospital Emergency Departments

Children represent approximately 25 percent of all ED visits in the U.S. each year.[12] According to a recent study conducted to evaluate the association between ED pediatric readiness and in-hospital mortality, [13] pediatric patient deaths are 60 percent to 76 percent less likely to occur in an ED with high pediatric readiness. The study included 796,937 pediatric patient visits in 983 EDs over a six-year period (January 1, 2012, through December 31, 2017).

The study used the results of the 2013 National Pediatric Readiness Project Assessment to categorize each hospital ED in one of four levels of pediatric readiness (first quartile 0-58, second quartile 59-72, third quartile 73-87, and fourth quartile 88-100). Hospital EDs with an assessment score of 88-100 were categorized as having high pediatric readiness. The study also concluded that if all 983 EDs had high pediatric readiness, an estimated 1,442 pediatric deaths may have been prevented.[14]

General hospital EDs (nonchildren's hospitals) primarily treat adults and may not be prepared to treat children because of low pediatric patient volume.[15] More than 97 percent of EDs caring for children are general hospital EDs, accounting for 82 percent of pediatric ED visits. Most of these

[11] Fla. Admin. Code R. 59A-3.078(2014).
[12] Remick KE, Hewes HA, Ely M, et al. National Assessment of Pediatric Readiness of US Emergency Departments During the COVID-19 Pandemic. *JAMA Netw Open.* 2023. *available at* National Assessment of Pediatric Readiness of US Emergency Departments During the COVID-19 Pandemic | Pediatrics | JAMA Network Open | JAMA Network, (last visited Nov. 12, 2025).
[13] Newgard CD, Lin A, Malveau S, et al. *Emergency Department Pediatric Readiness and Short-term and Long-term Mortality Among Children Receiving Emergency Care*. JAMA Network (January, 2023) *available at* https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2800400 (last visited Nov. 12, 2025).
[14] *Id.*
[15] *Id.*

hospitals see less than 15 pediatric patients per day.[16] Therefore, according to a joint policy statement issued by the American Academy of Pediatrics (AAP), the American College of Emergency Physicians (ACEP), and the Emergency Nurses Association (ENA), "it is imperative that all hospital EDs have the appropriate resources (medications, equipment, policies, and education) and staff to provide effective emergency care for children."[17]

The 2009 joint policy statement also included guidelines for care of children in the emergency department. In 2012, the Emergency Medical Services for Children (EMSC) Program, under the U.S. Department of Health and Human Services, used the guidelines to launch the National Pediatric Readiness Project, in partnership with the AAP, ACEP, and ENA.[18]

The National Pediatric Readiness Project

The National Pediatric Readiness Project (NPRP) is a quality improvement initiative offering state partnership grants to state governments and accredited schools of medicine to expand and improve emergency medical services for children in hospital EDs.[19] The NPRP measures the performance of hospital EDs based on the following four metrics and includes program goals for each.[20]

- Pediatric Readiness Recognition Programs – Program Goal: To increase the percent of hospitals with an ED recognized through a statewide, territorial, or regional standardized program that are able to stabilize and manage pediatric emergencies.
- Pediatric Emergency Care Coordinators – Program Goal: To increase the percent of hospitals with an ED that have a designated nurse, physician, or both who coordinates pediatric emergency care.
- Disaster Plan Resources – Program Goal: To increase the percent of hospitals with an ED that have a disaster plan that addresses the needs of children.
- Weigh and Record Children's Weight in Kilograms – Program Goal: To increase the percent of hospitals with an ED that weigh and record children in kilograms.

The NPRP particularly focuses on weighing and recording children's weight in kilograms to avoid medication errors. Product labeling for medications with weight-based dosing utilize the metric system. Converting from pounds to kilograms is an error-prone process and can double

[16] The National Pediatric Readiness Project, Pediatric Readiness Saves Lives, *available at* https://media.emscimprovement.center/documents/EMS220628_ReadinessByTheNumbers_220830_ZekNYVF.pdf (last visited Nov. 12, 2025).
[17] American Academy of Pediatrics, Committee on Pediatric Emergency Medicine; American College of Emergency Physicians, Pediatric Committee; Emergency Nurses Association, Pediatric Committee. Joint policy statement--guidelines for care of children in the emergency department (Oct. 2009), *available at* https://doi.org/10.1542/peds.2009-1807 (last visited Nov. 12, 2025).
[18] *Id.*
[19] The program is also used to improve emergency medical care for children in prehospital settings and to advance family partnerships and leadership in efforts to improve EMSC systems of care, *see* https://www.grants.gov/search-results-detail/340371 (last visited Nov. 12, 2025).
[20] EMSC Innovation and Improvement Center, Performance Measures, *available at* https://emscimprovement.center/programs/partnerships/performance-measures/ (last visited Nov. 12, 2025).

the number of dosing errors made. Pediatric and neonatal patients are at greater risk for adverse drug events because they are more vulnerable to the effects of an error.[21]

The National Pediatric Readiness Assessment

Emergency department performance is measured based on the National Pediatric Readiness Assessment (NPRA),[22] a voluntary survey accessed via invitation from the NPRP. The NPRP has conducted two nationwide assessments. The first NPRA occurred in 2013 and the second was in 2021. According to current Program plans, the expectation is that the NPRA will occur every five years, so the next assessment will be in 2026.[23]

Not all hospitals choose to participate in the NPRA. Florida participation rates (58 percent) are below the national average (71 percent), and dropped from 2013 to 2021 (from 61 to 58 percent). Additionally, while over the national average, Florida hospital readiness scores dropped on average between 2013 (78) and 2021 (75).[24, 25]

Florida Emergency Medical Services for Children State Partnership Program

The Florida Emergency Medical Services for Children (EMSC) State Partnership Program[26] (program) is a quality improvement initiative administered by the University of Florida College of Medicine — Jacksonville, and is funded by a state partnership grant from the national EMSC Program.[27] The purpose of the program is to expand and improve emergency medical services for children who need treatment for trauma or critical care by partnering with EDs, emergency medical service agencies, and disaster preparedness organizations to enhance pediatric readiness. The program provides outreach and information to hospital EDs to help improve their pediatric readiness by, among other things, increasing awareness of, and participation in, the NPRP Assessment.

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[21] Emergency Nurses Association, *Weighing all Patients in Kilograms* (2020), *available a*t https://www.pedsnurses.org/assets/docs/Engage/Position-Statements/Weighing%20All%20Patients%20in%20Kilograms%20Final%20Web.pdf *see also* National Coordinating Council for Medication Error Reporting and Prevention, *Recommendations to Weigh Patients and Document Metric Weights to Ensure Accurate Medication Dosing* (Oct. 2018), *available at* https://www.nccmerp.org/recommendations-weigh-patients-and-document-metric-weights-ensure-accurate-medication-dosing-adopted (both last visited Nov. 12, 2025).

[22] National Pediatric Readiness Project, Pediatric Readiness Assessment, *available at* https://www.pedsready.org/home_docs/PedsReady%20Survey-OA%20Assessment.pdf (last visited Nov. 12, 2025).

[23] Emergency Medical Services for Children, National Pediatric Readiness Project Assessment, *available at* https://emscdatacenter.org/sp/pediatric-readiness/national-pediatric-readiness-project-nprp-assessment/ (last visited Nov. 12, 2025).

[24] Florida versus National Pediatric Readiness Project Results from 2013 Survey, *available at* https://www.floridahealth.gov/provider-and-partner-resources/emsc-program/_documents/fl-pediatricreadiness-summary091013.pdf (last visited Nov. 12, 2025).

[25] Florida Versus National Pediatric Readiness Project Results from 2021 Survey, *available at* https://emlrc.org/wp-content/uploads/National-Pediatric-Readiness-Assessment-2021-Results_07.19.2023_Final.pdf (last visited Nov. 12, 2025).

[26] Florida Emergency Medical Services for Children State Partnership Program (Florida PEDREADY), *available at* https://flemsc.emergency.med.jax.ufl.edu/ (last visited Nov. 12, 2025).

[27] EMSC Innovation and Improvement Center, EMSC State Partnership Grants Database, Florida – State Partnership, April 1, 2023 – March 31, 2027, *available at* https://emscimprovement.center/programs/grants/236/florida-state-partnership-20230401-20270331-emsc-state-partnership/ (last visited Nov. 12, 2025).

III. Effect of Proposed Changes:

Section 1 amends s. 395.1012, F.S., to require each hospital with an emergency department (ED) to:

- Develop and implement policies and procedures for pediatric patient care in the ED which reflect evidence-based best practices relating to, at a minimum:
  - Triage.
  - Measuring and recording vital signs.
  - Weighing and recording weights in kilograms.
  - Calculating medication dosages.
  - Use of pediatric instruments.
- Conduct training at least annually on the policies and procedures developed for pediatric patient care in the ED. The training must include, at a minimum:
  - The use of pediatric instruments, as applicable to each licensure type, using clinical simulation as defined in s. 464.003, F.S.[28]
  - Drills that simulate emergency situations. Each ED must conduct drills at least annually.
- Designate a pediatric emergency care coordinator. The pediatric emergency care coordinator must be a physician or a physician assistant licensed under ch. 458 or ch. 459, F.S., a nurse licensed under ch. 464, F.S., or a paramedic licensed under ch. 401, F.S. The pediatric emergency care coordinator is responsible for implementation of and ensuring fidelity to the policies and procedures adopted as required above.
- Conduct the National Pediatric Readiness Assessment (NPRA) developed by the National Pediatric Readiness Program (NPRP), in accordance with timelines established by the NPRP. The bill also authorizes each hospital with an ED to conduct the NPRP's Open Assessment during a year in which the NPRA is not conducted.

Section 2 amends s. 395.1055, F.S., to require the Agency for Health Care Administration (AHCA) to:

- Incorporate the needs of pediatric and neonatal patients in rules requiring an emergency management plan for hospitals and ambulatory surgical centers; and
- Adopt rules, in consultation with the Florida Emergency Medical Services for Children State Partnership Program, that establish minimum standards for pediatric patient care in hospital EDs, including, but not limited to, availability and immediate access to pediatric specific equipment and supplies.

Section 3 amends s. 408.05, F.S., to require the AHCA to:

- Collect the results of the NPRA from the Florida Emergency Medical Services for Children State Partnership Program by December 31, 2027, and each December 31 during a year in which the NPRA is conducted; and
- By April 1, 2028, and each April 1 following a year in which the NPRA is conducted, publish the overall assessment score for each hospital ED and provide a comparison to the national average score when it becomes available. The bill specifies that only one overall assessment score per hospital, per year, may be collected and published and the comparison must be to the most recently published score.

[28] Section 464.003(8), F.S., defines "clinical simulation" to mean a strategy used to replicate clinical practice as closely as possible to teach theory, assessment, technology, pharmacology, and skills.

Section 4 provides the bill takes effect 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:

The bill will have an indeterminate, negative fiscal impact on hospitals related to incorporating additional requirements specific to pediatric readiness in the hospitals' emergency departments.

C. Government Sector Impact:

The bill has no fiscal impact on state expenditures or revenues.[29]

VI. Technical Deficiencies:

None.

[29] Agency for Health Care Administration, *Senate Bill 68* (Sept. 25, 2025) (on file with Senate Appropriations Committee on Health and Human Services.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 395.1012, 395.1055, and 408.05.

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.

720494

LEGISLATIVE ACTION

Senate . House

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The Appropriations Committee on Health and Human Services (Harrell) recommended the following:

Senate Amendment

Delete lines 113 - 116
and insert:
Program by December 31, 2026, and by December 31 of each year in in which the National Pediatric Readiness Assessment is conducted thereafter.

2. By April 1, 2027, and by April 1 following each year in

By Senator Harrell

31-00319-26 202668__

A bill to be entitled

An act relating to health care patient protection; amending s. 395.1012, F.S.; requiring hospitals with emergency departments to develop and implement policies and procedures and conduct training; requiring hospital emergency departments to designate a pediatric emergency care coordinator and conduct specified assessments; authorizing a hospital with an emergency department to conduct the National Pediatric Readiness Project's Open Assessment under certain circumstances; amending s. 395.1055, F.S.; requiring the Agency for Health Care Administration to adopt certain rules for comprehensive emergency management plans; requiring the agency, in consultation with the Florida Emergency Medical Services for Children State Partnership Program, to adopt rules that establish minimum standards for pediatric patient care in hospital emergency departments; amending s. 408.05, F.S.; requiring the agency to collect and publish the results of specified assessments submitted by hospitals by specified dates; providing requirements for the collection and publication of the hospitals' assessment scores; providing an effective date.

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

Section 1. Subsections (6) and (7) are added to section 395.1012, Florida Statutes, to read:

395.1012 Patient safety.—

31-00319-26 202668__

(6)(a) Each hospital with an emergency department shall:

1. Develop and implement policies and procedures for pediatric patient care in the emergency department which reflect evidence-based best practices relating to, at a minimum, all of the following:

a. Triage.

b. Measuring and recording vital signs.

c. Weighing and recording weights in kilograms.

d. Calculating medication dosages.

e. Use of pediatric instruments.

2. Conduct training at least annually on the policies and procedures developed under this subsection. The training must include, at a minimum:

a. The use of pediatric instruments, as applicable to each licensure type, using clinical simulation as defined in s. 464.003.

b. Drills that simulate emergency situations. Each emergency department must conduct drills at least annually.

(b) Each hospital emergency department shall:

1. Designate a pediatric emergency care coordinator. The pediatric emergency care coordinator must be a physician or a physician assistant licensed under chapter 458 or chapter 459, a nurse licensed under chapter 464, or a paramedic licensed under chapter 401. The pediatric emergency care coordinator is responsible for implementation of and ensuring adherence to the policies and procedures adopted under this subsection.

2. Conduct the National Pediatric Readiness Assessment developed by the National Pediatric Readiness Project, in accordance with timelines established by the National Pediatric

Readiness Project.

(7) Each hospital with an emergency department may conduct the National Pediatric Readiness Project's Open Assessment during a year in which the National Pediatric Readiness Assessment is not conducted.

Section 2. Present subsections (4) through (19) of section 395.1055, Florida Statutes, are redesignated as subsections (5) through (20), respectively, a new subsection (4) is added to that section, and paragraph (c) of subsection (1) of that section is amended, to read:

395.1055 Rules and enforcement.—

(1) The agency shall adopt rules pursuant to ss. 120.536(1) and 120.54 to implement the provisions of this part, which shall include reasonable and fair minimum standards for ensuring that:

(c) A comprehensive emergency management plan is prepared and updated annually. Such standards 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; postdisaster transportation; supplies; staffing; emergency equipment; individual identification of residents and transfer of records; ~~,~~ and responding to family inquiries and the needs of pediatric and neonatal patients. The comprehensive emergency management plan is subject to review and approval by the local emergency management agency. During its review, the local emergency management agency shall ensure that the following agencies, at a minimum, are given the opportunity to review the

plan: the Department of Elderly Affairs, the Department of Health, the Agency for Health Care Administration, and the Division of Emergency Management. Also, appropriate volunteer organizations must be given the opportunity to review the plan. The local emergency management agency shall complete its review within 60 days and either approve the plan or advise the facility of necessary revisions.

(4) The agency, in consultation with the Florida Emergency Medical Services for Children State Partnership Program, shall adopt rules that establish minimum standards for pediatric patient care in hospital emergency departments, including, but not limited to, availability of and immediate access to pediatric-specific equipment and supplies.

Section 3. Paragraph (n) is added to subsection (3) of section 408.05, Florida Statutes, to read:

408.05 Florida Center for Health Information and Transparency.—

(3) HEALTH INFORMATION TRANSPARENCY.—In order to disseminate and facilitate the availability of comparable and uniform health information, the agency shall perform the following functions:

(n)1. Collect the overall assessment score of National Pediatric Readiness Assessments conducted by hospital emergency departments pursuant to s. 395.1012(6) from the Florida Emergency Medical Services for Children State Partnership Program by December 31, 2027, and by December 31 of each year in which the National Pediatric Readiness Assessment is conducted thereafter.

2. By April 1, 2028, and by April 1 following each year in

which the National Pediatric Readiness Assessment is conducted thereafter, publish the overall assessment score for each hospital emergency department and provide a comparison to the national average score when it becomes available.

3. Collect and publish no more than one overall assessment score per hospital, per year, of assessments conducted pursuant to s. 395.1012(6) and provide a comparison to the hospital emergency department's most recently published score pursuant to subparagraph 2.

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

2026 AGENCY LEGISLATIVE BILL ANALYSIS

AGENCY: Agency for Health Care Administration

BILL INFORMATION	
BILL NUMBER:	SB 68
BILL TITLE:	Health Care Patient Protection
BILL SPONSOR:	Sen. Harrell
EFFECTIVE DATE:	7/1/2026

COMMITTEES OF REFERENCE
1)
2)
3)
4)
5)

CURRENT COMMITTEE

SIMILAR BILLS	
BILL NUMBER:	N/A
SPONSOR:	N/A

PREVIOUS LEGISLATION	
BILL NUMBER:	CS/SB 1602: Health Care Patient Protection
SPONSOR:	Senator Harrell
YEAR:	2025

IDENTICAL BILLS	
BILL NUMBER:	N/A
SPONSOR:	N/A

LAST ACTION:	Died on Calendar

Is this bill part of an agency package?
Y ___ N _X_

BILL ANALYSIS INFORMATION	
DATE OF ANALYSIS:	09/25/2025
LEAD AGENCY ANALYST:	Jack Plagge
ADDITIONAL ANALYST(S):	Susan Lowery, Dylan Dunlap
LEGAL ANALYST:	
FISCAL ANALYST:	

POLICY ANALYSIS

1. EXECUTIVE SUMMARY

The proposed legislation amends sections of chapters 395, Part I and 408, Part I, Florida Statutes (F.S.) to enhance pediatric care in hospital emergency departments (EDs), which includes Hospital-Based Off-Campus Emergency Departments (HBOCED). It mandates these hospitals develop policies, conduct annual training, and implement drills for pediatric care, appoint a pediatric emergency care coordinator, and participate in the National Pediatric Readiness Project (NPRP) assessments. The Agency for Health Care Administration (Agency) is required to adopt rules for pediatric care standards in consultation with the Florida Emergency Medical Services for Children State Partnership Program and publish the overall assessment score for each hospital emergency department.

The new requirements will affect 225 licensed hospitals, including their 148 HBOCEDs. All hospital EDs are expected to be capable of performing the minimum required services (triage, medical screening exam, transfer or treatment) to any person who presents or is presented to the ED for care regardless of age and have policies delineating those services.

No fiscal impact on the Agency or the hospitals is anticipated to implement the policies and procedures, update the comprehensive emergency management plan rule or participation with NPRP.

2. SUBSTANTIVE BILL ANALYSIS

1. PRESENT SITUATION:

EMERGENCY SERVICES

The statutes and rules regulating hospitals do not dictate the list of services that must be provided by hospitals. A hospital's governing board is ultimately responsible for establishing by-laws, protocols, and policies and procedures, including credentialling and granting privileges to medical staff. The policies and procedures, and the credentials of the medical staff determine the types and extent of the services provided at the hospital. The services determine the facility's attributes and the equipment and supplies required as well as the license classification of the hospital.

There are five classes of hospitals, plus subtypes. See Table 1. Hospitals within the same class can vary greatly in the services provided. Not all general hospitals provide pediatrics on an inpatient basis. Hospitals that do not admit pediatric patients still have an obligation to evaluate, stabilize, and either treat or transfer the patient to an appropriate care setting if presenting to the emergency department for care. Therefore, each hospital providing emergency care should have policies and procedures for the treatment of pediatric patients.

Besides Class II Children's and Class IV Intensive Residential Treatment Facility (IRTF) hospitals, the Agency does not provide a licensure designation to hospitals providing inpatient services to pediatric patients.

Table 1. Number of licensed hospitals and emergency departments by classification as of 09/25/2025

Classification	Description	License Count	Dedicated Emergency Departments
Class I General Acute Care	Provides a broad range of services with an average inpatient length of stay of 25 days or less.	203	197

Class I Long Term Care	Provides acute care services requiring an average inpatient stay greater than 25 days.	25	0
Class I Rural	Provides general services and meets the provisions of Chapter 395, Part III, F.S.	24	23
Class II Specialty Children's	Provides general services restricted to a defined age range.	4	4
Class II Specialty Women's	Provides general services restricted to a defined gender.	0	0
Class III Specialty Medical	Provides a range of services appropriate to the diagnosis, care, and treatment of patients with specific categories of medical or psychiatric illnesses or disorders.	2	1
Class III Specialty Psychiatric		38	0
Class III Specialty Rehabilitation		45	0
Class III Substance Abuse		0	0
Class IV Intensive Residential Treatment Programs for Children and Adolescents (IRTF)	Has the primary functions of diagnosis and treatment of patients under the age of 18 having psychiatric disorders in order to restore such patients to an optimal level of functioning.	2	0
Class V Rural Emergency Hospital	A rural hospital providing emergency services and no inpatient acute care services	0	0
	Totals	**343**	**225**

Section 395.1041, F.S. provides additional licensing requirements to those hospitals offering emergency services through a dedicated emergency department, including continuous operation (24/7/365), maintaining an inventory of emergency services (medical specialties that lend themselves to emergency care) and exceptions, anti patient dumping provisions, signage requirements, authority to operate a hospital-based off-campus emergency department (HBOCED), and specific processes for psychiatric and substance use patients.

An HBOCED is an extension of a hospital's on-campus emergency department. The off-campus location is under the same administrative direction, policies and procedures, and offers the same services. As of 09/25/2025, a total of 97 Class I General Acute Care hospitals operate 148 HBOCEDs.

COMPREHENSIVE EMERGENCY MANAGEMENT PLAN (CEMP)

All hospitals are required to create and maintain a CEMP to be reviewed and approved by their county emergency operations center annually. The CEMP must include actions to be taken in case of any/all foreseeable local, regional, and statewide emergencies. Hospitals must ensure the safety of all patients during an emergency, regardless of age or special needs.

2. EFFECT OF THE BILL:

EMERGENCY SERVICES

The bill amends s. 395.1012, F.S. requiring hospitals with emergency departments to designate a licensed physician, physician assistant, nurse, or paramedic as the pediatric emergency care coordinator (PECC). The role of this person is to implement the policies and procedures for pediatric care in the emergency department. The bill requires hospitals with emergency departments to develop and implement policies and procedures to address the following specific practices: triage, measuring and recording vital signs, weighing and recording weights in kilograms, calculating medication dosages, and the use of pediatric instruments. In addition, the hospital is to conduct annual simulation training

on the policies regarding the use of pediatric instruments, as applicable to each licensure type, and conduct drills at least annually that simulate emergency situations. Each emergency department must conduct drills at least annually.

It is unclear what is meant by nurse for the PECC position. It would seem an advanced practice registered nurse could be the PECC, therefore it seems a licensed practical nurse could be as well. It is also unclear what is meant by licensure type regarding the instrument simulation training.

The proposed language does not provide exceptions or equivalents to satisfy the emergency situation simulation drill. It is expected that emergency department personnel are experiencing actual emergencies on a weekly or daily basis.

The hospitals subject to this bill are required to conduct the National Pediatric Readiness Project's (NPRP) National Pediatric Readiness Assessment. According to the NPRP website https://www.pedsready.org/, the next assessment is expected to be released in 2026. Hospitals may, but are not required to conduct the open assessment, which is a series of questions based on the 2021 assessment. The website lists the 2021 participation rates but does not provide results or summaries. For Florida, the participation rate is listed as 57.6% (170/295). How the denominator for Florida was determined is unknown. A more accurate denominator would be less than the 225 hospitals licensed today.

The bill introduces new language and a new requirement to statute, but functionally, there is little change affecting hospitals and health care providers. Not all general hospitals provide pediatrics on an inpatient basis. However, hospitals that do not admit pediatric patients still have an obligation to evaluate, stabilize, and either treat or transfer the patient to an appropriate care setting if presenting to the emergency department for care. The setting of the hospital can be addressed when rules are drafted. Hospitals with 100 or fewer inpatient beds, whether located in an urban or rural setting, will have less resources (funds, space, specialty personnel) to maintain a high pediatric readiness score.

The Agency in consultation with the Florida Emergency Medical Services for Children State Partnership Program, shall adopt rules that establish minimum standards for pediatric patient care in hospital emergency departments including the availability of and immediate access to pediatric-specific equipment and supplies.

COMPREHENSIVE EMERGENCY MANAGEMENT PLAN

The Agency's directive to write CEMP rules is amended to specifically include the needs of the pediatric and neonatal patients.

HEALTH INFORMATION TRANSPARENCY

Section 3. Adds parentheses (n) to s. 408.05 (3), F.S. to require the agency to collect the overall National Pediatric Readiness Assessment scores from the Florida Emergency Medical Services for Children State Partnership Program each year in which the assessments are conducted. Additionally, it requires the Agency to publish these scores for each hospital emergency department and provide a comparison to the national average score when it becomes available.

Provides due dates for the agency to collect the assessments and publish the information. OTHER INFORMATION Section 4. Provides an effective date of July 1, 2026. This bill, if enacted, will require updates to regulation sets (ASPEN) and the survey process.

3. DOES THE BILL DIRECT OR ALLOW THE AGENCY/BOARD/COMMISSION/DEPARTMENT TO DEVELOP, ADOPT, OR ELIMINATE RULES, REGULATIONS, POLICIES, OR PROCEDURES? Y _x__ N ___

If yes, explain:	1. Pediatric services in the emergency department. 2. Comprehensive emergency management plans 3. Health information management
Is the change consistent with the agency's core mission?	Y _x__ N ___
Rule(s) impacted (provide references to F.A.C., etc.):	1. 59A-3.255 2. 59A-3.078 3. 59A-3.270

4. WHAT IS THE POSITION OF AFFECTED CITIZENS OR STAKEHOLDER GROUPS?

Proponents and summary of position:	Unknown
Opponents and summary of position:	Unknown

5. ARE THERE ANY REPORTS OR STUDIES REQUIRED BY THIS BILL? Y ___ N _x__

If yes, provide a description:	NA
Date Due:	NA
Bill Section Number(s):	NA

6. ARE THERE ANY GUBERNATORIAL APPOINTMENTS OR CHANGES TO EXISTING BOARDS, TASK FORCES, COUNCILS, COMMISSION, ETC.? REQUIRED BY THIS BILL? Y ___ N _x__

Board:	NA
Board Purpose:	NA
Who Appointments:	NA
Appointee Term:	NA
Changes:	NA
Bill Section Number(s):	NA

FISCAL ANALYSIS

1. DOES THE BILL HAVE A FISCAL IMPACT TO LOCAL GOVERNMENT? Y ___ N _x__

Revenues:	None

Expenditures:	
Does the legislation increase local taxes or fees? If yes, explain.	No
If yes, does the legislation provide for a local referendum or local governing body public vote prior to implementation of the tax or fee increase?	NA

2. DOES THE BILL HAVE A FISCAL IMPACT TO STATE GOVERNMENT? Y ___ N _x__

Revenues:	None
Expenditures:	None
Does the legislation contain a State Government appropriation?	No
If yes, was this appropriated last year?	NA

3. DOES THE BILL HAVE A FISCAL IMPACT TO THE PRIVATE SECTOR? Y ___ N _x__

Revenues:	None
Expenditures:	None
Other:	NA

4. DOES THE BILL INCREASE OR DECREASE TAXES, FEES, OR FINES? Y ___ N _x__

If yes, explain impact.	No
Bill Section Number:	NA

TECHNOLOGY IMPACT

1. DOES THE BILL IMPACT THE AGENCY'S TECHNOLOGY SYSTEMS (I.E. IT SUPPORT, LICENSING SOFTWARE, DATA STORAGE, ETC.)? Y ___ N _X__

If yes, describe the anticipated impact to the agency including any fiscal impact.	None anticipated

FEDERAL IMPACT

1. DOES THE BILL HAVE A FEDERAL IMPACT (I.E. FEDERAL COMPLIANCE, FEDERAL FUNDING, FEDERAL AGENCY INVOLVEMENT, ETC.)? Y ___ N _X__

If yes, describe the anticipated impact including any fiscal impact.	NA

ADDITIONAL COMMENTS

It appears that one of the intentions of this bill is to incorporate the overall assessment score into the "hospital scorecard" - AHCA Form 3190-2001OL, April 2021. If that is the case, this has an impact to Rule 59A-3.270: Health Information Management.

Additionally, for the publishing of the overall assessment scores, it is essential that there is an agreed upon electronic file format between the Agency and Florida Emergency Medical Services for Children State Partnership Program to efficiently receive and publish the data.

LEGAL – GENERAL COUNSEL'S OFFICE REVIEW

Issues/concerns/comments:	

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 Appropriations Committee on Health and Human Services

BILL:	CS/SB 96
INTRODUCER:	Military and Veterans Affairs, Space, and Domestic Security Committee and Senators Sharief and Rouson
SUBJECT:	Veterans Dental Care Grant Program
DATE:	February 3, 2026 REVISED:

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Bellamy	Proctor	MS	**Fav/CS**
2.	Howard	McKnight	AHS	**Pre-meeting**
3.			AP	

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/SB 96 revises the Veterans Dental Care Grant Program established within the Florida Department of Veterans' Affairs (FDVA). Specifically, the bill provides that the grant program requires an additional qualification for veterans to be eligible for the Veterans Dental Care Grant Program. The additional qualification for veterans provided by the bill is an income of up to 400 percent of the federal poverty level.

The bill appropriates $500,000 in recurring funds from the General Revenue Fund to the FDVA for the Veterans Dental Care Grant Program. **See Section V., Fiscal Impact Statement**.

The bill takes effect July 1, 2026.

II. Present Situation:

Federal Health Benefits for Veterans

The U.S. Department of Veterans Affairs (VA) provides health care and related services through an integrated health care system with the Veterans Health Administration.[1] Federal veterans' health care benefits are generally available to a veteran who served for 24 continuous months in

[1] U.S. Department of Veterans Affairs, *Veterans Health Administration*, available at http://va.gov/health/ (last visited Oct. 8, 2025).

the active military, naval, or air service, or as a current or former member of the Reserves or the National Guard if called to and completed active duty.[2] A veteran is not automatically enrolled in VA health care and must apply to receive health care services. To qualify, a person must have been discharged honorably. However, exceptions are made for veterans discharged for service-related disabilities. Additionally, a discharge upgrade or a VA Character of Discharge review may allow a person to be eligible for benefits.[3]

VA Dental Care

The VA does provide dental care; however, the eligibility requirements are different than medical care. Generally, dental care is provided for a veteran who has a service-connected dental condition, is a former prisoner of war, or has a service-connected disability rating of 100 percent.[4] Dental care is categorized into six distinct classes.[5]

Classification	Eligibility Criteria	Scope of Treatment Provided
Class I	Veteran has a service-connected compensable (i.e., disability compensation is paid) dental condition.	Any dental care and service needed regardless of relation to service-connected condition.
Class II	Veteran has a service-connected noncompensable dental condition (i.e., not subject to disability compensation) shown to have been in existence at the time of discharge or release from active duty service, which took place after September 30, 1981, if: • the veteran served at least 180 days (or 90 days if a veteran of the Gulf War era); • the veteran's DD214[b] does not bear certification that the veteran was provided, within 90 days immediately prior to discharge or release, a complete dental examination (including dental x-rays) and all appropriate dental treatment indicated by the examination to be needed; and • application for treatment is received within 180 days of discharge.	A one-time course of dental treatment of the service-connected noncompensable dental condition.
Class II(a)	Veteran has a service-connected noncompensable dental condition or disability determined as resulting from combat wounds or service trauma.	"Any dental care necessary to provide and maintain a functioning dentition. A Dental Trauma Rating (VA Form 10-564-D) or VA Regional Office Rating Decision letter (VA Form 10-7131) identifies the tooth/teeth/condition(s) that are trauma rated."
Class II(b)	Veteran is enrolled and may be homeless and receiving care for a period of 60 consecutive days in specified settings stipulated at 38 U.S.C. §2062.	A one-time course of dental care that is determined clinically necessary to relieve pain, to help the veteran gain employment, or to "treat moderate, severe, or severe and complicated gingival and periodontal pathology."
Class II(c)	Veteran is a former prisoner of war (POW).	Any dental care and service needed regardless of relation to service-connected condition.

[2] U.S. Department of Veterans Affairs, *Eligibility for VA Health Care*, available at https://www.va.gov/health-care/eligibility/ (last visited Oct. 8, 2025).
[3] *Id.*
[4] Sidath Viranga Panangala & Jared S. Sussman, Congress.gov, *Health Care for Veterans: Answers to Frequently Asked Questions, CRS Report Number R42747*, available at https://www.congress.gov/crs-product/R42747?q=%7B%22search%22%3A%22R42747%22%7D&s=1&r=1 (last visited Oct. 8, 2025).
[5] *Id.*

Classification	Eligibility Criteria	Scope of Treatment Provided
Class III	Veteran has a dental condition clinically determined by VA to be aggravating a disability or condition from an associated service-connected condition or disability.	Dental care and services to treat such dental condition.
Class IV	Veteran whose service-connected disabilities have been rated at 100 percent or who is receiving the 100 percent rating by reason of individual unemployability.	Any dental care and service needed regardless of relation to service-connected condition.
Class V	Veteran is actively engaged in a vocational rehabilitation program (38 U.S.C. Chapter 31).	Dental treatment clinically determined to achieve specific objectives.
Class VI	Veteran is receiving VA care or is scheduled for inpatient care and requires dental services for "a dental condition complicating a medical condition currently under treatment."	Outpatient dental care that is clinically necessary to treat "a dental condition complicating a medical condition currently under treatment."

Dental Service Programs

No-cost dental care is provided to veterans in need at two annual Florida events.

Stars, Stripes, & Smiles, a collaborative effort between a Florida congressman's office and a local county dental association provides no-cost dental services to veterans.[6] Services provided through the annual event in Pasco County are intended to afford veterans relief from dental pain and infection.[7] Services are funded through private donation and professional dentistry and other volunteers.

A second effort in the state to provide no-cost dental services to veterans is the Florida Mission of Mercy Dental Clinic.[8] Part of an annual two-day dental clinic, dentistry volunteers provide dental services to persons who are underserved and uninsured. The first day of the event is for veterans only.[9] Services provided through the annual event afford recipients, including veterans, dental exams, cleanings, fillings, extractions, root canals, and limited dentures and partials.[10]

United States Federal Poverty Income Guidelines

Federal poverty income guidelines are annually updated.[11] Current guidelines for 2026 provide the following for the 48 contiguous states[12] and the District of Columbia:

Persons in Family/Household	Poverty Guideline	300 percent	400 percent
1	$15,650	$46,950	$62,600
2	$21,640	$63,450	$84,600

[6] Stars, Stripes, & Smiles, *About USA Veteran Smiles*, available at https://www.usaveteransmiles.org/about-us (last visited Oct. 8, 2025).
[7] *Id.*
[8] Florida Dental Association, *2026 Florida Mission of Mercy, Jacksonville, May 15-16, 2026*, available at https://www.floridadental.org/foundation/programs/mission-of-mercy (last visited Oct. 8, 2026).
[9] *Id.*
[10] *Id.*
[11] U.S. Dep't of Health and Human Services, Office of the Asst. Secretary for Planning and Evaluation, *Poverty Guidelines, HHS Poverty Guidelines for 2026*, https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines (last visited Jan. 31, 2026).
[12] *Id*. Poverty guidelines for Alaska and Hawaii are each separately calculated.

Persons in Family/Household	Poverty Guideline	300 percent	400 percent
3	$27,320	$79,950	$106,600
4	$33,000	$96,450	$128,600
5	$38,680	$112,950	$150,600
6	$44,360	$129,450	$172,600

Various federal programs use the guidelines, or percentage multiples of the guidelines, such as 125 percent or 185 percent of the guidelines, in determining eligibility for certain benefits. These include Head Start, the Supplemental Nutrition Assistance Program, the National School Lunch Program, the Low-Income Home Energy Assistance Program, and the Children's Health Insurance Program.[13]

Florida Department of Veterans' Affairs

The FDVA was created to provide assistance to all former, present, and future members of the Armed Forces of the United States and their spouses and dependents in preparing claims for and securing compensation, hospitalization, career training, and other benefits or privileges to which they are, or may become entitled to under federal or state law or regulation by reason of their service in the Armed Forces of the United States.[14] There are about 1.4 million veterans living in Florida, making the state's veteran population the second largest nationally.[15]

Florida Veterans Foundation

The Florida Legislature authorized the FDVA to establish a direct-support organization (DSO) in 2008.[16] The DSO for the FDVA is a not-for-profit corporation organized and operated exclusively to obtain funds, such as grants, gifts, and bequests of money.[17] The DSO provides assistance and support to the FDVA, veterans, and congressionally chartered veteran service organizations with subdivisions in the state.[18] The DSO operates under a written contract with the FDVA, is governed by a Board of Directors, and is subject to audit.[19]

The Florida Veterans Foundation (FVF) is the FDVA DSO. The FVF serves as the statewide lead organization for Florida veterans and their families by providing direct services and partnering with state and local governments, veteran service organizations, and educational institutions to improve their physical, financial, mental, emotional, and social well-being.[20] Current initiatives of the FVF include providing dental care to Florida's veterans and financial assistance to wounded and disabled veterans.[21]

[13] *Id*.
[14] Section 292.05(1), F.S.
[15] Florida Department of Veterans' Affairs, Our Veterans, available at https://floridavets.org/our-veterans (last visited Oct. 7, 2025).
[16] Section 292.055, F.S.; ch. 2008-4, Laws of Fla.
[17] Section 292.055(2)(b)2., F.S.
[18] Id.
[19] Section 292.055(3), (4), and (8), F.S.
[20] Florida Veterans Foundation, available https://www.helpflvets.org/ (last visited Oct. 8, 2025).
[21] Florida Veterans Foundation, available at https://www.helpflvets.org/post/public-service-announcement-florida-veterans-foundation-launches-dental-program-with-first-grant-aw (last visited Oct. 8, 2025).

Veterans Dental Care Grant Program

The Veterans Dental Care Grant Program was established in 2023 within the FDVA to provide no-cost dental care to veterans.[22] The FDVA contracts with the FVF, the FDVA's DSO, to administer the Veterans Dental Care Grant Program.[23] Statutory eligibility is limited to being a veteran residing in the state and having been honorably discharged from service or later upgraded to honorable.[24] The FVF, through rule, established the following criteria to be eligible for services under the Veterans Dental Care Grant Program:

- Must have been issued a DD-214, NGB 22, or Certificate of Discharge.[25]
- Must reside in Florida.
- Must be at a 300 percent Poverty Level or below as defined by the federal government, at the time of their application.[26]
- Must be less than 100 percent service-connected disabled.
- Must not have a direct service-connected injury impacting their oral health.[27]

The FDVA received $1 million in recurring funds in the 2024-2025 General Appropriations Act for the Veterans Dental Care Grant Program.[28] The FDVA is required to provide a quarterly report to the Executive Office of the Governor's Office of Policy and Budget, the chair of the Senate Appropriations Committee, and the chair of the House of Representatives Budget Committee no later than 30 days after the last business day of each quarter. The report must include the number of veterans served, the type of services provided, and the cost of each service.[29] A veteran may apply online for the Veteran Dental Care Grant Program by filing out an application using the FVF Dental Service Locator.[30]

III. Effect of Proposed Changes:

The bill amends s. 295.157, F.S., to expand the eligibility for the Veterans Dental Care Grant Program by authorizing veterans who have incomes of up to 400 percent of the federal poverty level to qualify for the program.

The bill appropriates $500,000 in recurring funds from the General Revenue Fund to the FDVA to fund the Veterans Dental Care Grant Program.

The bill takes effect July 1, 2026.

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[22] Section 295.157(3), F.S.
[23] Section 295.157(4), F.S.
[24] Section 295.157(2)(b) and (3), F.S.
[25] A DD-214 and NGB 22 are discharge documents. A DD-214 is a Certificate of Release or Discharge from active duty, and a NGB 22 is a Report of Separation and Record of Service for the Departments of the Army and the Air Force National Guard Bureau. Available at https://www.va.gov/records/discharge-documents/ (last visited Oct. 20, 2025).
[26] Federal poverty levels are set annually by the Department of Health and Human Services. Current federal poverty levels can be found at https://aspe.hhs.gov/sites/default/files/documents/dd73d4f00d8a819d10b2fdb70d254f7b/detailed-guidelines-2025.pdf.
[27] Florida Administrative Code R. 55-15.003 (2025).
[28] Chapter 2025-198, Laws of Fla.
[29] *Id.*
[30] Florida Veterans Foundation, *Dental Service Locator*, available at https://www.helpflvets.org/dentalservicelocator (last visited Oct. 8, 2025).

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

Not applicable. The bill does not require counties or municipalities to take an action requiring the expenditure of funds, reduce the authority that counties or municipalities must raise revenue in the aggregate, nor reduce the percentage of state tax shared with counties or municipalities.

B. Public Records/Open Meetings Issues:

None identified.

C. Trust Funds Restrictions:

None identified.

D. State Tax or Fee Increases:

None identified.

E. Other Constitutional Issues:

None identified.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None identified.

B. Private Sector Impact:

Eligible veterans, who may not otherwise qualify for or receive Federal or State veteran dental care services, and do not currently take advantage of the two annual no-cost dental care events provided to veterans in need, may benefit financially from dental services provided by the Veterans Dental Care Grant Program in the bill.

Additionally, private entities that provide oral health care through the Veterans Dental Care Grant Program may be positively impacted.

C. Government Sector Impact:

The Veterans Dental Care Grant Program funding is limited to the funding appropriated in the General Appropriations Act (GAA). [31] The bill appropriates an additional $500,000 in recurring funds from the General Revenue Fund for the program. The program

[31] Section 295.175(6), F.S.

currently has a recurring base appropriation of $1,000,000 from the General Revenue Fund.

VI. Technical Deficiencies:

None identified.

VII. Related Issues:

None Identified.

VIII. Statutes Affected:

This bill substantially amends section 295.157 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 Military and Veterans Affairs, Space, and Domestic Security on November 4, 2025:

- Amends s. 295.157(3), F.S., to provide an income qualification for veterans, of up to 400 percent of the federal poverty level, to be eligible to receive oral health care through the Veterans Dental Care Grant Program.
- Appropriates the recurring sum of $500,000 from the General Revenue Fund to the FDVA for the Veterans Dental Care Grant Program.

B. Amendments:

None.

447652

LEGISLATIVE ACTION

Senate . House

. . . . .

The Appropriations Committee on Health and Human Services (Sharief) recommended the following:

Senate Amendment (with title amendment)

Delete lines 18 - 22.

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

And the title is amended as follows:

Delete line 5

and insert:

providing an effective

By the Committee on Military and Veterans Affairs, Space, and Domestic Security; and Senator Sharief

583-00851-26 202696c1

A bill to be entitled

An act relating to the Veterans Dental Care Grant Program; amending s. 295.157, F.S.; revising the purpose of the Veterans Dental Care Grant Program; providing an appropriation; providing an effective date.

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

Section 1. Subsection (3) of section 295.157, Florida Statutes, is amended to read:

295.157 Veterans Dental Care Grant Program.—

(3) The Veterans Dental Care Grant Program is established within the Department of Veterans' Affairs. The purpose of the program is to provide oral health care to veterans who reside in this state and who have incomes of up to 400 percent of the federal poverty level.

Section 2. For the 2026-2027 fiscal year, the recurring sum of $500,000 from the General Revenue Fund is appropriated to the Department of Veterans' Affairs for the purpose of funding the Veterans Dental Care Grant Program established by s. 295.157, Florida Statutes.

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

The Florida Senate

BILL ANALYSIS AND FISCAL IMPACT STATEMENT

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

Prepared By: The Professional Staff of the Appropriations Committee on Health and Human Services

BILL:	CS/SB 340
INTRODUCER:	Health Policy Committee and Senator Harrell and others
SUBJECT:	Human Trafficking Education for Nurse Licensure
DATE:	February 3, 2026 REVISED:

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Smith	Brown	HP	**Fav/CS**
2.	Gerbrandt	McKnight	AHS	**Pre-meeting**
3.			FP	

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/SB 340 requires graduates of professional and practical nursing programs to complete a two-hour course on human trafficking to be eligible to sit for the National Council Licensure Examination (NCLEX), a prerequisite for full licensure. This requirement applies to students who apply to take the NCLEX on or after July 1, 2027.

The bill has no fiscal impact on state expenditures or revenues. **See Section V., Fiscal Impact Statement**.

The bill takes effect July 1, 2026.

II. Present Situation:

Human Trafficking

Human trafficking is a form of modern-day slavery in which people are exploited through force, fraud, or coercion for sexual exploitation or forced labor.[1] The two primary types of trafficking are sex trafficking and labor trafficking.

Sex trafficking is defined as a commercial sex act induced by force, fraud, or coercion, or any commercial sex act involving a child under 18, including prostitution or pornography, used to

[1] Section 787.06, F.S.

generate money for a trafficker.[2] Labor trafficking involves recruiting, harboring, transporting, providing, or obtaining a person for labor or services through force, fraud, or coercion, for purposes such as involuntary servitude, debt bondage, or slavery.[3] Florida criminalizes human trafficking for commercial sexual activity or for labor or services under s. 787.06, F.S.

Statewide efforts such as the Florida Statewide Council on Human Trafficking,[4] the direct-support organization Florida Alliance to End Human Trafficking,[5] and the annual Human Trafficking Summit[6] are designed to coordinate statewide prevention, victim identification, and response strategies among law enforcement, education, health care, and social-services stakeholders.

Reporting of Human Trafficking; Hotlines

Suspected human trafficking may be reported to several hotlines that serve different but complementary purposes.

- The National Human Trafficking Hotline (1-888-373-7888, or by texting "HELP" or "INFO" to 233733) is a confidential, toll-free, 24/7 resource operated by a nongovernmental organization with financial support from the Administration for Children and Families within the U.S. Department of Health and Human Services. [7] The hotline is a specialized, victim-centered resource that provides crisis assistance, confidential support, service referrals, and help in identifying potential trafficking situations. It is not an emergency first responder or a law enforcement agency, but it may refer cases to appropriate authorities when warranted. According to data from the National Human Trafficking Hotline, Florida ranks third in the nation in human trafficking cases reported.[8]
- Suspected trafficking in this state may be reported directly to law enforcement through the Florida Human Trafficking Hotline at 1-855-FLA-SAFE (1-855-352-7233), a statewide toll-free number operated by the Florida Department of Law Enforcement.[9]
- Additionally, the U.S. Department of Homeland Security, through Homeland Security Investigations, operates a separate 24/7 tip line (1-866-DHS-2-ICE) to receive reports of a wide range of federal crimes, including human trafficking. Although not specific to

[2] Department of Children and Families, What is Human Trafficking?, available at https://www.myflfamilies.com/services/abuse/what-human-trafficking (last visited Jan. 14, 2026).
[3] *Id*.
[4] Section 16.617, F.S. Florida Office of the Attorney General, Statewide Council on Human Trafficking, available at https://www.myfloridalegal.com/human-trafficking/council (last visited Jan. 14, 2026).
[5] Section 16.618, F.S. Florida Alliance to End Human Trafficking, available at https://www.floridaallianceendht.com/ (last visited Jan. 14, 2026).
[6] Section 16.617(4)(d), F.S., Florida Alliance to End Human Trafficking, Human Trafficking Summit, available at https://www.humantraffickingsummit.com (last visited Jan. 14, 2026).
[7] National Human Trafficking Hotline, Human Trafficking Hotline, available at https://humantraffickinghotline.org/en (last visited Jan. 14, 2026).
[8] *Id*.
[9] According to the Attorney General's website, Attorney General Moody worked with FDLE to designate the statewide trafficking hotline after learning that the National Human Trafficking Hotline was not always sending tips directly to law enforcement. Information reported to the state hotline is directly sent to the law enforcement authority in the state best suited to provide assistance. Florida Office of the Attorney General, VIDEO: Florida Launches Statewide Human Trafficking Hotline After Radical CEO Demands National Hotline Stop Giving Timely Information to Police (May 16, 2024), available at https://www.myfloridalegal.com/newsrelease/video-florida-launches-statewide-human-trafficking-hotline-after-radical-ceo-demands (last visited Jan. 14, 2026).

trafficking, this line is intended for reporting suspected criminal activity that may warrant federal investigation, particularly cases involving cross-border trafficking, immigration-related exploitation, or organized criminal networks.[10]

Biennial Human Trafficking Continuing Education for Licensed Nurses

Section 464.013, F.S., requires all nurses licensed under part I of ch. 464, F.S., to complete a two-hour continuing education course on human trafficking as a condition of license renewal every two years. This includes Licensed Practical Nurses (LPNs), Registered Nurses (RNs), and Advanced Practice Registered Nurses (APRNs).

The course must include:
- Data and information on the types of human trafficking, such as labor and sex, and the extent of human trafficking;
- Factors that place a person at greater risk of being a victim of human trafficking; public and private social services available for rescue, food, clothing, and shelter referrals;
- Hotlines for reporting human trafficking which are maintained by the National Human Trafficking Resource Center and the U.S. Department of Homeland Security;
- Validated assessment tools for identifying a human trafficking victim and general indicators that a person may be a victim of human trafficking;
- Procedures for sharing information related to human trafficking with a patient; and
- Referral options for legal and social services.[11]

There are approximately 55 of these courses available to licensees with prices ranging from $0.00 to $30.00.[12]

Signage Requirements for other Health Care Practitioners

Section 456.0341, F.S., establishes human trafficking training and workplace notice requirements for certain licensed health care practitioners. The section applies to each person licensed or certified under:
- Chapter 457, F.S. (acupuncture).
- Chapter 458, F.S. (allopathic medicine).
- Chapter 459, F.S.(osteopathic medicine).
- Chapter 460, F.S. (chiropractic medicine).
- Chapter 461, F.S. (podiatric medicine).
- Chapter 463, F.S. (optometry).
- Chapter 465, F.S. (pharmacy).
- Chapter 466, F.S. (dentistry).

[10] U.S. Department of State, Domestic Trafficking Hotlines, available at https://www.state.gov/domestic-trafficking-hotlines (last visited Jan. 14, 2026).
[11] Section 464.013(3)(c), F.S.
[12] Department of Health, Senate Bill 340 Legislative Analysis (Nov. 10, 2025) (on file with the Senate Committee on Health Policy).

- Part II, part III, part V, or part X of ch. 468, F.S. (including, among others, speech-language pathology and audiology, nursing home administration, dietetics and nutrition, and respiratory therapy).
- Chapter 480, F.S. (massage therapy).[13]
- Chapter 486, F.S. (physical therapy).

Section 456.0341(1), F.S., requires that, by January 1, 2021, each licensee or certificate-holder must complete a one-hour continuing education course on human trafficking that is board-approved, or the DOH-approved if there is no board.[14] The course must address both sex trafficking and labor trafficking, how to identify individuals who may be victims, how to report suspected cases, and available victim resources. Any board that requires completion of the course must count this hour within the total continuing education hours otherwise required for that profession, rather than as an additional requirement.

Section 456.0341(3), F.S., requires that, by January 1, 2025, licensees or certificate-holders post in their place of work, in a conspicuous area accessible to employees, a sign at least 11 by 15 inches, printed in a clearly legible font of at least 32-point type, stating in English and Spanish[15] the specific human-trafficking notice language set out in the statute:

> *"If you or someone you know is being forced to engage in an activity and cannot leave, whether it is prostitution, housework, farm work, factory work, retail work, restaurant work, or any other activity, call the Florida Human Trafficking Hotline, 1-855-FLA-SAFE, to access help and services. Victims of slavery and human trafficking are protected under United States and Florida law."*

While this requirement does not apply to persons licensed under ch. 464, F.S., nurses commonly practice in health care settings such as hospitals, clinics, physician offices, and other facilities, with licensees who are subject to the notice requirement. As a result, nurses are likely to work in environments where the human trafficking notice required by s. 456.0341(3), F.S., is displayed.

III. Effect of Proposed Changes:

The bill amends s. 464.008, F.S., to add an additional requirement for licensure as a practical or professional nurse by examination. Specifically, the bill requires graduates of professional and practical nursing programs to complete a two-hour course on human trafficking, in addition to the other requirements specified in that subsection, to be eligible to sit for the National Council Licensure Examination (NCLEX), a prerequisite for full licensure. This requirement applies to students who apply to take the NCLEX on or after July 1, 2027.

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[13] Section 480.043, F.S., imposes additional requirements on massage establishments relating to human trafficking.
[14] Under s. 456.001(1), F.S., the term "board" is defined as any board, commission, or other statutorily created entity, to the extent such entity is authorized to exercise regulatory or rulemaking functions within DOH or, in some cases, within DOH's Division of Medical Quality Assurance (MQA).
[15] The Department of Health has also provided Mandarin translations of signs for use in offices where those languages are spoken. Florida Department of Health, *Human Trafficking*, FLHealthSource.gov, available at https://flhealthsource.gov/humantrafficking/ (last visited Jan. 14, 2026).

The two-hour course must include the content required for the human trafficking continuing education course under s. 464.013(3)(c), F.S., which is required for biennial licensure renewal. Required topics include types of trafficking, risk factors, indicators, screening, communication, and referral options. *See "Present Situation: Biennial Human Trafficking Continuing Education for Licensed Nurses."* As a result, graduates applying to take the NCLEX could satisfy the requirement by completing one of the many on-line human trafficking continuing education courses already available.

The bill takes effect July 1, 2026.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None identified.

B. Public Records/Open Meetings Issues:

None identified.

C. Trust Funds Restrictions:

None identified.

D. State Tax or Fee Increases:

None identified.

E. Other Constitutional Issues:

None identified.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None identified.

B. Private Sector Impact:

Applicants for nursing licensure by examination will need to complete a human trafficking course that meets the bill's requirements. Associated costs are expected to be modest, given the existing body of human trafficking training materials available to health care providers.[16]

[16] CE Broker, course search results for "human trafficking" – Florida advanced practice registered nurse, available at https://courses.cebroker.com/search/fl/advanced-practice-registered-nurse?coursePageIndex=1&term=human%20trafficking (last visited Jan. 14, 2026).

C. Government Sector Impact:

The bill has no fiscal impact on state revenues or expenditures.

VI. Technical Deficiencies:

None identified.

VII. Related Issues:

None identified.

VIII. Statutes Affected:

This bill substantially amends section 464.008 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 20, 2026:
The committee substitute shifts the training requirement to the person pursuing nursing licensure by examination instead of mandating that a nursing education program must provide the course as part of its core curriculum. The bill eliminates the underlying bill's requirement that the Board of Nursing must approve the courses, which enables applicants for licensure to complete one of the many on-line human trafficking continuing education courses that already exist.

B. Amendments:

None.

By the Committee on Health Policy; and Senators Harrell and Davis

588-02052-26 2026340c1

A bill to be entitled

An act relating to human trafficking education for nurse licensure; amending s. 464.008, F.S.; revising requirements for initial licensure as a registered nurse or licensed practical nurse, beginning on a specified date, to include completion of a certain course on human trafficking; providing an effective date.

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

Section 1. Paragraph (e) is added to subsection (1) of section 464.008, Florida Statutes, to read:

464.008 Licensure by examination.—

(1) Any person desiring to be licensed as a registered nurse or licensed practical nurse shall apply to the department to take the licensure examination. The department shall examine each applicant who:

(e) Beginning July 1, 2027, has completed a 2-hour course on human trafficking. The course must include the content required for the human trafficking continuing education course required under s. 464.013(3)(c).

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

The Florida Senate

BILL ANALYSIS AND FISCAL IMPACT STATEMENT

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

Prepared By: The Professional Staff of the Appropriations Committee on Health and Human Services

BILL:	SB 428
INTRODUCER:	Senator Yarborough and others
SUBJECT:	Swimming Lesson Voucher Program
DATE:	February 3, 2026
REVISED:	

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Looke	Brown	HP	**Favorable**
2.	Gerbrandt	McKnight	AHS	**Pre-meeting**
3.			FP	

I. Summary:

SB 428 amends s. 514.073, F.S., relating to the Swimming Lesson Voucher Program (SLVP), to revise the eligibility requirements for the program from children 4 years of age or younger to children between 1 and 7 years of age.

The bill revises eligibility requirements for the SLVP, but does not impact the amount of funding that is available to the program which is subject to an appropriation. Therefore the bill has no fiscal impact on state expenditures or revenues. **See Section V., Fiscal Impact Statement**.

The bill takes effect July 1, 2026.

II. Present Situation:

The Danger of Drowning

Drowning is one of the leading causes of accidental death among children. For all ages, the current annual global estimate is 295,000 drowning deaths, although this figure is thought to underreport fatal drownings, in particular boating and disaster related drowning mortality.

Drowning disproportionately impacts children and young people, with over half of all drowning deaths occurring among people younger than 25 years old. In many countries, children under five years of age record the highest rate of fatal and non-fatal drowning, with incidents commonly occurring in swimming pools and bathtubs in high income countries and in bodies of water in and around a home in low-income contexts.[1]

[1] Peden AE, Franklin RC. Learning to Swim: An Exploration of Negative Prior Aquatic Experiences among Children. Int J Environ Res Public Health, May 19, 2020, available at https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7277817/ (last visited Jan. 14, 2026).

Drowning Deaths in Florida

Drowning deaths in Florida have consistently ranged between 350 and 500 deaths per year in the state from 2005 to present at an average rate of approximately two deaths per 100,000 population.[2] Children aged four and under, however, drown nearly three times as often with a rate of approximately six per 100,000 population.[3] Comparably, children between the ages of one and seven drown at a rate of approximately five per 100,000 population and made up 87 out of 452, or nearly 20 percent, of the drowning deaths in Florida in 2024.[4]

Formal Swimming Lessons and Drowning Prevention

Learning to swim has been found to be an effective drowning prevention strategy and has been proposed by the World Health Organization as one of ten key strategies for global drowning prevention. Participation in formal swimming lessons has been shown to reduce drowning risk among children aged 1-19 years, and a recent review of evidence suggests that teaching aquatic competencies to young children causes no increased risk, particularly when combined with the additional drowning prevention strategies of supervision, restricting access to water, and caregiver training in cardiopulmonary resuscitation (CPR).[5] Swimming lessons have been found to be particularly effective in protecting children age 0-4 from drowning with one study showing that formal swimming lessons were associated with an 88 percent reduction in the risk for drowning for that population.[6]

Florida's Swimming Lesson Voucher Program (SLVP)

In 2024, the Florida Legislature passed SB 544,[7] which created the SLVP. The SLVP is administered by the Department of Health (DOH) and provides vouchers for swimming lessons to families who have an income of 200 percent of federal poverty level or lower, who are Florida residents, and have one or more children aged four and under.[8] To ensure that the vouchers are accepted, the SLVP also requires the DOH to establish a network of swimming lesson providers where the vouchers may be used. Eligible families who apply for, and receive, a voucher through the SLVP can exchange the voucher for swimming lessons through any swimming lesson provider who is part of the DOH's network.[9]

The SLVP initially received $500,000 in funds from the state for Fiscal Year 2024-2025.[10] The DOH secured an additional $200,000 in grant funding from the Consumer Product Safety

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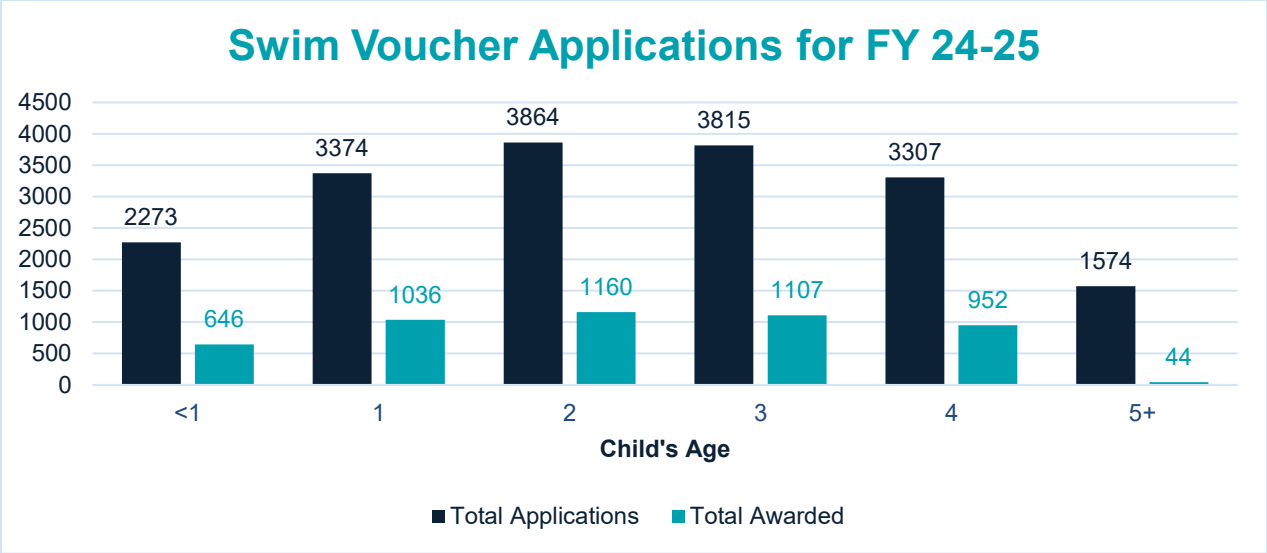
[2] Florida Health Charts, *Deaths from Unintentional Drowning*, available at https://www.flhealthcharts.gov/ChartsDashboards/rdPage.aspx?rdReport=Death.DataViewer&cid=0105, (last visited Jan. 14, 2026).
[3] *Id.* (Rate type changed to "crude" and age range selected from "0 to 4").
[4] *Id.*
[5] Florida Health Charts, *Deaths from Unintentional Drowning*.
[6] Brenner RA, Taneja GS, Haynie DL, Trumble AC, Qian C, Klinger RM, Klebanoff MA., *Association between swimming lessons and drowning in childhood: a case-control study*, Arch Pediatr Adolesc Med. 2009 Mar;163(3):203-10. doi: 10.1001/archpediatrics.2008.563. PMID: 19255386; PMCID: PMC4151293, *available at* https://pmc.ncbi.nlm.nih.gov/articles/PMC4151293/(last visited Jan. 31, 2026).
[7] Chapter 2024-89, L.O.F.
[8] Section 514.073, F.S.
[9] A list of swimming lesson providers who are part of the network, and the requirements that such providers must meet, are available at WaterSmartFL, (last visited Jan. 14, 2026).
[10] Chapter 2024-89, s. 2, L.O.F.

Commission, and several county health departments contributed $143,400 in discretionary funds to supplement the state funds, bringing the total funding available to $843,400 for lessons provided through June 30, 2025.[11] For Fiscal Year 2024-2025, the DOH received 16,663 applications for swimming lesson vouchers and awarded 4,945.[12] See below for a chart of the distribution of voucher applications and awards by age:



For Fiscal Year 2025-2026, the Legislature increased the state funding for the SLVP to $1 million in recurring funds and required the DOH to prioritize the dissemination of vouchers to eligible families who are active military or whose eligible child has autism.[13]

III. Effect of Proposed Changes:

The bill amends the Swimming Lesson Voucher Program to revise the eligibility requirements for children who participate in the program from four years of age or younger to between the ages of one and seven.

The bill takes effect July 1, 2026.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

[11] Swimming Lesson Voucher Program Legislative Report 2025, p. 8, on file with Senate Health Policy Committee staff.
[12] *Id.* at p. 10.
[13] *Id.*at p. 12.

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:

SB 428 may have a positive fiscal impact on families seeking swimming lessons for children aged five to seven who will qualify for a voucher under the changes made by the bill. The bill may have a negative fiscal impact on families with children not yet one year old who will no longer qualify for a voucher.

C. Government Sector Impact:

The bill revises eligibility requirements for the SLVP but does not impact the amount of funding that is available for the program which is subject to an appropriation.[14] Therefore the bill has no fiscal impact on state expenditures or revenues.[15]

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends section 514.073 of the Florida Statutes.

[14] Section 514.073(2), F.S.

IX. Additional Information:

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

None.

B. Amendments:

None.

By Senator Yarborough

4-00451-26 2026428__

A bill to be entitled

An act relating to the Swimming Lesson Voucher Program; amending s. 514.073, F.S.; revising the age requirements for children receiving a voucher through the Swimming Lesson Voucher Program; providing an effective date.

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

Section 1. Subsection (1) and paragraph (b) of subsection (2) of section 514.073, Florida Statutes, are amended to read:

514.073 Swimming Lesson Voucher Program.—

(1) There is created within the department the Swimming Lesson Voucher Program. The purpose of the program is to increase water safety in this state by offering vouchers for swimming lessons at no cost to families with an income of no more than 200 percent of the federal poverty level who have one or more children between 1 and 7 ~~4~~ years of age ~~or younger~~.

(2) The department shall do all of the following to implement the program:

(b) Establish a method for members of the public to apply for swimming lesson vouchers and for determining an applicant's eligibility. The department shall establish eligibility criteria necessary for a family to receive one or more vouchers from the program, including, but not limited to, the following:

1. The age of each child for whom a voucher is being sought, who must be between 1 and 7 ~~may be no more than 4~~ years of age.

2. The family income level, which may be up to 200 percent

4-00451-26 2026428__

of the federal poverty level.

3. The family's address of residency in this state.

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

CODING: Words ~~stricken~~ are deletions; words underlined are additions.

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 Appropriations Committee on Health and Human Services

BILL:	CS/SB 606
INTRODUCER:	Health Policy Committee and Senator Smith and others
SUBJECT:	Drowning Prevention Education
DATE:	February 3, 2026
REVISED:	

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Looke	Brown	HP	**Fav/CS**
2.	Gerbrandt	McKnight	AHS	**Pre-meeting**
3.			FP	

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/SB 606 creates s. 383.3363, F.S., to require the Department of Health (DOH) to develop educational materials on drowning prevention safety measures and safe bathing practices and provides minimum requirements for what must be included in such materials. The bill requires hospitals, birth centers, and home birth providers to provide the educational materials to parents and caregivers of newborns as part of their postpartum education and care and requires childbirth educators to provide the materials to parents and caregivers receiving childbirth education. Hospitals and birth centers are required under the bill to maintain proof of compliance and make such records available to the Agency for Health Care Administration (AHCA) upon request.

The bill has an insignificant negative fiscal impact on DOH; however, such impact can be absorbed within existing resources. **See Section V., Fiscal Impact Statement.**

The bill takes effect July 1, 2026.

II. Present Situation:

The Danger of Drowning

Drowning is one of the leading causes of accidental death among children. For all ages, the current annual global estimate is 295,000 drowning deaths, although this figure is thought to underreport fatal drownings, in particular boating and disaster-related drowning mortality.

Drowning disproportionately impacts children and young people, with over half of all drowning deaths occurring among people younger than 25 years old. In many countries, children under five years of age record the highest rate of fatal and non-fatal drowning, with incidents commonly occurring in swimming pools and bathtubs in high income countries and in bodies of water in and around a home in low income contexts.[1]

Drowning Deaths in Florida

Drowning deaths in Florida have consistently ranged between 350 and 500 deaths per year in the state from 2005 to present at an average rate of approximately two deaths per 100,000 population.[2] Children aged four and under, however, drown nearly three times as often with a rate of approximately six per 100,000 population.[3] Comparably, children between the ages of one and seven drown at a rate of approximately five per 100,000 population and made up 87 out of 452, or nearly 20 percent, of the drowning deaths in Florida in 2024.[4]

Drowning Prevention

The National Drowning Prevention Alliance (NDPA) recommends five steps for protecting children from drowning, which the NDPA refers to as "5 layers of protection."[5] These layers are: barriers and alarms, supervision, water competency, life jackets, and emergency preparation.

Barriers and Alarms

The NDPA cites that 70 percent of child drownings happen during non-swim times.[6] Many types of fences can help prevent children from accessing a pool area when the children are not being supervised. Additionally, certain covers and safety nets can prevent children from falling into a pool. Lastly, many types of alarms exist that can alert parents when the pool area or the pool itself has been accessed without permission and supervision.[7]

Supervision

The NDPA provides several recommendations for supervision of children around pools and bodies of water. These include having general house rules about not leaving children unattended and reminding guests, babysitters, and caregivers about pool hazards and the need for constant supervision. Lastly, the NDPA recommends active supervision while swimming and participating in water activities and using a water watcher, i.e. a person whose sole responsibility

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[1] Peden AE, Franklin RC. Learning to Swim: An Exploration of Negative Prior Aquatic Experiences among Children. Int J Environ Res Public Health, May 19, 2020, available at https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7277817/ (last visited Jan. 14, 2026).
[2] Florida Health Charts, Deaths from Unintentional Drowning, available at https://www.flhealthcharts.gov/ChartsDashboards/rdPage.aspx?rdReport=Death.DataViewer&cid=0105, (last visited Jan. 14, 2026).
[3] *Id.* (To see this result, change "rate type" to "crude" and select the age range from "0 to 4").
[4] *Id.*
[5] National Drowning Prevention Alliance, *Learn the 5 Layers of Protection*, https://ndpa.org/layers/ (last visited Jan. 15, 2026)
[6] National Drowning Prevention Alliance, *The Five Layers of Protection*, p. 2, available at https://ndpa.org/wp-content/uploads/2022/09/FINAL-LOP-Brochure.pdf, (last visited Jan. 15, 2026).
[7] *Id*. at pp. 3-6.

is watching over the children in and near the water, or a lifeguard during water-centered gatherings.[8]

Water Competency

The American Academy of Pediatrics recommends starting swim lessons as early as age one. Research shows that children ages one through four can reduce their drowning risk up to 88 percent if enrolled in formal lessons. The NDPA recommends making sure that the swim instruction includes water safety and survival education at the appropriate developmental level.[9]

Life Jackets

The NDPA recommends that everyone wear a life jacket or personal flotation device (PFD) approved by the U.S. Coast Guard (USCG) whenever boating or in a natural or open body of water. The NDPA indicates it is important that the life jacket is USCG approved and fitted for the individual. Not all devices sold by retailers are tested and approved flotation devices. Devices that are not tested and approved cannot be considered a safe layer of protection and should not be part of a family's water safety plan, according to the NDPA.[10]

Emergency Readiness

The NDPA recommends that adults participating in water activities when children are involved have an emergency plan, including keeping a phone near the pool or swimming area with the ability to call 911 for help if needed. Additionally, parents and others who live in homes with pools should learn and practice cardiopulmonary resuscitation (CPR) and there should be at least one person who knows CPR at any large gathering where water is involved. Lastly, pool owners and operators may enroll in water safety courses that teach proper rescue techniques.[11]

III. Effect of Proposed Changes:

The bill creates s. 383.3363, F.S., to require the Department of Health to develop educational materials on drowning prevention safety measures and safe bathing practices to be distributed to parents and caregivers as part of postpartum or childbirth education provided by hospitals, birth centers, home birth providers, and childbirth educators. The materials, at a minimum, must include:

- The increased risk of drowning for infants and toddlers in bathtubs, pools, and other water sources, citing available data on such drownings;
- Water safety measures parents can employ to prevent drowning, emphasizing the importance of constant supervision of infants and children while they are around water and the benefits of early childhood swimming lessons and water competency programs as an added layer of protection from drownings; and
- Additional safety hazards in the home setting and evidence-based safe bathing practices.

[8] *Id*. at p. 2.
[9] *Id.* at p. 8.
[10] National Drowning Prevention Alliance, *Life Jackets*, https://ndpa.org/life-jackets/ (last visited Jan. 15, 2026).
[11] National Drowning Prevention Alliance, *The Five Layers of Protection* at p. 10.

The bill requires each hospital, birth center, and home birth provider providing maternity, prenatal, and newborn services to provide the educational materials to the parents or caregivers of a newborn as part of its postpartum education and care. Hospitals and birth centers are required under the bill to maintain proof of compliance and make records available to the Agency for Healthcare Administration upon request. Additionally, childbirth educators must provide the educational materials to parents or caregivers who receive childbirth education from the educator.

The bill also amends ss. 383.318 and 395.1053, F.S., to include the educational and compliance requirements established by the bill in the licensure acts for birth centers and hospitals, respectively.

The bill takes effect 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:

The bill may have a negative fiscal impact on hospitals, birth centers, and home birth providers who are required to provide the drowning prevention educational materials to parents and caregivers under the bill.

C. Government Sector Impact:

The bill requires the DOH to develop educational materials on drowning safety measures and safe bathing practices. These costs can 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: 383.318 and 395.1053.

This bill creates section 383.3363 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 20, 2026:
The committee substitute removes the underlying bill's requirement that home birth providers would have to maintain a record of compliance with the requirements of the bill and make such records available to the AHCA upon request.

B. Amendments:

None.

By the Committee on Health Policy; and Senators Smith, Yarborough, Davis, and Berman

588-02060-26 2026606c1

A bill to be entitled

An act relating to drowning prevention education; creating s. 383.3363, F.S.; requiring the Department of Health to develop educational materials on drowning prevention safety measures and safe bathing practices for specified purposes; providing requirements for such materials; requiring hospitals, birth centers, and home birth providers to provide the educational materials to new parents and caregivers as part of their postpartum education and care; requiring hospitals and birth centers to maintain proof of compliance with the required distribution of the educational materials and make such records available to the Agency for Health Care Administration upon request; requiring childbirth educators to provide the informational materials to parents or caregivers receiving childbirth education from them; amending ss. 383.318 and 395.1053, F.S.; conforming provisions to changes made by the act; providing an effective date.

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

Section 1. Section 383.3363, Florida Statutes, is created to read:

383.3363 Education on drowning prevention safety measures and safe bathing practices.—

(1) The Department of Health shall develop educational materials on drowning prevention safety measures and safe bathing practices to be distributed to parents or caregivers as

588-02060-26 2026606c1

part of postpartum or childbirth education provided by hospitals, birth centers, home birth providers, and childbirth educators in this state. The materials must include, but need not be limited to, instruction on all of the following:

(a) The increased risk of drowning for infants and toddlers in bathtubs, pools, and other water sources, citing available data on such drownings.

(b) Water safety measures parents can employ to prevent drowning, emphasizing the importance of constant supervision of infants and children while they are around water and the benefits of early childhood swimming lessons and water competency programs as an added layer of protection from drownings.

(c) Additional safety hazards in the home setting and evidence-based safe bathing practices.

(2) Each hospital, birth center, and home birth provider providing maternity, prenatal, and newborn services shall provide the educational materials developed under subsection (1) to the parents or caregivers of a newborn as part of its postpartum education and care. Hospitals and birth centers shall maintain proof of compliance with this subsection and make such records available to the Agency for Health Care Administration upon request.

(3) Childbirth educators shall provide the educational materials developed under subsection (1) to the parents or caregivers receiving childbirth education.

Section 2. Paragraph (j) is added to subsection (4) of section 383.318, Florida Statutes, to read:

383.318 Postpartum care for birth center clients and

infants.—

(4) The birth center shall provide a postpartum evaluation and followup care that includes all of the following:

(j) Provision of the educational materials on drowning prevention safety measures and safe bathing practices developed by the Department of Health under s. 383.3363. Birth centers shall maintain proof of compliance with the requirements of this paragraph and make such records available to the Agency for Health Care Administration upon request.

Section 3. Section 395.1053, Florida Statutes, is amended to read:

395.1053 Postpartum education.—

(1) A hospital that provides birthing services shall provide each parent with postpartum education on the care of newborns, which must include all of the following:

(a) ~~incorporate~~ Information on safe sleep practices and the possible causes of Sudden Unexpected Infant Death. ~~into the hospital's postpartum instruction on the care of newborns and provide to each parent~~

(b) Provision of the informational pamphlet on infant and childhood eye and vision disorders created by the department pursuant to s. 383.14(3)(h).

(c) Provision of the educational materials on drowning prevention safety measures and safe bathing practices developed by the department under s. 383.3363.

(2) Hospitals shall maintain proof of compliance with the requirements of this section and make such records available to the agency upon request.

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

The Florida Senate

BILL ANALYSIS AND FISCAL IMPACT STATEMENT

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

Prepared By: The Professional Staff of the Appropriations Committee on Health and Human Services

BILL:	CS/SB 1480
INTRODUCER:	Health Policy Committee and Senator Burton
SUBJECT:	Temporary Certificates for Practice in Areas of Critical Need
DATE:	February 3, 2026 REVISED:

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Smith	Brown	HP	**Fav/CS**
2.	Gerbrandt	McKnight	AHS	**Pre-meeting**
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 has an insignificant negative fiscal impact on state expenditures which can be absorbed within existing resources. **See Section V., Fiscal Impact Statement**.

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 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 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

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[1] *Health Professional Shortage Areas (HPSAs) and Your Site,* National Health Service Corps, *available at* https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/workforce-shortage-areas/nhsc-hpsas-practice-sites.pdf, (last visited Jan 22, 2026).
[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).

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.

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 Management 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 Humam Services.[14]

In August 2022, Florida's Surgeon General, Joseph Ladapo, issued an order[15] 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

[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).
[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).

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 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 - APRNs), 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

[19] 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).
[20] Chapter 2025-114, ss. 10-11, Laws of Fla.

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.

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 ss. 458.315, 459.0076, and 464.0121, F.S., relating to temporary certificates issued by the Board of Medicine, Board of Osteopathic Medicine, and Board of Nursing, respectively , to a pathway under which a certificate may remain usable in a location that later loses its "area of critical need" designation. Specifically, the bill authorizes 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 to continue primary care services in an area of critical need after the area has lost its critical need designation under certain circumstances.

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

[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*.

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.

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.

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 Department of Health (DOH) is expected to be minimal and can be absorbed within existing resources.[24]

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, and 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.

[24] Florida Department of Health, *Senate Bill 1480 Legislative Bill Analysis* (2026) (on file with the Appropriations Committee on Health and Human Services).

By the Committee on Health Policy; and Senator Burton

588-02204-26 20261480c1

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 Osteopathic Medicine, and the Board of Nursing, respectively, are authorized to issue temporary certificates for practice in areas of critical need; authorizing certificateholders to continue primary care services after such areas lose their critical need designation under certain circumstances; 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 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

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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 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 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 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 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.

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 Appropriations Committee on Health and Human Services

BILL:	SB 7018
INTRODUCER:	Children, Families, and Elder Affairs Committee
SUBJECT:	Child Welfare
DATE:	February 3, 2026
REVISED:	

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
	Rao	Tuszynski		**CF Submitted as Comm. Bill/Fav**
1.	Sneed	McKnight	AHS	**Pre-meeting**
2.			AP	

I. Summary:

SB 7018 makes changes to improve the efficiency and effectiveness of the child welfare system. The bill changes the definition of "visitor" to reduce the number of background checks required for visitors to promote normalcy within foster homes.

The bill makes the Step into Success Pilot Program into a permanent statewide program within the Office of Continuing Care at the Department of Children and Families (DCF). The bill promotes the expansion of the program into more diverse areas and emphasizes collaboration between the DCF and local chambers of commerce. The bill strengthens the training opportunities available to program mentors and requires the DCF to provide experienced staff as program liaisons. The bill increases the stipend provided to participating former foster youth by removing the under-utilized welfare stipend offset and increasing stipend payments for *all* former foster youth participating in the Step into Success program.

The bill also requires the Florida Institute for Child Welfare (FICW) to develop and implement a program to identify and catalogue best practices that community-based care lead agencies are utilizing across the state. The bill requires the FICW to collaborate with the DCF Office of Quality and Office of Child and Family Well-Being.

The bill is expected to have a significant recurring fiscal impact on state government expenditures. **See Section V., Fiscal Impact Statement**.

The bill takes effect July 1, 2026.

II. Present Situation:

Florida's Child Welfare System – Generally

Chapter 39, F.S., creates Florida's dependency system charged with protecting children who have been abused, abandoned, or neglected.[1] Florida's child welfare system identifies children and families in need of services through reports to the central abuse hotline and child protective investigations.[2] The Department of Children and Families (DCF) and community-based care (CBC) lead agencies[3] work with those families to address the problems endangering children, if possible. If the problems cannot be addressed, the child welfare system finds safe out-of-home placements for these children.[4]

Child welfare services are directed toward the prevention of child abuse, abandonment, and neglect.[5] The DCF aims to increase the safety of the child within his or her home, using in-home services, such as parenting coaching and counseling to maintain and strengthen the child's natural supports in the home environment.[6] These services are coordinated by DCF-contracted CBCs. The outsourced provision of child welfare services is intended to increase local community ownership of the services provided and their design. Lead agencies contract with many subcontractors for case management and direct-care services to children and their families.[7] There are 18 lead agencies statewide that serve the states 20 judicial circuits.[8] Ultimately, the DCF remains responsible for the operation of the central abuse hotline and investigations of abuse, abandonment, and neglect.[9] Additionally, the department is responsible for all program oversight and the overall performance of the child welfare system.[10]

Department of Children and Families

The DCF implements a practice model for child and family well-being that is safety-focused, trauma-informed, and family-centered. Such practices are intended to ensure:

- *Permanency.* Florida's children should enjoy long-term, secure relationships within strong families and communities.

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[1] Chapter 39, F.S.
[2] *See generally* s. 39.101, F.S. (establishing the central abuse hotline and timeframes for initiating investigations).
[3] *See* s. 409.986(1)(a), F.S. (finding that it is the intent of the Legislature that the Department of Children and Families "provide child protection and child welfare services to children through contracting with CBC lead agencies"). A "community-based care lead agency" or "lead agency" means a single entity with which the DCF has a contract for the provision of care for children in the child protection and child welfare system, in a community that is no smaller than a county and no larger than two contiguous judicial circuits. Section 409.986(3)(d), F.S. The secretary of DCF may authorize more than one eligible lead agency within a single county if doing so will result in more effective delivery of services to children. *Id.*
[4] Chapter 39, F.S.
[5] Section 39.001, F.S.
[6] *See generally* The Department of Children and Families, *Florida's Child Welfare Practice Model,* available at: https://www.myflfamilies.com/services/child-family/child-and-family-well-being/floridas-child-welfare-practice-model (last visited 11/6/25).
[7] Department of Children and Families, *About Community-Based Care (CBC),* available at: https://www.myflfamilies.com/services/child-and-family-well-being/community-based-care/about (last visited 11/6/25).
[8] Department of Children and Families, *Lead Agency Information,* available at: https://www.myflfamilies.com/services/child-family/child-and-family-well-being/community-based-care/lead-agency-information (last visited 11/6/25).
[9] Section 39.101, F.S.
[10] *Id.*

- *Child Well-Being.* Florida's children should be physically and emotionally healthy and socially competent.
- *Safety.* Florida's children should live free from maltreatment.
- *Family Well-Being.* Florida's families should nurture, protect, and meet the needs of their children, and should be well integrated into their communities.[11]

Office of Continuing Care

The Office of Continuing Care (Office) was created by the Legislature in 2021.[12] Established to ensure young adults aging out of the foster care system have ongoing support and care coordination, the Office serves young adults who have aged out of the foster care system between 18 and 21 years of age, or 22 years of age with a documented disability.[13] The Office is responsible for a variety of duties including, but not limited to, the following:

- Informing young adults aging out of the foster care system of the Office's purpose, the services the Office provides, and contact information.
- Serving as a direct contact to the young adult to provide information on how to access services such as food assistance, behavioral health services, housing, Medicaid, and educational services.
- Collaborating with CBC lead agencies to identify local resources for young adults.
- Developing and administering the Step into Success Workforce Education and Internship Pilot Program for foster youth and former foster youth.
- Identifying supportive adults for children transitioning out of foster care to live independently, in coordination with the Statewide Guardian ad litem Office.[14]

Office of Quality

In 2020, the Legislature created the Office of Quality (Office) within the DCF.[15] Intended to ensure the DCF and contracted service providers achieve high levels of performance, the duties of the Office include, but are not limited to, the following:

- Identifying performance standards and metrics for the DCF and all contracted service providers reflected in the statutorily required strategic plan and results-oriented accountability system;
- Strengthening the DCF's data and analytic capabilities to identify systemic strengths and deficiencies;
- Recommending initiatives to correct programmatic and systemic deficiencies;
- Engaging and collaborating with contractors, stakeholders, and other relevant entities to improve quality, efficiency, and effectiveness of DCF programs and services; and
- Reporting systemic or persistent failures to meet performance standards and recommending corrective action to the DCF secretary.[16]

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[11] *See generally* Department of Children and Families (DCF), *Florida's Child Welfare Practice Model,* available at: https://www.myflfamilies.com/sites/default/files/2022-12/FLCSPracticeModel_0.pdf (last visited 11/6/25).
[12] Chapter 2021-169, L.O.F.
[13] Section 414.54, F.S.
[14] *Id.*
[15] Chapter 2020-152, L.O.F.
[16] Section 402.715, F.S.

The Office submits annual reports to the Legislature that assess the overall health of each circuit's child welfare system by evaluating performance for child protective investigators, CBC lead agencies, and children's legal services.[17]

Office of Child and Family Well-Being

The Office of Child and Family Well-Being supports families working to stay safely together or be reunited, monitors the foster care and adoption systems, and supports young adults transitioning from foster care to independence.[18]

Every month, the Office of Child and Family Well-Being publishes monthly trends in the child welfare system to the Office of Child and Family Well-Being Dashboard on the department's website.[19] The dashboard is composed of the following metrics:

- *Safety.* Measures the efficiency of child protective investigations and the child protective workforce.
- *Well-Being.* Measures the percentage of children in the child welfare system that have access to medical services, dental services, and the outcomes of youth aging out of the child welfare system.
- *Permanency.* Measures the success rates of permanency goals such as successful adoptions, sibling groups placed together, kinship care, and children who do not re-enter out-of-home care after moving to a permanent home.
- *Monthly Trends.* Measures the number of children in out-of-home care, the number of children receiving in-home services, and the number of alleged maltreatments and child protective investigations with verified findings.
- *Demographics.* Measures the disproportionality index for children in out-of-home care.[20]

Dependency System Process

When child welfare necessitates that the DCF remove a child from the home to ensure his or her safety, a series of dependency court proceedings must occur to place that child in an out-of-home placement, adjudicate the child as dependent, and, if necessary, terminate parental rights and free the child for adoption. This process is typically triggered by a report to the central abuse hotline and a child protective investigation that makes a safety determination as to whether the child should remain in his or her home, notwithstanding provided DCF services. Generally, the dependency process includes, but is not limited to:

- A report to the central abuse hotline.
- A child protective investigation to determine the safety of the child.
- In-home services or shelter of a child and an out-of-home placement.

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[17] Florida Department of Children and Families, *2024 Annual Accountability Report on the Health of Florida's Child Welfare System,* available at: https://www.myflfamilies.com/accountability (last visited 1/7/26).
[18] Florida Department of Children and Families, *Child and Family Well-Being Overview,* available at: https://myflfamilies.com/services/child-family/child-and-family-well-being/office-child-and-family-well-being (last visited 1/7/26).
[19] Florida Department of Children and Families, *Office of Child and Family Well-Being Dashboard,* available at: https://www.myflfamilies.com/ocfw-dashboard (last visited 1/7/26).
[20] *Id.*

- A court finding the child dependent.[21]
- Case planning to address the problems that resulted in the child's dependency.
- Reunification with the child's parent or other appropriate permanency option, such as adoption.[22]

Central Abuse Hotline and Investigations

The department is statutorily required to operate and maintain a central abuse hotline to receive reports of known or suspected instances of child abuse,[23] abandonment,[24] or neglect,[25] or instances when a child does not have a parent, legal custodian, or adult relative available to provide supervision and care.[26] The hotline must operate 24 hours a day, 7 days a week, and accept reports through a single statewide toll-free telephone number or through electronic reporting.[27]

If the hotline counselor determines a report meets the definition of abuse, abandonment, or neglect, the report is accepted for a protective investigation.[28] Based on the report, the department makes a determination regarding when to initiate a protective investigation:

- An investigation must be immediately initiated if:
  - It appears the child's immediate safety or well-being is endangered;
  - The family may flee or the child will be unavailable for purposes of conducting a child protective investigation; or
  - The facts otherwise warrant; or
- An investigation must be initiated within 24 hours in all other cases of child abuse, abandonment, or neglect.[29]

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

[22] Office of the State Courts Administrator, The Office of Family Courts, *A Caregiver's Guide to Dependency Court,* available at: https://flcourts-media.flcourts.gov/content/download/218185/file/Web-Caregivers-Guide-Final-09.pdf (last visited 1/7/26); *see also* ch. 39, F.S.

[23] Section 39.01(2), F.S. defines "abuse" as any willful or threatened act that results in any physical, mental, or sexual abuse, injury, or harm that causes or is likely to cause the child's physical, mental, or emotional health to be significantly impaired.

[24] Section 39.01(1), F.S. defines "abandoned" or "abandonment" as a situation in which the parent or legal custodian of a child of, in the absence of a parent or legal custodian, the caregiver, while being able, has made no significant contribution to the child's care and maintenance or has made no significant contribution to the child's care and maintenance or has failed to establish or maintain a substantial and positive relationship with the child, or both. "Establish or maintain a substantial and positive relationship" means, in part, frequent and regular contact with the child, and the exercise of parental rights and responsibilities.

[25] Section 39.01(53), F.S. states "neglect" occurs when a child is deprived of, or is allowed to be deprived of, necessary food, clothing, shelter, or medical treatment or a child is permitted to live in an environment when such deprivation or environment causes the child's physical, mental, or emotional health to be significantly impaired or to be in danger of being significantly impaired, except when such circumstances are caused primarily by financial inability unless services have been offered and rejected by such person.

[26] Section 39.201(1), F.S.

[27] Section 39.101(1), F.S.

[28] Section 39.201(4)(a), F.S.

[29] Section 39.101(2), F.S.

Once a child protective investigator (CPI) is assigned, the CPI assesses the safety and perceived needs of the child and family; whether in-home services are needed to stabilize the family; and whether the safety of the child necessitates removal and the provision of out-of-home services.[30]

In-Home Services

The DCF is required to make all efforts to keep children with their families and provide interventions that allow children to remain safely in their own homes.[31] CPIs and CBC case managers refer families for in-home services to allow children to remain in their own homes.

As of October 31, 2025, there were 7,947 children and young adults receiving in-home services.[32]

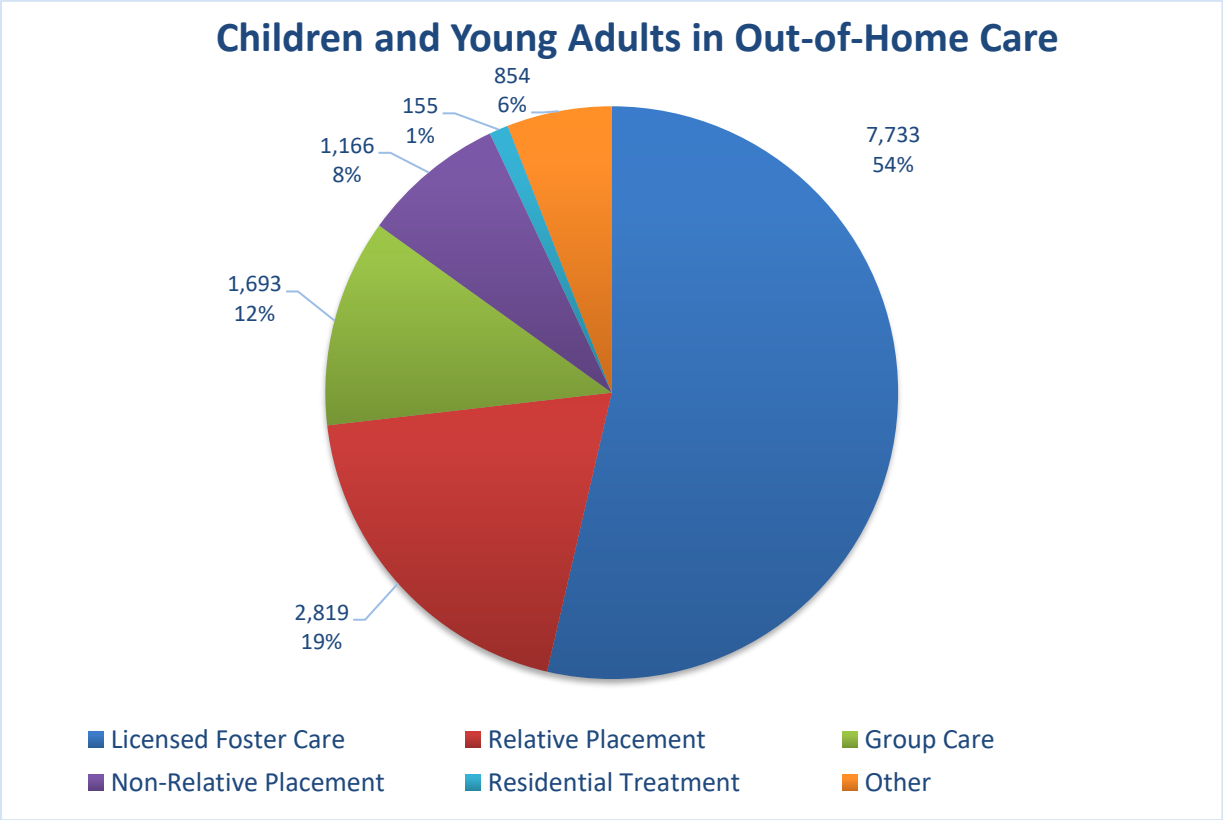
Out-of-Home Care

When a CPI determines that in-home services are not enough to ensure a child's safety, the CPI removes the child from the home and places him or her in a safe and appropriate temporary out-of-home placement.[33] These placements are aimed to be the least restrictive, most family-like placements available, and are intended to provide short-term housing and support to a child until the child can safely return home, or the child achieves an alternate form of permanency, such as adoption, if reunification is not attainable.[34] The DCF is required to consider a child's placement in the following priority order:

- Non-offending parent.
- Relative caregiver.
- Adoptive parent of the child's sibling.
- Fictive kin who has a close existing relationship to the child.
- Nonrelative caregiver who does not have an existing relationship to the child.
- Licensed foster care.
- Group or congregate care.[35]

[30] *See generally* s. 39.301, F.S. and Part IV, Chapter 39, F.S. (regulating taking children into custody and shelter hearings).
[31] Sections 39.402(7), 39.521(1)(f), and 39.701(d), F.S.
[32] Florida Department of Children and Families, *Office of Child and Family Well-Being Dashboard,* available at: https://www.myflfamilies.com/ocfw-dashboard (last visited 11/10/25).
[33] Section 39.4021, F.S.
[34] Florida Department of Children and Families, *Florida's Child Welfare Practice Model,* available at: https://www.myflfamilies.com/services/child-family/child-and-family-well-being/floridas-child-welfare-practice-model (last visited 11/10/25).
[35] Section 39.4021, F.S.

The following chart demonstrates the number of children in out-of-home placement types as of October 31, 2025.[36]



Criminal History Check Requirements for Visitors

To preserve the safety of children in out-of-home placements, individuals 18 years of age and older who visit an out-of-home placement are subject to state, national, and local criminal history records checks. Such criminal history record checks may include, but are not limited to, submission of fingerprints to the Department of Law Enforcement for forwarding to the Federal Bureau of Investigation (FBI) and local criminal records checks.[37]

Florida law defines a "visitor" as a person who:

- Provides care or supervision to a child in the home; or
- Is 12 years of age or older, other than a child in care, and who will be in the child's home at least:
  - Five consecutive days; or
  - Seven days or more in 1 month.[38]

The limited timeframe an individual may visit the home before being required to conduct a background check may lead to excessive burden on foster families and intrude on a foster

[36] Florida Department of Children and Families, *Office of Child and Family Well-Being Dashboard,* available at: https://www.myflfamilies.com/ocfw-dashboard (last visited 11/10/25).
[37] Section 39.0138 (1), F.S.
[38] Section 39.01(91), F.S.

family's ability to exercise reasonable judgment as to who is allowed in the foster home. Additionally, if a visitor fails to submit fingerprints within 15 calendar days after the name-based criminal history check is conducted, the DCF must seek a court order to immediately remove the child from the home, leading to placement disruption that may be harmful to the child's permanency goals.[39]

Background Screenings

Chapter 435, F.S. establishes uniform procedures for background screenings for employees, volunteers, and contractors in Florida.[40] Individuals may be required to have a Level 1 or Level 2 background screening, depending on the job or volunteer opportunity that requires the screening. Generally, background screenings identify an individual's criminal record at the local, state, and national level, and determine if an individual is a registered sexual predator or sexual offender.[41]

Step Into Success

The Legislature created the Step into Success Workforce Education and Internship Pilot Program within the department's Office of Continuing Care in 2023.[42] The program is intended to help eligible foster youth and former foster youth as they develop professional skills and prepare for an independent and successful future.[43]

To date, there have been three cohorts of the Step into Success Pilot Program, with over 30 eligible former foster youth beginning internships in the Tallahassee and Orlando areas.[44] The DCF engages with former foster youth to ascertain career fields they may be interested in. Subsequently, the DCF pairs the foster youth with a mentor that works in that career field, providing the foster youth with the opportunity to experience the career field they are interested in first-hand.

Eligibility for the Step into Success Program

The Step into Success Pilot Program determines eligibility for the program by involvement in the foster care system. Each level of licensed foster care varies in service levels based on the foster child's needs for the out-of-home placement. The following chart displays the levels of licensed care.[45]

[39] Section 39.0138(5), F.S.
[40] *See* ch. 435, F.S.
[41] *Id.*
[42] Chapter 2023-255, L.O.F.
[43] Florida Department of Children and Families, *Step into Success Pilot Program,* available at: https://www.myflfamilies.com/youth-young-adults (last visited 11/10/25).
[44] December 3, 2025 E-mail from Chancer Teel, Legislative Affairs Director, the DCF (on file with the Senate Committee on Children, Families, and Elder Affairs).
[45] *See generally* Florida Department of Children and Families, *Foster Home Licensing,* available at: https://www.myflfamilies.com/services/licensing/foster-care-licensing (last visited 11/10/25).

Licensed Care Placements	
Placement Type	**Description**
Level I: Child-Specific Foster Home	Places a child with relatives or non-relatives who have an existing relationship with the child and are willing and able to provide care for the child.
Level II: Non-Child Specific Foster Home	Places a child with a foster parent without having a prior relationship between the child and foster parent.
Level III: Safe Foster Home for Victims of Human Trafficking	Places a victim of human trafficking in a safe and stable environment.
Level IV: Therapeutic Foster Home	Places a child with a foster parent that has received specialized training to care for children and adolescents that have significant emotional, behavioral, or social needs.
Group Homes	Places a child in a single family or multi-family community with no greater than 14 children to meet the physical, emotional, and social needs of the child.

Current foster youth who are older than 16 years of age but younger than 18 years of age are currently in licensed care, excluding Level I licensed placements, are eligible for the Step into Success program.[46]

Former foster youth who are 18 years of age but younger than 26 years of age who are currently in or were in licensed care, excluding Level I licensed placements, for at least 60 days, are eligible for the program.[47]

Independent Living Professionalism and Workforce Education Component

During the workforce education component of the Step into Success program, the Office of Continuing Care may provide participants with resources such as workshops, mock interviews, experiential training, and assistance with securing an internship or employment.[48] Such materials must include education on topics that include, but are not limited to, the following:

- Interview skills;
- Professionalism;
- Teamwork;
- Leadership;
- Problem solving; and
- Conflict resolution in the workplace.[49]

[46] Section 409.1455(3)(c), F.S.
[47] Section 409.1455(3)(b), F.S.
[48] Section 409.1455(5), F.S.
[49] *Id.*

Onsite Workforce Training Internship Component

Upon completion of the workforce education component of the program, eligible former foster youth may begin the workforce training internship. Participating individuals are paired with a mentor that has worked for the participating organization for at least one year and has completed a minimum of one hour of trauma-informed training to gain critical skills for successfully engaging former foster youth.[50] In the current cohorts, 100 percent of mentors reported they would mentor with the program again. Feedback suggested an increase in training requirements to better equip mentors with trauma-informed strategies for engaging with former foster youth.[51]

Additionally, mentors lead monthly performance reviews of the intern, to review his or her work product, professionalism, time management, communication style, and stress-management strategies. Mentors are eligible to receive a maximum payment of $1,200 per intern per fiscal year, issued as a $100 monthly payment for every month of service as a mentor. Employees may mentor three interns at one time, and may not receive more than $3,600 in compensation per fiscal year.[52]

Participating foster youth are required to intern for 80 hours per month to be eligible to receive the monthly stipend payment of $1,517.[53] This stipend is not considered earned income for the purposes of computing eligibility for federal or state benefits; however, if an individual's benefits are reduced or lost due to receipt of such stipend, the individual may receive an offset by an additional stipend equal to the value of the maximum benefit amount for a single person allowed under the Supplemental Nutrition Assistance Program ($298 monthly per a one-person household).[54] Interns may participate in the internship for no more than one year and receive 12 monthly stipends. A former foster youth may intern with multiple participating organizations, but not at the same time.[55]

Step into Success Program Successes

While a very new program, the Step into Success cohorts have shown positive employment outcomes for former foster youth who participated in the internship component. Through the program, participants have improved their professionalism, communication skills, time management strategies, and workplace adaptability – skills that employers repeatedly identify as essential for success.

In Cohort 1, the participants were able to secure internships with various organizations in fields such as music business, real estate, nursing, public health, culinary arts, graphic design, and law.

[50] Section 409.1455 (7), F.S.
[51] December 3, 2025 E-mail from Chancer Teel, Legislative Affairs Director, the DCF (on file with the Senate Committee on Children, Families, and Elder Affairs).
[52] *Id.*
[53] Section 409.1455(10), F.S. and Florida Department of Children and Families, *Step into Success Pilot Program,* available at: https://www.myflfamilies.com/youth-young-adults (last visited 11/10/25).
[54] Section 409.1455(10)(d), F.S.; USDA Food and Nutrition Service, *SNAP Eligibility,* available at: https://www.fns.usda.gov/snap/recipient/eligibility (last visited 1/7/26).
[55] Section 409.1455, F.S.

Some of the early reported wins are as follows:[56]

- 73 percent of participants in Cohort 1 completed more than 11 months in the internship.
- 53 percent of participants in Cohort 1 were offered employment at the completion of their internship, with a majority of those with the organization in which they interned.
- 100 percent of Cohort 1 mentors report they would recommend being a mentor to a co-worker or colleague, 67 percent of these mentors were mentoring a youth with child welfare lived experience for the first time.
- Participants have reported increased confidence and experience in the workplace.

The DCF has reported that Cohorts 2 and 3 in Tallahassee and Orlando have a combined 22 participants who started and completed the workforce education and professionalism component of the Step into Success program, with 15 starting an internship, 3 pending placement, and 1 finding full-time employment outside of the program.[57] These participants have stated that the workforce education training component helped them learn and understand various workforce skills, commenting on the following about the training:[58]

- "Useful feedback about how my skills might not be suited for this specific job, but the interviewer shared how my skills would be a great fit for another position and helped guide me towards that application."
- "There are resources and people willing to help."
- "Confidence. Belief in myself and knowledge about how to take it to that next step."
- "This is amazing – a lot of people can get a lot of things out of this training."
- "I've learned more in 3 days than I did in school the whole time."
- "I can't wait to start working."

Florida Institute for Child Welfare

In 2014, the Legislature established the Florida Institute for Child Welfare (FICW) within the Florida State University College of Social Work.[59] Created as a policy analysis and research mechanism, FICW collaborates with partners to enhance the sustainability of the child welfare workforce.[60] The FICW provides research and evaluation to the Legislature, technical assistance and training to child welfare agencies, and publishes an annual report with recommendations to improve the state's child welfare system.[61]

III. Effect of Proposed Changes:

Section 1 amends the definition of "visitor" in s. 39.01, F.S. The bill excludes contracted service providers regularly in the home that are currently screened pursuant to ch. 435, F.S. and extends the number of days an individual over the age of 12 years must be in a home before being considered a "visitor" that needs a background screening. Specifically, the bill:

[56] December 3, 2025 E-mail from Chancer Teel, Legislative Affairs Director, the DCF (on file with the Senate Committee on Children, Families, and Elder Affairs).
[57] *Id.*
[58] *Id.*
[59] Chapter 2014-224, L.O.F.
[60] Florida Institute for Child Welfare, *About Us,* available at: https://ficw.fsu.edu/About (last visited 1/7/26).
[61] *Id.*

- Increases the number of consecutive days an individual must be in the home from five days to ten consecutive days; and
- Increases the number of non-consecutive days in one month from seven days to fourteen non-consecutive days or more in one month.

Section 2 amends s. 409.1455, F.S., to make the Step into Success Pilot Program into a permanent statewide program within the Office of Continuing Care at the DCF.

The bill requires the development of future cohorts of the Step into Success program within the DCF's regions and requires the DCF Office of Continuing Care (office) to collaborate with local chambers of commerce to recruit mentors and organizations, emphasizing the following counties:

- Duval.
- Escambia.
- Hillsborough.
- Palm Beach.
- Polk.

Further, the bill allows the office to connect eligible former foster youth with existing third-party mentorship organizations who have an interest in such organizations' programs.

The bill requires that trauma-informed training for mentors must include interactive or experiential components, such as role-playing, scenario discussion, or case studies. Mentors are required to complete a 1-hour training before being matched with a former foster youth; the training must cover core topics that include, but are not limited to, the following:

- Understanding trauma and its impacts.
- Recognizing and responding to trauma-related behaviors.
- De-escalation strategies and crisis response.
- Boundaries and mentor self-care.
- Communication skills.

The department may offer subsequent 1-hour trainings annually. Additionally, the bill allows the DCF to provide four additional optional, asynchronous, and online 1-hour trainings for mentors. The bill requires the office to inform participating organizations of such optional training opportunities.

The bill allows employees who have worked in his or her career field or area, rather than a participating organization, for at least 1 year to be eligible to serve as a mentor, which allows employees who have recently moved jobs but are subject matter experts to serve as mentors.

The bill removes the stipend offset that allows participants to recover a reduction in benefits due to receipt of the Step into Success stipend. Instead, the bill increases the monthly stipend for all participants, changing the stipend from $1,517 to $1,717 across the board.

The bill requires the office to assign experienced DCF staff to serve as program liaisons that are available to support mentors during the internship period.

Section 3 amends s. 1004.615, F.S., to require the Florida Institute for Child Welfare (FICW) to establish a program to identify, describe, and catalogue best practices within the community-based care model throughout the state. Such best practices may include, but are not limited to, the following:

- Management practices;
- Administrative structure;
- Internal and external communication;
- Quality assurance;
- Contract management;
- Program development and creation; and
- Child and family outcome monitoring.

The bill requires the FICW to collaborate with the DCF Office of Quality and Office of Child and Family Well-Being.

The bill takes effect July 1, 2026.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None identified.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

The Department of Children and Families reports the need for nine additional full-time equivalent (FTE) positions and 567,175 in Salary Rate, totaling $3,449,490 from the General Revenue Fund ($3,392,448 in recurring funds and $57,042 in nonrecurring funds) to provide for the statewide expansion of the Step into Success Program.

The bill may result in additional duties for the Florida Institute for Child Welfare (FICW); however, the workload can likely 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: 39.01, 409.1455, and 1004.615.

IX. Additional Information:

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

None.

B. Amendments:

None.

By the Committee on Children, Families, and Elder Affairs

586-01896-26 20267018__

A bill to be entitled

An act relating to child welfare; amending s. 39.01, F.S.; revising the definition of the term "visitor"; amending s. 409.1455, F.S.; renaming the Step into Success Workforce Education and Internship Pilot Program as the Step into Success Workforce Education and Internship Program; deleting a provision limiting the duration of the program; requiring the department's Office of Continuing Care to develop certain cohorts within specified regions, collaborate with certain organizations and recruit mentors and organizations, and provide eligible former foster youth with internship placement opportunities; deleting a provision requiring that the program be administered in a certain manner; deleting obsolete language; requiring the Office of Continuing Care to develop trauma-informed training for mentors of certain former foster youth which meets certain requirements; authorizing the office to provide certain additional trainings on mentorship of special populations; revising the amount of monthly financial assistance that the office shall provide to participating former foster youth; requiring the office to assign experienced staff to serve as program liaisons for a specified purpose; revising qualifications to serve as a mentor; authorizing the department to offer certain training to mentors in subsequent years; authorizing an employee who serves as a mentor to participate in certain additional

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trainings; deleting a provision authorizing the offset of a reduction in or loss of certain benefits due to receipt of a Step into Success stipend by an additional stipend payment; amending s. 1004.615, F.S.; requiring the Florida Institute for Child Welfare, in collaboration with the department's Office of Quality and Office of Child and Family Well-being, to establish a certain best practices program; providing an effective date.

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

Section 1. Subsection (91) of section 39.01, Florida Statutes, is amended to read:

39.01 Definitions.—When used in this chapter, unless the context otherwise requires:

(91) "Visitor" means a person who:

(a) Provides care or supervision to a child in the home, other than a contracted service provider screened pursuant to chapter 435; or

(b) Is 12 years of age or older, other than a child in care, and who will be in the child's home at least:

1. Ten ~~Five~~ consecutive days; or

2. Fourteen ~~Seven~~ days or more in 1 month.

Section 2. Subsections (2) and (4), paragraphs (b) and (e) of subsection (6), paragraph (b) of subsection (7), paragraph (d) of subsection (10), and subsection (11) of section 409.1455, Florida Statutes, are amended, and paragraph (i) is added to subsection (6) of that section, to read:

409.1455 Step into Success Workforce Education and Internship ~~Pilot~~ Program for foster youth and former foster youth.—

(2) CREATION.—The department shall establish the ~~3-year~~ Step into Success Workforce Education and Internship ~~Pilot~~ Program to give eligible foster youth and former foster youth an opportunity to learn and develop essential workforce and professional skills, to transition from the custody of the department to independent living, and to become better prepared for an independent and successful future. The ~~pilot~~ program must consist of an independent living professionalism and workforce education component and, for youth who complete that component, an onsite workforce training internship component. In consultation with subject-matter experts and the community-based care lead agencies, the office shall develop and administer the ~~pilot~~ program for interested foster youth and former foster youth; however, the department may contract with entities that have demonstrable subject-matter expertise in the transition to adulthood for foster youth, workforce training and preparedness, professional skills, and related subjects to collaborate with the office in the development and administration of the ~~pilot~~ program. The independent living professionalism and workforce education component of the program must culminate in a certificate that allows a former foster youth to participate in the onsite workforce training internship.

(4) REQUIREMENTS OF THE DEPARTMENT AND OFFICE.—The department shall establish and the office shall develop and administer the ~~pilot~~ program for eligible foster youth and former foster youth. The office shall do all of the following:

(a) Develop eligible foster youth and former foster youth cohorts within the department's regions.

(b) Collaborate with local chambers of commerce and recruit mentors and organizations within the department's regions, emphasizing recruitment of mentors and organizations in the following counties:

1. Duval.

2. Escambia.

3. Hillsborough.

4. Palm Beach.

5. Polk.

(c) Provide eligible former foster youth with a variety of internship placement opportunities, including by connecting existing third-party mentorship organizations that focus on former foster youth with eligible former foster youth who have an interest in such organizations' programs ~~The pilot program must be administered as part of an eligible foster youth's regular transition planning under s. 39.6035 or as a post-transition service for eligible former foster youth~~. ~~The office must begin the professionalism and workforce education component of the program on or before January 1, 2024, and the onsite workforce training internship component of the program on or before July 1, 2024.~~

(6) ONSITE WORKFORCE TRAINING INTERNSHIP COMPONENT REQUIREMENTS.—The office shall do all of the following in connection with the onsite workforce training internship program for eligible former foster youth:

(b) Develop ~~a minimum of 1 hour of~~ required trauma-informed training for mentors to satisfy the requirements provided in

sub-subparagraph (7)(b)1.e. Such training must include interactive or experiential components, such as role-playing, scenario discussion, or case studies. The office may provide at least 4 additional 1-hour trainings on mentorship of special populations as optional training opportunities, which must be asynchronous and accessible to mentors online at their convenience, and shall inform participating organizations of these optional training opportunities ~~teach the skills necessary to engage with participating eligible former foster youth~~.

(e) Provide a participating former foster youth with financial assistance in the amount of $1,717 ~~$1,517~~ monthly and develop a process and schedule for the distribution of payments to former foster youth participating in the component, subject to the availability of funds.

(i) Assign experienced staff to serve as program liaisons who are available for mentors to contact whenever the mentors need to debrief or have questions concerning a former foster youth.

(7) REQUIREMENTS FOR PARTICIPATING ORGANIZATIONS.—Each organization participating in the onsite workforce training internship component shall:

(b) Recruit employees to serve as mentors for former foster youth interning with such organizations.

1. To serve as a mentor, an employee must:

a. Have worked in his or her career field or area ~~for the participating organization~~ for at least 1 year;

b. Have experience relevant to the job and task responsibilities of the intern;

c. Sign a monthly hour statement for the intern;

d. Allocate at least 1 hour per month to conduct mentor-led performance reviews, to include a review of the intern's work product, professionalism, time management, communication style, and stress-management strategies; and

e. Complete ~~a minimum of 1 hour of~~ trauma-informed training to gain and maintain skills critical for successfully engaging former foster youth. The employee must complete a 1-hour training before being matched with a former foster youth which covers core topics, including, but not limited to:

(I) Understanding trauma and its impacts.

(II) Recognizing and responding to trauma-related behaviors.

(III) De-escalation strategies and crisis response.

(IV) Boundaries and mentor self-care.

(V) Communication skills.

The department may offer a 1-hour training to review topics covered by the training required under this sub-subparagraph every subsequent year that the employee chooses to serve as a mentor.

2. Subject to available funding, an employee who serves as a mentor and receives the required trauma-informed training is eligible for a maximum payment of $1,200 per intern per fiscal year, to be issued as a $100 monthly payment for every month of service as a mentor.

3. An employee may serve as a mentor for a maximum of three interns at one time and may not receive more than $3,600 in compensation per fiscal year for serving as a mentor. Any time spent serving as a mentor to an intern under this section counts

toward the minimum service required for eligibility for payments pursuant to subparagraph 2. and this subparagraph.

4. An employee who serves as a mentor may participate in additional trainings on the mentorship of special populations as made available by the office.

(10) CONDITIONS OF PARTICIPATION IN THE INTERNSHIP COMPONENT.—

(d) Stipend money earned pursuant to the internship component may not be considered earned income for purposes of computing eligibility for federal or state benefits, including, but not limited to, the Supplemental Nutrition Assistance Program, a housing choice assistance voucher program, the Temporary Cash Assistance Program, the Medicaid program, or the school readiness program. ~~Notwithstanding this paragraph, any reduction in the amount of benefits or loss of benefits due to receipt of the Step into Success stipend may be offset by an additional stipend payment equal to the value of the maximum benefit amount for a single person allowed under the Supplemental Nutrition Assistance Program.~~

(11) REPORT.—The department shall include a section on the Step into Success Workforce Education and Internship ~~Pilot~~ Program in the independent living annual report prepared pursuant to s. 409.1451(6) which includes, but is not limited to, all of the following:

(a) Whether the ~~pilot~~ program is in compliance with this section, and if not, barriers to compliance.

(b) A list of participating organizations and the number of interns.

(c) A summary of recruitment efforts to increase the number

of participating organizations.

(d) A summary of the feedback and surveys received pursuant to paragraph (6)(h) from participating former foster youth, mentors, and others who have participated in the ~~pilot~~ program.

(e) Recommendations, if any, for actions necessary to improve the quality, effectiveness, and outcomes of the ~~pilot~~ program.

(f) Employment outcomes of former foster youth who participated in the ~~pilot~~ program, including employment status after completion of the program, whether he or she is employed by the participating organization in which he or she interned or by another entity, and job description and salary information, if available.

Section 3. Present subsections (9), (10), and (11) of section 1004.615, Florida Statutes, are redesignated as subsections (10), (11), and (12), respectively, and a new subsection (9) is added to that section, to read:

1004.615 Florida Institute for Child Welfare.—

(9) The institute, in collaboration with the Department of Children and Families' Office of Quality and Office of Child and Family Well-being, shall establish a program to identify, describe, and catalogue best practices within the community-based care model. Such best practices may include, but need not be limited to, management practices, administrative structure, internal and external communication, quality assurance, contract management, program development and creation, and child and family outcome monitoring.

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