

Tab 8	SB 688 by Rodriguez ; Similar to H 00223 Naturopathic Medicine						
Tab 9	SB 1414 by Polsky ; Identical to H 01203 Education on Congenital Cytomegalovirus						
202186	A	S	RCS	HP, Polsky	Delete L.72 - 110.	02/12 10:40 AM	
Tab 10	SB 186 by Garcia ; Similar to CS/H 01201 Student Health and Safety						
333962	A	S	RCS	HP, Garcia	Delete L.61 - 64:	02/12 10:40 AM	
Tab 11	SB 902 by Garcia ; Identical to H 00733 Department of Health						
820828	A	S	RCS	HP, Garcia	Delete L.49 - 93.	02/12 10:40 AM	
674674	A	S	RCS	HP, Garcia	btw L.345 - 346:	02/12 10:40 AM	
Tab 12	SB 196 by Sharief (CO-INTRODUCERS) Osgood, Davis, Rouson, Bernard, Berman ; Identical to H 00327 Uterine Fibroid Research Database						
514292	A	S	RCS	HP, Sharief	Delete L.17 - 24:	02/12 10:40 AM	
Tab 13	SB 1574 by Bracy Davis (CO-INTRODUCERS) Sharief ; Similar to H 01335 Newborn Screenings						
Tab 14	SB 878 by Yarborough ; Identical to H 01347 Clinical Laboratory Personnel						
Tab 15	SB 1092 by Massullo ; Compare to CS/H 00567 Podiatric Medicine						
455614	A	S	RCS	HP, Massullo	Delete L.87 - 216:	02/12 10:40 AM	
Tab 16	SB 1032 by Calatayud ; Compare to H 00719 Medical Marijuana						
956808	D	S	RCS	HP, Calatayud	Delete everything after	02/12 10:41 AM	
Tab 17	SB 1684 by Calatayud ; Similar to CS/CS/H 01443 Parkinson's Disease Registry						
Tab 18	SB 1686 by Calatayud ; Similar to CS/H 01445 Public Records/Parkinson's Disease Registry						
438984	A	S	RCS	HP, Calatayud	Delete L.69:	02/12 10:41 AM	
Tab 19	SB 1760 by Brodeur (CO-INTRODUCERS) Gaetz, Rouson, Massullo ; Compare to H 00697 Health Care Coverage						
620456	D	S	RCS	HP, Brodeur	Delete everything after	02/12 10:41 AM	

The Florida Senate
COMMITTEE MEETING EXPANDED AGENDA

HEALTH POLICY
Senator Burton, Chair
Senator Harrell, Vice Chair

MEETING DATE: Wednesday, February 11, 2026
TIME: 3:00—5:30 p.m.
PLACE: Pat Thomas Committee Room, 412 Knott Building

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

TAB	OFFICE and APPOINTMENT (HOME CITY)	FOR TERM ENDING	COMMITTEE ACTION
Senate Confirmation Hearing: A public hearing will be held for consideration of the below-named executive appointments to the offices indicated.			
Secretary of Health Care Administration			
1	Harris, Shevaun ()	Pleasure of Governor	Recommend Confirm Yeas 10 Nays 1
Board of Clinical Social Work, Marriage and Family Therapy, and Mental Health Counseling			
2	Kraus, Tanya ()	10/31/2026	Recommend Confirm Yeas 7 Nays 0
	Reed, Stacey L. (Santa Rosa Beach)	10/31/2028	Recommend Confirm Yeas 7 Nays 0
	O'Brien, Alexandra L. (Tallahassee)	10/31/2028	Recommend Confirm Yeas 7 Nays 0
Board of Dentistry			
3	Anderson, Marc ()	10/31/2029	Recommend Confirm Yeas 7 Nays 0
	White, Nicholas (Winter Park)	10/31/2029	Recommend Confirm Yeas 7 Nays 0
	Traverso, Elizabeth K. ()	10/31/2028	Recommend Confirm Yeas 7 Nays 0
	Marshall, Chadwick Justin (Fort Walton Beach)	10/31/2027	Recommend Confirm Yeas 7 Nays 0
	Mallah, Jessica (Odessa)	10/31/2026	Recommend Confirm Yeas 7 Nays 0
	Hill, Karyn (Parkland)	10/31/2029	Recommend Confirm Yeas 7 Nays 0
	Forrest, Andrew (Fort Lauderdale)	10/31/2028	Recommend Confirm Yeas 7 Nays 0
	Cherry, Bradley (Ponte Vedra Beach)	10/31/2027	Recommend Confirm Yeas 7 Nays 0
Board of Medicine			
4	Balaji, Gobivenkata (Satellite Beach)	10/31/2026	Recommend Confirm Yeas 7 Nays 0
	Sargeant, Deborah A. (Gulf Stream)	10/31/2029	Recommend Confirm Yeas 7 Nays 0

COMMITTEE MEETING EXPANDED AGENDA

Health Policy

Wednesday, February 11, 2026, 3:00—5:30 p.m.

TAB	OFFICE and APPOINTMENT (HOME CITY)	FOR TERM ENDING	COMMITTEE ACTION
	Littell, John (Ocala)	10/31/2028	Recommend Confirm Yeas 7 Nays 0
	Justice, Nicole (Valrico)	10/31/2028	Recommend Confirm Yeas 7 Nays 0
	Hunter, Patrick ()	10/31/2028	Recommend Confirm Yeas 7 Nays 0
	Gross, Lee (Port Charlotte)	10/31/2028	Recommend Confirm Yeas 7 Nays 0
	Diamond, David A. (Winter Park)	10/31/2029	Recommend Confirm Yeas 7 Nays 0
	Derick, Amy ()	10/31/2029	Recommend Confirm Yeas 7 Nays 0
Board of Nursing			
5	Becker, Deborah (The Villages)	10/31/2027	Recommend Confirm Yeas 7 Nays 0
	Wolf, Lindsay (Julington Creek)	10/31/2028	Recommend Confirm Yeas 7 Nays 0
	Wages, Jennifer (Panama City)	10/31/2029	Recommend Confirm Yeas 7 Nays 0
	Schafer, Patricia P. (Ocala)	10/31/2028	Recommend Confirm Yeas 7 Nays 0
	Roster, Fidelia Herrera (Palm Coast)	10/31/2028	Recommend Confirm Yeas 7 Nays 0
	Mueller, Christine (Sunrise)	10/31/2028	Recommend Confirm Yeas 7 Nays 0
Board of Osteopathic Medicine			
6	Rooney, Derek Patrick, Jr. ()	10/31/2027	Recommend Confirm Yeas 7 Nays 0
	Reid-Paul, Theresa S. (Fort Lauderdale)	10/31/2028	Recommend Confirm Yeas 7 Nays 0
Board of Pharmacy			
7	Hickman, Jonathan M. (Tallahassee)	10/31/2029	Recommend Confirm Yeas 7 Nays 0
	West, Stephen "Ryan" (Tallahassee)	10/31/2029	Recommend Confirm Yeas 7 Nays 0
	Mikhael, Mark W. (Seminole)	10/31/2028	Recommend Confirm Yeas 7 Nays 0

COMMITTEE MEETING EXPANDED AGENDA

Health Policy

Wednesday, February 11, 2026, 3:00—5:30 p.m.

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
8	SB 688 Rodriguez (Similar H 223, Compare S 542)	Naturopathic Medicine; Creating the Board of Naturopathic Medicine within the Department of Health; prohibiting unlicensed persons from practicing naturopathic medicine or promoting, identifying, or describing themselves using specified titles or abbreviations; providing for licensure by examination of naturopathic doctors; providing for licensure by endorsement of naturopathic doctors; revising continuing education requirements for naturopathic doctors, etc. HP 02/11/2026 Favorable AHS FP	Favorable Yeas 8 Nays 3
9	SB 1414 Polsky (Identical H 1203)	Education on Congenital Cytomegalovirus; Requiring the Department of Health, in consultation with medical experts identified by the department, to develop educational materials on congenital cytomegalovirus for distribution to expectant and new parents or caregivers; requiring certain hospitals, birth centers, and obstetrics and gynecology physician practices to provide the educational materials to such parents and caregivers; requiring the licensing boards of certain health care practitioners, beginning on a specified date, to require such practitioners to complete a board-approved course on congenital cytomegalovirus as a part of initial licensure and every other licensure renewal, etc. HP 02/11/2026 Fav/CS AHS FP	Fav/CS Yeas 10 Nays 0
10	SB 186 Garcia (Similar CS/H 1201)	Student Health and Safety; Revising Department of Health responsibilities for educational programs concerning epilepsy; revising the definition of the term "school"; revising requirements for a student's individualized seizure action plan; revising the list of which employees must complete training in the care of students with epilepsy and seizure disorders, etc. HP 02/11/2026 Fav/CS ED RC	Fav/CS Yeas 11 Nays 0

COMMITTEE MEETING EXPANDED AGENDA

Health Policy

Wednesday, February 11, 2026, 3:00—5:30 p.m.

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
11	SB 902 Garcia (Identical H 733)	Department of Health; Defining the term “low-income”; deleting the definition of the term “medically underserved area”; revising requirements for department approval of qualified physicians and medical directors of medical marijuana treatment centers; prohibiting medical marijuana treatment center cultivating, processing, or dispensing facilities from being located within a specified distance of parks, child care facilities, or facilities providing early learning services; revising duties of the department in administering the Early Steps Program, etc. HP 02/11/2026 Fav/CS AHS RC	Fav/CS Yeas 11 Nays 0
12	SB 196 Sharief (Identical H 327, Compare H 1515)	Uterine Fibroid Research Database; Requiring the Department of Health to include uterine fibroids in a specified list of diseases it issues; deleting a prohibition on the inclusion of personal identifying information in the database, etc. HP 02/11/2026 Fav/CS AHS FP	Fav/CS Yeas 11 Nays 0
13	SB 1574 Bracy Davis (Similar H 1335)	Newborn Screenings; Citing this act as “Mattie’s Law”; requiring that newborns, beginning on a specified date, be screened for biliary atresia; requiring the Department of Health to consult with the Genetics and Newborn Screening Advisory Council before adopting certain rules; requiring hospitals that provide birthing services to screen for biliary atresia in a specified manner, etc. HP 02/11/2026 Favorable AHS FP	Favorable Yeas 11 Nays 0
14	SB 878 Yarborough (Identical H 1347)	Clinical Laboratory Personnel; Requiring that an applicant who qualifies for licensure under specified provisions provide proof of such qualification and pay the required fees to be eligible for licensure; requiring that applicants for licensure as a technologist or technician who meet specified criteria be deemed to have satisfied minimum qualifications for licensure to perform high or moderate complexity testing as a technologist or technician, as applicable, etc. HP 02/11/2026 Favorable AHS RC	Favorable Yeas 11 Nays 0

COMMITTEE MEETING EXPANDED AGENDA

Health Policy

Wednesday, February 11, 2026, 3:00—5:30 p.m.

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
15	SB 1092 Massullo (Compare CS/H 567)	Podiatric Medicine; Requiring certain podiatric physicians, instead of all podiatric physicians, to complete specified continuing education; authorizing podiatric physicians to perform stem cell therapy not approved by the United States Food and Drug Administration under certain circumstances; requiring podiatric physicians who perform such therapies to use stem cell therapy products obtained from facilities that adhere to applicable current good manufacturing practices, etc. HP 02/11/2026 Fav/CS AHS RC	Fav/CS Yeas 11 Nays 0
16	SB 1032 Calatayud (Compare H 719)	Medical Marijuana; Increasing the number of supply limits of marijuana which a qualified physician may issue in a single physician certification for the medical use of marijuana; revising the frequency with which qualified physicians must evaluate existing qualified patients for a physician certification for the medical use of marijuana; revising the frequency with which qualified patient and caregiver identification cards must be renewed, from annually to biennially, etc. HP 02/11/2026 Fav/CS AHS AP	Fav/CS Yeas 10 Nays 1
17	SB 1684 Calatayud (Similar CS/CS/H 1443, Compare CS/H 1445, Linked S 1686)	Parkinson's Disease Registry; Subject to a specific appropriation, requiring the Department of Health to contract with the Consortium for Parkinson's Disease Research within the University of South Florida for a specified purpose; beginning on a specified date, requiring physicians who diagnose or treat a patient with Parkinson's disease to report specified information to the registry; requiring physicians to notify patients orally and in writing of specified information before submitting reports to the registry; requiring the Parkinson's Disease Research Board to submit quarterly reports to the department, etc. HP 02/11/2026 Favorable AHS FP	Favorable Yeas 11 Nays 0

COMMITTEE MEETING EXPANDED AGENDA

Health Policy

Wednesday, February 11, 2026, 3:00—5:30 p.m.

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
18	SB 1686 Calatayud (Similar CS/H 1445, Compare CS/CS/H 1443, Linked S 1684)	Public Records/Parkinson's Disease Registry; Providing an exemption from public records requirements for certain records and personal identifying information submitted to the Parkinson's Disease Registry; providing for future legislative review and repeal; providing a statement of public necessity, etc. HP 02/11/2026 Fav/CS AHS FP	Fav/CS Yeas 11 Nays 0
19	SB 1760 Brodeur (Compare H 697, H 1453, S 1158)	Health Care Coverage; Establishing the Joint Legislative Committee on Medicaid Oversight for specified purposes; revising encounter data reporting requirements for prepaid Medicaid plans; requiring managed care plans to report to the Agency for Health Care Administration and the Office of Insurance Regulation the existence of and specified details relating to certain affiliations by a specified date and annually thereafter; revising requirements for contracts between a pharmacy benefit manager and a pharmacy benefits plan or program and a participating pharmacy; revising and specifying additional practices pharmacy benefit managers are prohibited from engaging in, etc. HP 02/11/2026 Fav/CS AP	Fav/CS Yeas 11 Nays 0

Other Related Meeting Documents

35

**STATE OF FLORIDA
DEPARTMENT OF STATE
Division of Elections**

I, Cord Byrd, Secretary of State,
do hereby certify that

Shevaun L. Harris

is duly appointed

**Secretary,
Agency for Health Care Administration**

for a term beginning on the Fifteenth day of July, A.D., 2025, to
serve at the pleasure of the Governor and is subject to be
confirmed by the Senate during the next regular session of the
Legislature.

*Given under my hand and the Great Seal of the
State of Florida, at Tallahassee, the Capital, this
the Thirtieth day of October, A.D., 2025.*



Secretary of State



If photocopied or chemically altered, the word "VOID" will appear.

State of Florida appears in small letters across the face of this 9 1/2 x 11" document.



RON DESANTIS
GOVERNOR

RECEIVED
2025 JUL 15 PM 4:57
DIVISION OF ELECTIONS
TALLAHASSEE, FL

July 15, 2025

Secretary Cord Byrd
Department of State
R.A. Gray Building, Room 316
500 South Bronough Street
Tallahassee, Florida 32399-0250

Dear Secretary Byrd:

Please be advised I have made the following reappointment under the provisions of Section 20.42, Florida Statutes:

Ms. Shevaun Harris



as Secretary of the Agency for Health Care Administration, subject to confirmation by the Senate. This appointment is effective July 15, 2025, for a term ending at the pleasure of the Governor.

Sincerely,

A handwritten signature in black ink, appearing to read "Ron DeSantis".

Ron DeSantis
Governor

RD/ch

HAND DELIVERED

RECEIVED

OATH OF OFFICE

(Art. II, § 5(b), Fla. Const.; § 92.50, Florida Statutes)

2025 OCT 28 PM 4:35

DIVISION OF ELECTIONS
TALLAHASSEE, FL

STATE OF FLORIDA

County of Leon

I do solemnly swear (or affirm) that I will support, protect, and defend the Constitution and Government of the United States and of the State of Florida; that I am duly qualified to hold office under the Constitution of the State, and that I will well and faithfully perform the duties of

Secretary, Florida Agency for Health Care Administration
(Full Name of Office - Abbreviations Not Accepted)

on which I am now about to enter, so help me God.

[NOTE: If you affirm, you may omit the words "so help me God." See § 92.52, Fla. Stat.]

Signature [Handwritten Signature]

Sworn to and subscribed before me by means of physical presence OR online notarization
this 16th day of October, 2025.

Signature of Officer Administering Oath or of Notary Public

(To be completed only by judges administering oath - see § 92.50, Florida Statutes.)

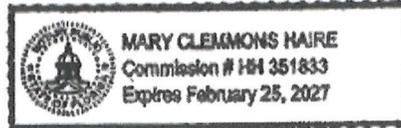
Print Name

Title

Court

(To be completed by officer administering oath, other than judges - see § 92.50, Florida Statutes.)

Affix Seal Below



Personally Known OR Produced Identification

Type of Identification Produced _____

ACCEPTANCE

I accept the office listed in the above Oath of Office.

Mailing Address: Home Office

[Redacted Address]

Street or Post Office Box

[Redacted Address]

City, State, Zip Code

Sheraun L. Harris

Print Name

[Handwritten Signature]

Signature

The Florida Senate
Committee Notice Of Hearing

IN THE FLORIDA SENATE
TALLAHASSEE, FLORIDA

IN RE: Executive Appointment of
Shevaun Harris
Secretary of Health Care Administration

NOTICE OF HEARING

TO: Secretary Shevaun Harris

YOU ARE HEREBY NOTIFIED that the Committee on Health Policy of the Florida Senate will conduct a hearing on your executive appointment on Wednesday, February 11, 2026, in the Pat Thomas Committee Room, 412 Knott Building, commencing at 3:00 p.m., pursuant to Rule 12.7(1) of the Rules of the Florida Senate.

Please be present at the time of the hearing.
DATED this the 9th day of February, 2026

Committee on Health Policy



Senator Colleen Burton
As Chair and by authority of the committee

cc: Members, Committee on Health Policy
Office of the Sergeant at Arms

THE FLORIDA SENATE

COMMITTEE WITNESS OATH

CHAIR:

Please raise your right hand and be sworn in as a witness.

Do you swear or affirm that the evidence you are about to give will be the truth, the whole truth, and nothing but the truth?

WITNESS'S NAME: Shevaun L Harris

ANSWER: yes, I do.

Pursuant to §90.605(1), *Florida Statutes*: "The witness's answer shall be noted in the record."

COMMITTEE NAME: Senate Health Policy Committee

DATE: 02/11/2026

Tab 1

The Florida Senate

APPEARANCE RECORD

Confirmation of Secretary Harris

2/11/2026

Meeting Date

Health Policy

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

Bill Number or Topic

Committee

Amendment Barcode (if applicable)

Name **Lisa Jensen, LeadingAge Southeast**

Phone **850-702-0315**

Address **1812 Riggins Road**

Email **LJensen@LeadingAgeSoutheast.org**

Street

Tallahassee

FL

32308

City

State

Zip

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

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

LeadingAge Southeast

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

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

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

S-001 (08/10/2021)

The Florida Senate

APPEARANCE RECORD

AHCA Sec. Harris Confirmation

Feb. 11, 2026

Meeting Date

Bill Number or Topic

Health Policy

Committee

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

Amendment Barcode (if applicable)

Name Justin Senior

Phone 850-528-9159

Address 125 S. Gadsden Suite 300

Email justin@snhaf.net

Street

Tallahassee FL 32301

City

State

Zip

Speaking: For Against Information OR Waive Speaking: In Support Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

Safety Net Hospital Alliance of FL

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

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

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

S-001 (08/10/2021)

The Florida Senate

APPEARANCE RECORD

AttCA Sec Harris confirm

Bill Number or Topic

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

11 February 2012 Meeting Date

Name Jill Puckett

Amendment Barcode (if applicable) Phone 850 251 8988

Address 310 W College St Street

Email jill@team180.com

Tallahassee FL 32301 City State Zip

Speaking: [] For [] Against [] Information OR Waive Speaking: [x] In Support [] Against

PLEASE CHECK ONE OF THE FOLLOWING:

- [] I am appearing without compensation or sponsorship. [x] I am a registered lobbyist, representing: [] I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

Floridians for Recovery

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

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

The Florida Senate

APPEARANCE RECORD

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

Sec Harris
Confirmation
Bill Number or Topic

Amendment Barcode (if applicable)

2/11/24

Meeting Date

Committee

Name

Rosemarie Latham

Phone

Address

310 College

Email

Street

City

State

Zip

Speaking:

For

Against

Information

OR

Waive Speaking:

In Support

Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

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

Florida Association of Nurse Practitioners

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

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

The Florida Senate

APPEARANCE RECORD

AMCA Harris Confirm -

2/11/20

Meeting Date

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

Bill Number or Topic

ation

Health Policy

Committee

Amendment Barcode (if applicable)

Name Victoria Zepp

Phone 833-618-8180

Address 310 W College Ave

Email Victoria@team180.com

Street

TRH

FL

32301

City

State

Zip

Speaking: For Against Information OR Waive Speaking: In Support Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

Family Support Services / CMA Consulting

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

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

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

S-001 (08/10/2021)

The Florida Senate

APPEARANCE RECORD

Confirmation of Shevaun Harris

2/11/26

Meeting Date

Health Policy

Committee

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

Bill Number or Topic

Amendment Barcode (if applicable)

Name **Thomas Parker**

Phone **8502243907**

Address **307 W Park Ave Ste 100**

Email **tparker@fhca.org**

Street

TALLAHASSEE

Florida

32301-1422

City

State

Zip

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

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

Florida Health Care Association

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

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

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

S-001 (08/10/2021)

220

**STATE OF FLORIDA
DEPARTMENT OF STATE
Division of Elections**

I, Cord Byrd, Secretary of State,
do hereby certify that

Tanya Kraus

is duly appointed a member of the
**Board of Clinical Social Work,
Marriage and Family Therapy,
and Mental Health Counseling**

for a term beginning on the Twenty-Second day of December,
A.D., 2025, until the Thirty-First day of October, A.D., 2026
and is subject to be confirmed by the Senate during the next
regular session of the Legislature.

*Given under my hand and the Great Seal of the
State of Florida, at Tallahassee, the Capital, this
the Fourth day of February, A.D., 2026.*



Secretary of State



DSDE 99 (3/03)

The original document has a reflective line mark in paper. Hold at an angle to view when checking.

State of Florida appears in small letters across the face of this 8 1/2 x 11 document

If photocopied or chemically altered, the word "VOID" will appear.

RON DeSANTIS
GOVERNOR

2025 DEC -6 AM 9:23

TALLAHASSEE, FL

December 22, 2025

Secretary Cord Byrd
Department of State
R.A. Gray Building, Room 316
500 South Bronough Street
Tallahassee, Florida 32399-0250

Dear Secretary Byrd:

Please be advised I have made the following reappointment under the provisions of Section 491.004, Florida Statutes:

Mrs. Tanva Kraus



as a member of the Board of Clinical Social Work, Marriage and Family Therapy, and Mental Health Counseling, subject to confirmation by the Senate. This appointment is effective December 22, 2025, for a term ending October 31, 2026.

Sincerely,

A handwritten signature in black ink, appearing to read "Ron DeSantis".

Ron DeSantis
Governor

RD/gc

RECEIVED

OATH OF OFFICE

(Art. II, § 5(b), Fla. Const.; § 92.50, Florida Statutes)

2026 FEB -1 AM 8:28

STATE OF FLORIDA

County of Broward

DIVISION OF COLLECTIONS
TALLAHASSEE, FL

I do solemnly swear (or affirm) that I will support, protect, and defend the Constitution and Government of the United States and of the State of Florida; that I am duly qualified to hold office under the Constitution of the State, and that I will well and faithfully perform the duties of

The board of clinical Social Work, Marriage, + family therapy and Mental health
(Full Name of Office - Abbreviations Not Accepted) counseling

on which I am now about to enter, so help me God.

[NOTE: If you affirm, you may omit the words "so help me God." See § 92.52, Fla. Stat.]

Signature Tanya Kraus

Sworn to and subscribed before me by means of physical presence OR online notarization
this 26 day of JANUARY, 2026

Lauren B. Payne

Signature of Officer Administering Oath or of Notary Public

(To be completed only by judges administering oath - see § 92.50, Florida Statutes.)

Print Name

Title

Court

(To be completed by officer administering oath, other than judges - see § 92.50, Florida Statutes.)

Affix Seal Below

Personally Known OR Produced Identification

Type of Identification Produced _____

ACCEPTANCE

I accept the office listed in the above Oath of Office.

Mailing Address: Home Office

[Redacted]

Tanya Kraus

Print Name

[Redacted]

Tanya Kraus

Signature

City, State, Zip Code

220

**STATE OF FLORIDA
DEPARTMENT OF STATE
Division of Elections**

I, Cord Byrd, Secretary of State,
do hereby certify that

Stacey L. Reed

is duly appointed a member of the
**Board of Clinical Social Work,
Marriage and Family Therapy,
and Mental Health Counseling**

for a term beginning on the Twenty-Second day of December,
A.D., 2025, until the Thirty-First day of October, A.D., 2028
and is subject to be confirmed by the Senate during the next
regular session of the Legislature.

*Given under my hand and the Great Seal of the
State of Florida, at Tallahassee, the Capital, this
the Twenty-Second day of January, A.D., 2026.*



Secretary of State

If photocopied or chemically altered, the word "VOID" will appear.

"State of Florida" appears in small letters across the face of this 8 1/2" x 11" document.

RON DESANTIS
GOVERNOR

2026 JAN -6 AM 9:23

TALLAHASSEE, FL

December 22, 2025

Secretary Cord Byrd
Department of State
R.A. Gray Building, Room 316
500 South Bronough Street
Tallahassee, Florida 32399-0250

Dear Secretary Byrd:

Please be advised I have made the following appointment under the provisions of Section 491.004, Florida Statutes:

Ms. Stacey Reed
234 Loblolly Bay Drive
Santa Rosa Beach, Florida 32459

as a member of the Board of Clinical Social Work, Marriage and Family Therapy, and Mental Health Counseling, filling a vacant seat previously occupied by Fabio Andrade, subject to confirmation by the Senate. This appointment is effective December 22, 2025, for a term ending October 31, 2028.

Sincerely,



Ron DeSantis
Governor

RD/gc

OATH OF OFFICE

(Art. II, § 5(b), Fla. Const.; § 92.50, Florida Statutes)

2026 JAN 120 PM 12:32
JD TALL... FL

STATE OF FLORIDA

County of Walton

I do solemnly swear (or affirm) that I will support, protect, and defend the Constitution and Government of the United States and of the State of Florida; that I am duly qualified to hold office under the Constitution of the State, and that I will well and faithfully perform the duties of

Member, Board of Clinical Social Work, Marriage and Family Therapy, and Mental Health Counseling

(Full Name of Office – Abbreviations Not Accepted)

on which I am now about to enter, so help me God.

[NOTE: If you affirm, you may omit the words "so help me God." See § 92.52, Fla. Stat.]

Signature Stacey L Reed

Sworn to and subscribed before me by means of physical presence OR online notarization
this 12 day of January, 2026.

[Signature]
Signature of Officer Administering Oath or of Notary Public

(To be completed only by judges administering oath— see § 92.50, Florida Statutes.)

Print Name

Title

Court

(To be completed by officer administering oath, other than judges – see § 92.50, Florida Statutes.)
Affix Seal Below


TONY RODRIGUEZ
Commission # HH 734652
Expires February 23, 2030

Personally Known OR Produced Identification
Type of Identification Produced Drivers License

ACCEPTANCE

I accept the office listed in the above Oath of Office.

Mailing Address: Home Office

234 Loblolly Bay Drie

Street or Post Office Box

Santa Rosa Beach, FL 32459

City, State, Zip Code

Stacey L Reed

Print Name

[Signature]
Signature

220

**STATE OF FLORIDA
DEPARTMENT OF STATE
Division of Elections**

I, Cord Byrd, Secretary of State,
do hereby certify that

Alexandra L. O'Brien

is duly appointed a member of the
**Board of Clinical Social Work,
Marriage and Family Therapy,
and Mental Health Counseling**

for a term beginning on the Twenty-Second day of December,
A.D., 2025, until the Thirty-First day of October, A.D., 2028
and is subject to be confirmed by the Senate during the next
regular session of the Legislature.

*Given under my hand and the Great Seal of the
State of Florida, at Tallahassee, the Capital, this
the Twenty-Seventh day of January, A.D., 2026.*



Secretary of State

If photocopied or chemically altered, the word "VOID" will appear.

"State of Florida" appears in small letters across the face of this 6" x 11" document.

RON DESANTIS
GOVERNOR

2025.12.22 - 5:00 PM 9:24

TALLAHASSEE, FL

December 22, 2025

Secretary Cord Byrd
Department of State
R.A. Gray Building, Room 316
500 South Bronough Street
Tallahassee, Florida 32399-0250

Dear Secretary Byrd:

Please be advised I have made the following appointment under the provisions of Section 491.004, Florida Statutes:

Ms. Alexandra O'Brien
811 Buena Vista Drive
Tallahassee, Florida 32304

as a member of the Board of Clinical Social Work, Marriage and Family Therapy, and Mental Health Counseling, filling a vacant seat previously occupied by Jamie Buller, subject to confirmation by the Senate. This appointment is effective December 22, 2025, for a term ending October 31, 2028.

Sincerely,



Ron DeSantis
Governor

RD/gc

Post Delivered

OATH OF OFFICE

(Art. II, § 5(b), Fla. Const.; § 92.50, Florida Statutes)

2026 JAN 23 AM 8:01

STATE OF FLORIDA

County of Leon

JONES
TALLAHASSEE, FL

I do solemnly swear (or affirm) that I will support, protect, and defend the Constitution and Government of the United States and of the State of Florida; that I am duly qualified to hold office under the Constitution of the State, and that I will well and faithfully perform the duties of

Florida Board of Clinical Social Work Marriage and Family Therapy and mental health counseling
(Full Name of Office - Abbreviations Not Accepted)

on which I am now about to enter, so help me God.

[NOTE: If you affirm, you may omit the words "so help me God." See § 92.52, Fla. Stat.]

Signature Alexandra

Sworn to and subscribed before me by means of physical presence OR online notarization
this 22nd day of January, 2026.

[Signature]
Signature of Officer Administering Oath or of Notary Public

(To be completed only by judges administering oath - see § 92.50, Florida Statutes.)

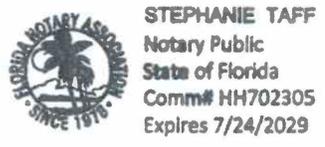
Print Name _____

Title _____

Court _____

(To be completed by officer administering oath, other than judges - see § 92.50, Florida Statutes.)

Affix Seal Below



Personally Known OR Produced Identification

Type of Identification Produced Florida license

ACCEPTANCE

I accept the office listed in the above Oath of Office.

Mailing Address: Home Office

811 Buena Vista Dr
Street or Post Office Box

Tallahassee, FL 32304
City, State, Zip Code

Alexandra O'Brien
Print Name

[Signature]
Signature

560

**STATE OF FLORIDA
DEPARTMENT OF STATE**

Division of Elections

I, Cord Byrd, Secretary of State,
do hereby certify that

Marc Anderson

is duly appointed a member of the

Board of Dentistry

for a term beginning on the Twenty-Second day of December,
A.D., 2025, until the Thirty-First day of October, A.D., 2029
and is subject to be confirmed by the Senate during the next
regular session of the Legislature.

*Given under my hand and the Great Seal of the
State of Florida, at Tallahassee, the Capital, this
the Fourth day of February, A.D., 2026.*



Secretary of State

RON DESANTIS
GOVERNOR

2026 JAN 06 AM 9:24

TALLAHASSEE, FL

December 22, 2025

Secretary Cord Byrd
Department of State
R.A. Gray Building, Room 316
500 South Bronough Street
Tallahassee, Florida 32399-0250

Dear Secretary Byrd:

Please be advised I have made the following appointment under the provisions of Section 466.004, Florida Statutes:

Dr. Marc Anderson



as a member of the Board of Dentistry, filling a vacant seat previously occupied by Tinerfe Tejera, subject to confirmation by the Senate. This appointment is effective December 22, 2025, for a term ending October 31, 2029.

Sincerely,

A handwritten signature in black ink, appearing to read "Ron DeSantis", written over a horizontal line.

Ron DeSantis
Governor

RD/gc

OATH OF OFFICE

(Art. II, § 5(b), Fla. Const.; § 92.50, Florida Statutes)

RECEIVED
- CIVIL DIVISION OF STATE
2026 FEB -2 PM 2:47
NOTARY PUBLIC

STATE OF FLORIDA

County of Palm Beach

I do solemnly swear (or affirm) that I will support, protect, and defend the Constitution and Government of the United States and of the State of Florida; that I am duly qualified to hold office under the Constitution of the State, and that I will well and faithfully perform the duties of

Florida Board of Dentistry

(Full Name of Office – Abbreviations Not Accepted)

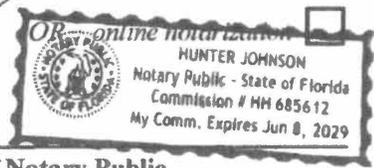
on which I am now about to enter, so help me God.

[NOTE: If you affirm, you may omit the words "so help me God." See § 92.52, Fla. Stat.]

Signature [Handwritten Signature]

Sworn to and subscribed before me by means of physical presence OR online notarization
this 31 day of January, 2026.

[Handwritten Signature]
Signature of Officer Administering Oath or of Notary Public



(To be completed only by judges administering oath- see § 92.50, Florida Statutes.)

Print Name

Title

Court

(To be completed by officer administering oath, other than judges - see § 92.50, Florida Statutes.)
Affix Seal Below

Personally Known OR Produced Identification
Type of Identification Produced FLID

ACCEPTANCE

I accept the office listed in the above Oath of Office.

Mailing Address: Home Office

Street or Post Office Box

City, State, Zip Code

Marc Anderson

Print Name

[Handwritten Signature]
Signature

560

**STATE OF FLORIDA
DEPARTMENT OF STATE
Division of Elections**

I, Cord Byrd, Secretary of State,
do hereby certify that

Nicholas White

is duly appointed a member of the

Board of Dentistry

for a term beginning on the Twenty-Second day of December,
A.D., 2025, until the Thirty-First day of October, A.D., 2029
and is subject to be confirmed by the Senate during the next
regular session of the Legislature.

*Given under my hand and the Great Seal of the
State of Florida, at Tallahassee, the Capital, this
the Sixteenth day of January, A.D., 2026.*



Secretary of State

If photocopied or chemically altered, the word "VOID" will appear.

"State of Florida" appears in small letters across the face of this 8 1/2" x 11" document.

RON DESANTIS
GOVERNOR

2020-12-22 AM 9:24

TALLAHASSEE, FL

December 22, 2025

Secretary Cord Byrd
Department of State
R.A. Gray Building, Room 316
500 South Bronough Street
Tallahassee, Florida 32399-0250

Dear Secretary Byrd:

Please be advised I have made the following reappointment under the provisions of Section 466.004, Florida Statutes:

Dr. Nicholas White



as a member of the Board of Dentistry, subject to confirmation by the Senate. This appointment is effective December 22, 2025, for a term ending October 31, 2029.

Sincerely,

A handwritten signature in black ink, appearing to read "Ron DeSantis", written over a white background.

Ron DeSantis
Governor

RD/gc

OATH OF OFFICE

(Art. II, § 5(b), Fla. Const.; § 92.50, Florida Statutes)

RECEIVED
DEPARTMENT OF STATE
2020 JAN 9 PM 1:31
DIVISION OF ELECTIONS

STATE OF FLORIDA

County of Orange

I do solemnly swear (or affirm) that I will support, protect, and defend the Constitution and Government of the United States and of the State of Florida; that I am duly qualified to hold office under the Constitution of the State, and that I will well and faithfully perform the duties of

Florida Board of Dentistry

(Full Name of Office – Abbreviations Not Accepted)

on which I am now about to enter, so help me God.

[NOTE: If you affirm, you may omit the words "so help me God." See § 92.52, Fla. Stat.]

Signature Lisamone Parker Crisci

Sworn to and subscribed before me by means of physical presence OR online notarization
this 7th day of January, 2020

Lisamone Parker Crisci
Signature of Officer Administering Oath or of Notary Public

(To be completed only by judges administering oath— see § 92.50, Florida Statutes.)

Print Name

Title

Court

(To be completed by officer administering oath, other than judges – see § 92.50, Florida Statutes.)

Affix Seal Below



Personally Known OR Produced Identification

Type of Identification Produced Driver License

ACCEPTANCE

I accept the office listed in the above Oath of Office.

Mailing Address: Home Office

[Redacted]

Nicholas White

Street or Post Office Box

[Redacted]

Print Name

City, State, Zip Code

Nicholas White
Signature

560

STATE OF FLORIDA
DEPARTMENT OF STATE

Division of Elections

I, Cord Byrd, Secretary of State,
do hereby certify that

Elizabeth K. Traverso

is duly appointed a member of the

Board of Dentistry

for a term beginning on the Twenty-Second day of December,
A.D., 2025, until the Thirty-First day of October, A.D., 2028
and is subject to be confirmed by the Senate during the next
regular session of the Legislature.

*Given under my hand and the Great Seal of the
State of Florida, at Tallahassee, the Capital, this
the Sixteenth day of January, A.D., 2026.*



Secretary of State

If photocopied or chemically altered, the word "VOID" will appear.

"State of Florida" appears in small letters across the face of this 8 1/2 x 11" document

RON DeSANTIS
GOVERNOR

2026 JAN -6 AM 9:24

TALLAHASSEE, FL

December 22, 2025

Secretary Cord Byrd
Department of State
R.A. Gray Building, Room 316
500 South Bronough Street
Tallahassee, Florida 32399-0250

Dear Secretary Byrd:

Please be advised I have made the following appointment under the provisions of Section 466.004, Florida Statutes:

Ms. Elizabeth Traverso



as a member of the Board of Dentistry, filling a vacant seat previously occupied by Fabio Andrade, subject to confirmation by the Senate. This appointment is effective December 22, 2025, for a term ending October 31, 2028.

Sincerely,

A handwritten signature in black ink, appearing to read "Ron DeSantis".

Ron DeSantis
Governor

RD/gc

RECEIVED

OATH OF OFFICE

(Art. II, § 5(b), Fla. Const.; § 92.50, Florida Statutes)

2026 JAN -7 PM 2:09

NOTARIAL PUBLIC
TALLAHASSEE, FL

STATE OF FLORIDA

County of Pinellas

I do solemnly swear (or affirm) that I will support, protect, and defend the Constitution and Government of the United States and of the State of Florida; that I am duly qualified to hold office under the Constitution of the State, and that I will well and faithfully perform the duties of

The Florida Board of Dentistry

(Full Name of Office – Abbreviations Not Accepted)

on which I am now about to enter, so help me God.

[NOTE: If you affirm, you may omit the words "so help me God." See § 92.52, Fla. Stat.]

Signature _____

Sworn to and subscribed before me by means of physical presence OR online notarization
this 5th day of January, 2026.

Signature of Officer Administering Oath or of Notary Public

(To be completed only by judges administering oath – see § 92.50, Florida Statutes.)

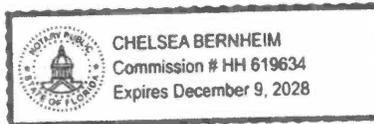
Print Name _____

Title _____

Court _____

(To be completed by officer administering oath, other than judges – see § 92.50, Florida Statutes.)

Affix Seal Below



Personally Known OR Produced Identification

Type of Identification Produced _____

ACCEPTANCE

I accept the office listed in the above Oath of Office.

Mailing Address: Home Office

Street or Post Office Box

City, State, Zip Code

Elizabeth Traverso

Print Name

Signature

560

**STATE OF FLORIDA
DEPARTMENT OF STATE
Division of Elections**

I, Cord Byrd, Secretary of State,
do hereby certify that

Chadwick Justin Marshall

is duly appointed a member of the

Board of Dentistry

for a term beginning on the Twenty-Second day of December,
A.D., 2025, until the Thirty-First day of October, A.D., 2027
and is subject to be confirmed by the Senate during the next
regular session of the Legislature.

*Given under my hand and the Great Seal of the
State of Florida, at Tallahassee, the Capital, this
the Sixteenth day of January, A.D., 2026.*



Secretary of State

If photocopied or chemically altered, the word "VOID" will appear.

"State of Florida" appears in small letters across the face of this 6 1/2 x 11" document.

RON DESANTIS
GOVERNOR

2025-12-26 11:09
MAIL ROOM

December 22, 2025

Secretary Cord Byrd
Department of State
R.A. Gray Building, Room 316
500 South Bronough Street
Tallahassee, Florida 32399-0250

Dear Secretary Byrd:

Please be advised I have made the following appointment under the provisions of Section 466.004, Florida Statutes:

Dr. Chadwick Marshall
304 Brooks Street Southeast
Fort Walton Beach, Florida 32548

as a member of the Board of Dentistry, succeeding Claudio Miro, subject to confirmation by the Senate. This appointment is effective December 22, 2025, for a term ending October 31, 2027.

Sincerely,



Ron DeSantis
Governor

RD/dw

OATH OF OFFICE

(Art. II, § 5(b), Fla. Const.; § 92.50, Florida Statutes)

DEPARTMENT OF STATE
2026 JAN 14 AM 8:48
STATE OF FLORIDA

STATE OF FLORIDA

County of OKALOOSA

I do solemnly swear (or affirm) that I will support, protect, and defend the Constitution and Government of the United States and of the State of Florida; that I am duly qualified to hold office under the Constitution of the State, and that I will well and faithfully perform the duties of

Florida Board of Dentistry
(Full Name of Office – Abbreviations Not Accepted)

on which I am now about to enter, so help me God.

[NOTE: If you affirm, you may omit the words "so help me God." See § 92.52, Fla. Stat.]

Signature [Handwritten Signature]

Sworn to and subscribed before me by means of physical presence OR online notarization
this 5th day of January, 2020.

[Handwritten Signature]
Signature of Officer Administering Oath or of Notary Public

(To be completed only by judges administering oath— see § 92.50, Florida Statutes.)

Print Name _____

Title _____

Court _____

(To be completed by officer administering oath, other than judges – see § 92.50, Florida Statutes.)
Affix Seal Below



Personally Known OR Produced Identification
Type of Identification Produced _____

ACCEPTANCE

I accept the office listed in the above Oath of Office.

Mailing Address: Home Office

304 Brooks St SE
Street or Post Office Box

Fort Walton Beach, FL 32548
City, State, Zip Code

Chadwick Justin Marshall
Print Name

[Handwritten Signature]
Signature

560

**STATE OF FLORIDA
DEPARTMENT OF STATE**

Division of Elections

I, Cord Byrd, Secretary of State,
do hereby certify that

Jessica Mallah

is duly appointed a member of the

Board of Dentistry

for a term beginning on the Twenty-Second day of December,
A.D., 2025, until the Thirty-First day of October, A.D., 2026
and is subject to be confirmed by the Senate during the next
regular session of the Legislature.

*Given under my hand and the Great Seal of the
State of Florida, at Tallahassee, the Capital, this
the Twenty-Second day of January, A.D., 2026.*



Secretary of State



If photocopied or chemically altered, the word "VOID" will appear.

State of Florida appears in small letters across the face of this 8 1/2 x 11 document

RON DESANTIS
GOVERNOR

2025 JUN -6 AM 9:24

TALLAHASSEE, FL

December 22, 2025

Secretary Cord Byrd
Department of State
R.A. Gray Building, Room 316
500 South Bronough Street
Tallahassee, Florida 32399-0250

Dear Secretary Byrd:

Please be advised I have made the following appointment under the provisions of Section 466.004, Florida Statutes:

Dr. Jessica Stilley-Mallah
5149 Deer Park Drive
New Port Richey, Florida 34653

as a member of the Board of Dentistry, filling a vacant seat previously occupied by Christine Bojaxhi, subject to confirmation by the Senate. This appointment is effective December 22, 2025, for a term ending October 31, 2026.

Sincerely,



Ron DeSantis
Governor

RD/gc

OATH OF OFFICE

(Art. II, § 5(b), Fla. Const.; § 92.50, Florida Statutes)

RECEIVED
DEPARTMENT OF STATE

2026 JAN 20 PM 12:02

STATE OF FLORIDA

County of Hillsborough

DEPARTMENT OF STATE
DIVISION OF ELECTIONS
TALLAHASSEE, FL

I do solemnly swear (or affirm) that I will support, protect, and defend the Constitution and Government of the United States and of the State of Florida; that I am duly qualified to hold office under the Constitution of the State, and that I will well and faithfully perform the duties of

Florida Board of Dentistry
(Full Name of Office – Abbreviations Not Accepted)

on which I am now about to enter, so help me God.

[NOTE: If you affirm, you may omit the words "so help me God." See § 92.52, Fla. Stat.]

Signature [Handwritten Signature]

Sworn to and subscribed before me by means of physical presence OR online notarization
this 17 day of January, 2026

[Handwritten Signature] Bich Phuong Thu Nguyen
Signature of Officer Administering Oath or of Notary Public

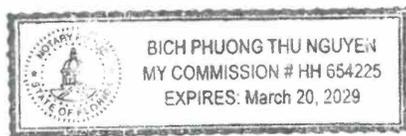
(To be completed only by judges administering oath – see § 92.50, Florida Statutes.)

Print Name

Title

Court

(To be completed by officer administering oath, other than judges – see § 92.50, Florida Statutes.)
Affix Seal Below



Personally Known OR Produced Identification
Type of Identification Produced FL DL

ACCEPTANCE

I accept the office listed in the above Oath of Office.

Mailing Address: Home Office

7206 North Mabley Rd
Street or Post Office Box

Jessica Malleh
Print Name

Odessa, FL 33556
City, State, Zip Code

[Handwritten Signature]
Signature

560

STATE OF FLORIDA
DEPARTMENT OF STATE

Division of Elections

I, Cord Byrd, Secretary of State,
do hereby certify that

Karyn Hill

is duly appointed a member of the
Board of Dentistry

for a term beginning on the Twenty-Second day of December,
A.D., 2025, until the Thirty-First day of October, A.D., 2029
and is subject to be confirmed by the Senate during the next
regular session of the Legislature.

*Given under my hand and the Great Seal of the
State of Florida, at Tallahassee, the Capital, this
the Second day of February, A.D., 2026.*



Secretary of State



DSDE 99 (3/03)

If photocopied or chemically altered, the word "VOID" will appear

State of Florida appears in small letters across the face of this 8 1/2 x 11 document

RON DeSANTIS
GOVERNOR

2025 JAN 15 AM 9:24

TALLAHASSEE, FL

December 22, 2025

Secretary Cord Byrd
Department of State
R.A. Gray Building, Room 316
500 South Bronough Street
Tallahassee, Florida 32399-0250

Dear Secretary Byrd:

Please be advised I have made the following reappointment under the provisions of Section 466.004, Florida Statutes:

Ms. Karyn Hill
7920 Northwest 84th Avenue
Parkland, Florida 33067

as a member of the Board of Dentistry, subject to confirmation by the Senate. This appointment is effective December 22, 2025, for a term ending October 31, 2029.

Sincerely,



Ron DeSantis
Governor

RD/gc

RECEIVED
DEPARTMENT OF STATE
2026 JAN 28 AM 8:53
DIVISION OF ELECTIONS
TALLAHASSEE, FL

OATH OF OFFICE

(Art. II, § 5(b), Fla. Const.; § 92.50, Florida Statutes)

STATE OF FLORIDA

County of Broward

I do solemnly swear (or affirm) that I will support, protect, and defend the Constitution and Government of the United States and of the State of Florida; that I am duly qualified to hold office under the Constitution of the State, and that I will well and faithfully perform the duties of

Board of Dentistry Member

(Full Name of Office – Abbreviations Not Accepted)

on which I am now about to enter, so help me God.

[NOTE: If you affirm, you may omit the words "so help me God." See § 92.52, Fla. Stat.]

Signature Karyn Hill

Sworn to and subscribed before me by means of physical presence OR online notarization
this 9 day of JANUARY, 2026.

Ana Chacon

Signature of Officer Administering Oath or of Notary Public

(To be completed only by judges administering oath – see § 92.50, Florida Statutes.)

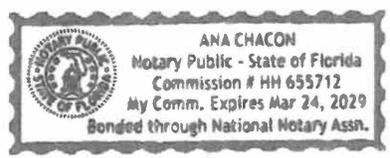
Print Name _____

Title _____

Court _____

(To be completed by officer administering oath, other than judges – see § 92.50, Florida Statutes.)

Affix Seal Below



Personally Known OR Produced Identification

Type of Identification Produced _____

ACCEPTANCE

I accept the office listed in the above Oath of Office.

Mailing Address: Home Office

7920 NW 84th Ave

Street or Post Office Box _____

Parkland Fl 33067

City, State, Zip Code _____

Karyn Hill

Print Name _____

Karyn Hill
Signature _____

560

STATE OF FLORIDA
DEPARTMENT OF STATE

Division of Elections

I, Cord Byrd, Secretary of State,
do hereby certify that

Andrew Forrest

is duly appointed a member of the
Board of Dentistry

for a term beginning on the Twenty-Second day of December,
A.D., 2025, until the Thirty-First day of October, A.D., 2028
and is subject to be confirmed by the Senate during the next
regular session of the Legislature.

*Given under my hand and the Great Seal of the
State of Florida, at Tallahassee, the Capital, this
the Second day of February, A.D., 2026.*



[Signature]
Secretary of State

DSDE 99 (3/03)

If photocopied or chemically altered, the word "VOID" will appear.

State of Florida appears in small letters across the face of this 8 1/2 x 11" document.

RON DESANTIS
GOVERNOR

2025 DEC -6 AM 9:24

TALLAHASSEE, FL

December 22, 2025

Secretary Cord Byrd
Department of State
R.A. Gray Building, Room 316
500 South Bronough Street
Tallahassee, Florida 32399-0250

Dear Secretary Byrd:

Please be advised I have made the following appointment under the provisions of Section 466.004, Florida Statutes:

Dr. Andrew Forrest
2612 Clematis Place
Fort Lauderdale, Florida 33301

as a member of the Board of Dentistry, succeeding Jose Mellado, subject to confirmation by the Senate. This appointment is effective December 22, 2025, for a term ending October 31, 2028.

Sincerely,



Ron DeSantis
Governor

RD/dw

RECEIVED

OATH OF OFFICE

(Art. II, § 5(b), Fla. Const.; § 92.50, Florida Statutes)

2026 JAN 29 PM 3:22
NOTARIAL PUBLIC
TALLAHASSEE, FL

STATE OF VIRGINIA

County of HAMPTON

I do solemnly swear (or affirm) that I will support, protect, and defend the Constitution and Government of the United States and of the State of Florida; that I am duly qualified to hold office under the Constitution of the State, and that I will well and faithfully perform the duties of

Board of Dentistry

(Full Name of Office - Abbreviations Not Accepted)

on which I am now about to enter, so help me God.

[NOTE: If you affirm, you may omit the words "so help me God." See § 92.52, Fla. Stat.]

Signature A. Forrest

Sworn to and subscribed before me by means of physical presence OR online notarization
this 26th day of January, 2026.

Natasha A Stromley

Signature of Officer Administering Oath or of Notary Public

(To be completed only by judges administering oath- see § 92.50, Florida Statutes.)

Print Name

Title

Court

(To be completed by officer administering oath, other than judges - see § 92.50, Florida Statutes.)

Natasha A Stromley
Electronic Notary Public
Commonwealth of Virginia
Registration No. 7678888
My Commission Expires 09/30/2028

Personally Known OR Produced Identification

Type of Identification Produced Driver's License

ACCEPTANCE

I accept the office listed in the above Oath of Office.

Mailing Address: Home Office

2612 Clematis Place
Street or Post Office Box

Ft. Lauderdale, FL
City, State, Zip Code 33301

Andrew Forrest
Print Name

A. Forrest
Signature

560

**STATE OF FLORIDA
DEPARTMENT OF STATE
Division of Elections**

I, Cord Byrd, Secretary of State,
do hereby certify that

Bradley Cherry

is duly appointed a member of the

Board of Dentistry

for a term beginning on the Twenty-Second day of December,
A.D., 2025, until the Thirty-First day of October, A.D., 2027
and is subject to be confirmed by the Senate during the next
regular session of the Legislature.

*Given under my hand and the Great Seal of the
State of Florida, at Tallahassee, the Capital, this
the Sixteenth day of January, A.D., 2026.*



Secretary of State

If photocopied or chemically altered, the word "VOID" will appear.

State of Florida appears in small letters across the face of this 8 1/2 x 11" document.

RON DESANTIS
GOVERNOR

2025 J -6 AM 9:24

TALLAHASSEE, FL

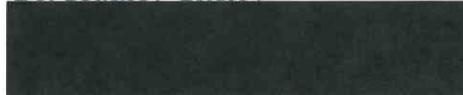
December 22, 2025

Secretary Cord Byrd
Department of State
R.A. Gray Building, Room 316
500 South Bronough Street
Tallahassee, Florida 32399-0250

Dear Secretary Byrd:

Please be advised I have made the following reappointment under the provisions of Section 466.004, Florida Statutes:

Dr. Bradley Cherry



as a member of the Board of Dentistry, subject to confirmation by the Senate. This appointment is effective December 22, 2025, for a term ending October 31, 2027.

Sincerely,

A handwritten signature in black ink, appearing to read "Ron DeSantis".

Ron DeSantis
Governor

RD/gc

OATH OF OFFICE

(Art. II, § 5(b), Fla. Const.; § 92.50, Florida Statutes)

FLORIDA DEPARTMENT OF STATE
2026 JAN 14 AM 8:47
PUBLIC RECORDS DIVISION

STATE OF FLORIDA

County of Saint Johns

I do solemnly swear (or affirm) that I will support, protect, and defend the Constitution and Government of the United States and of the State of Florida; that I am duly qualified to hold office under the Constitution of the State, and that I will well and faithfully perform the duties of

Florida Board of Dentistry
(Full Name of Office – Abbreviations Not Accepted)

on which I am now about to enter, so help me God.

[NOTE: If you affirm, you may omit the words "so help me God." See § 92.52, Fla. Stat.]

Signature [Signature]

Sworn to and subscribed before me by means of physical presence OR online notarization
this 6th day of January, 2026

Signature of Officer Administering Oath or of Notary Public

(To be completed only by judges administering oath— see § 92.50, Florida Statutes.)

Print Name

Title

Court

(To be completed by officer administering oath, other than judges – see § 92.50, Florida Statutes.)
Affix Seal Below

Personally Known OR Produced Identification
Type of Identification Produced FL DRIVERS LICENSE

ACCEPTANCE

I accept the office listed in the above Oath of Office.

Mailing Address: Home Office

Street or Post Office Box

City, State, Zip Code

Bradley Cherry

Print Name
[Signature]

Signature

1535

**STATE OF FLORIDA
DEPARTMENT OF STATE**

Division of Elections

I, Cord Byrd, Secretary of State,
do hereby certify that

Gobivenkata Balaji

is duly appointed a member of the

Board of Medicine

for a term beginning on the Fourteenth day of November, A.D.,
2025, until the Thirty-First day of October, A.D., 2026 and is
subject to be confirmed by the Senate during the next regular
session of the Legislature.

*Given under my hand and the Great Seal of the
State of Florida, at Tallahassee, the Capital, this
the Twenty-Third day of December, A.D., 2025.*



Secretary of State

If photocopied or chemically altered, the word "VOID" will appear.

"State of Florida" appears in small letters across the face of this 8 1/2" x 11" document.



RON DeSANTIS
GOVERNOR

RECEIVED
DEPARTMENT OF STATE
2025 NOV 20 AM 10:22
DIVISION OF ELECTIONS
TALLAHASSEE, FL

November 14, 2025

Secretary Cord Byrd
Department of State
R.A. Gray Building, Room 316
500 South Bronough Street
Tallahassee, Florida 32399-0250

Dear Secretary Byrd:

Please be advised I have made the following appointment under the provisions of Section 458.307, Florida Statutes:

Dr. Gobivenkata Balaji
340 Lanternback Island Drive
Satellite Beach, Florida 32937

as a member of the Board of Medicine, succeeding Zachariah Zachariah, subject to confirmation by the Senate. This appointment is effective November 14, 2025, for a term ending October 31, 2026.

Sincerely,

A handwritten signature in black ink, appearing to read "Ron DeSantis".

Ron DeSantis
Governor

RD/dw

OATH OF OFFICE

(Art. II, § 5(b), Fla. Const.; § 92.50, Florida Statutes)

3157 102 11 9:52
FALLS LIFE

STATE OF FLORIDA

County of Brevard

I do solemnly swear (or affirm) that I will support, protect, and defend the Constitution and Government of the United States and of the State of Florida; that I am duly qualified to hold office under the Constitution of the State, and that I will well and faithfully perform the duties of

Member, Florida Board of Medicine

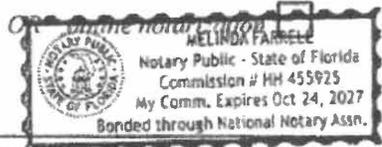
(Full Name of Office - Abbreviations Not Accepted)

on which I am now about to enter, so help me God.

[NOTE: If you affirm, you may omit the words "so help me God." See § 92.52, Fla. Stat.]

Signature Melinda Farrell

Sworn to and subscribed before me by means of physical presence
 this 18 day of November, 2025



Melinda Farrell

Signature of Officer Administering Oath or of Notary Public

(To be completed only by judges administering oath - see § 92.50, Florida Statutes.)

Print Name _____

Title _____

Court _____

(To be completed by officer administering oath, other than judges - see § 92.50, Florida Statutes.)

Affix Seal Below

Personally Known OR Produced Identification

Type of Identification Produced DL

ACCEPTANCE

I accept the office listed in the above Oath of Office.

Mailing Address: Home Office

340 Lanternback Island Dr

Street or Post Office Box

Satellite Beach FL 32937

City, State, Zip Code

Dr. Gobivenkata Balaji

Print Name

Melinda Farrell

Signature

1535

**STATE OF FLORIDA
DEPARTMENT OF STATE
Division of Elections**

I, Cord Byrd, Secretary of State,
do hereby certify that

Deborah A. Sargeant

is duly appointed a member of the
Board of Medicine

for a term beginning on the Fourteenth day of November, A.D.,
2025, until the Thirty-First day of October, A.D., 2029 and is
subject to be confirmed by the Senate during the next regular
session of the Legislature.

*Given under my hand and the Great Seal of the
State of Florida, at Tallahassee, the Capital, this
the Twenty-Third day of December, A.D., 2025.*



Secretary of State



RON DESANTIS
GOVERNOR

RECEIVED
DEPARTMENT OF STATE
2025 NOV 20 AM 10:22
DIVISION OF ELECTIONS
TALLAHASSEE, FL

November 14, 2025

Secretary Cord Byrd
Department of State
R.A. Gray Building, Room 316
500 South Bronough Street
Tallahassee, Florida 32399-0250

Dear Secretary Byrd:

Please be advised I have made the following appointment under the provisions of Section 458.307, Florida Statutes:

Mrs. Deborah Sargeant
1420 North Ocean Boulevard
Gulf Stream, Florida 33483

as a member of the Board of Medicine, filling a vacant seat previously occupied by Maria Garcia, subject to confirmation by the Senate. This appointment is effective November 14, 2025, for a term ending October 31, 2029.

Sincerely,

A handwritten signature in black ink, appearing to read "Ron DeSantis".

Ron DeSantis
Governor

RD/dw

OATH OF OFFICE

(Art. II, § 5(b), Fla. Const.; § 92.50, Florida Statutes)

STATE OF FLORIDA

County of Palm Beach

I do solemnly swear (or affirm) that I will support, protect, and defend the Constitution and Government of the United States and of the State of Florida; that I am duly qualified to hold office under the Constitution of the State, and that I will well and faithfully perform the duties of

Florida Board of Medicine

(Full Name of Office - Abbreviations Not Accepted)

on which I am now about to enter, so help me God.

[NOTE: If you affirm, you may omit the words "so help me God." See § 92.52, Fla. Stat.]

Signature Deborah A. Sargeant

Sworn to and subscribed before me by means of physical presence OR online notarization
this 10th day of December, 2025.

Michelle Deveas

Signature of Officer Administering Oath or of Notary Public

(To be completed only by judges administering oath - see § 92.50, Florida Statutes.)

Print Name

Title

Court

(To be completed by officer administering oath, other than judges - see § 92.50, Florida Statutes.)

Affix Seal Below



MICHELLE DEVEAS
Commission # HH 430224
Expires August 6, 2027

Personally Known OR Produced Identification

Type of Identification Produced _____

ACCEPTANCE

I accept the office listed in the above Oath of Office.

Mailing Address: Home Office

1420 N. Ocean Blvd.
Street or Post Office Box

Gulf Stream, FL 33483
City, State, Zip Code

Deborah A. Sargeant
Print Name

Deborah A. Sargeant
Signature

1535

STATE OF FLORIDA
DEPARTMENT OF STATE

Division of Elections

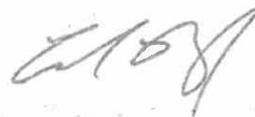
I, Cord Byrd, Secretary of State,
do hereby certify that

John T. Littell

is duly appointed a member of the
Board of Medicine

for a term beginning on the Fourteenth day of November, A.D.,
2025, until the Thirty-First day of October, A.D., 2028 and is
subject to be confirmed by the Senate during the next regular
session of the Legislature.

*Given under my hand and the Great Seal of the
State of Florida, at Tallahassee, the Capital, this
the Twenty-Third day of December, A.D., 2025.*



Secretary of State

If photocopied or chemically altered, the word "VOID" will appear.

State of Florida appears in small letters across the face of this 8 1/2" x 11" document



RON DESANTIS
GOVERNOR

RECEIVED
DEPARTMENT OF STATE
2025 NOV 20 AM 10:22
DIVISION OF ELECTIONS
TALLAHASSEE, FL.

November 14, 2025

Secretary Cord Byrd
Department of State
R.A. Gray Building, Room 316
500 South Bronough Street
Tallahassee, Florida 32399-0250

Dear Secretary Byrd:

Please be advised I have made the following appointment under the provisions of Section 458.307, Florida Statutes:

Dr. John Littell
6619 Northwest 54th Loop
Ocala, Florida 34482

as a member of the Board of Medicine, succeeding Michael Wasyluk, subject to confirmation by the Senate. This appointment is effective November 14, 2025, for a term ending October 31, 2028.

Sincerely,

A handwritten signature in black ink, appearing to be "Ron DeSantis".

Ron DeSantis
Governor

RD/dw

OATH OF OFFICE

(Art. II, § 5(b), Fla. Const.; § 92.50, Florida Statutes)

2025 DEC 22 AM 8:49

STATE OF FLORIDA

County of MARION

I do solemnly swear (or affirm) that I will support, protect, and defend the Constitution and Government of the United States and of the State of Florida; that I am duly qualified to hold office under the Constitution of the State, and that I will well and faithfully perform the duties of

Florida Board of Medicine

(Full Name of Office - Abbreviations Not Accepted)

on which I am now about to enter, so help me God.

[NOTE: If you affirm, you may omit the words "so help me God." See § 92.52, Fla. Stat.]

Signature

Sworn to and subscribed before me by means of physical presence OR online notarization
this 21st day of November, 2025.

Shelby Forret

Signature of Officer Administering Oath or of Notary Public

(To be completed only by judges administering oath - see § 92.50, Florida Statutes.)

Print Name

Title

Court

(To be completed by officer administering oath, other than judges - see § 92.50, Florida Statutes.)

Affix Seal Below



SHELBY FORRET
Notary Public
State of Florida
Comm# HH631624
Expires 1/27/2029

Personally Known OR Produced Identification

Type of Identification Produced _____

ACCEPTANCE

I accept the office listed in the above Oath of Office.

Mailing Address: Home Office

1619 NW 54th Loop
Street or Post Office Box

Orlando, FL 32822
City, State, Zip Code

John T. Littell
Print Name

Signature

1535

**STATE OF FLORIDA
DEPARTMENT OF STATE
Division of Elections**

I, Cord Byrd, Secretary of State,
do hereby certify that

Nicole Justice

is duly appointed a member of the
Board of Medicine

for a term beginning on the Fourteenth day of November, A.D.,
2025, until the Thirty-First day of October, A.D., 2028 and is
subject to be confirmed by the Senate during the next regular
session of the Legislature.

*Given under my hand and the Great Seal of the
State of Florida, at Tallahassee, the Capital, this
the Seventeenth day of December, A.D., 2025.*



A handwritten signature in black ink, appearing to read "C. Byrd".

Secretary of State

DSDE 99 (3/03)

If photocopied or chemically altered, the word "VOID" will appear.

"State of Florida" appears in small letters across the face of this 8 1/2 x 11" document



RON DESANTIS
GOVERNOR

RECEIVED
DEPARTMENT OF STATE
2025 NOV 20 AM 10:22
DIVISION OF ELECTIONS
TALLAHASSEE, FL

November 14, 2025

Secretary Cord Byrd
Department of State
R.A. Gray Building, Room 316
500 South Bronough Street
Tallahassee, Florida 32399-0250

Dear Secretary Byrd:

Please be advised I have made the following reappointment under the provisions of Section 458.307, Florida Statutes:

Ms. Nicole Justice
3017 Folklore Drive
Valrico, Florida 33596

as a member of the Board of Medicine, subject to confirmation by the Senate. This appointment is effective November 14, 2025, for a term ending October 31, 2028.

Sincerely,

A handwritten signature in black ink, appearing to be "Ron DeSantis".

Ron DeSantis
Governor

RD/dw

OATH OF OFFICE

(Art. II, § 5(b), Fla. Const.; § 92.50, Florida Statutes)

RECEIVED
DEPARTMENT OF STATE
2023 DEC 15 AM 11:28
DIVISION OF ELECTIONS
TALLAHASSEE, FL

STATE OF FLORIDA

County of Hillsborough

I do solemnly swear (or affirm) that I will support, protect, and defend the Constitution and Government of the United States and of the State of Florida; that I am duly qualified to hold office under the Constitution of the State, and that I will well and faithfully perform the duties of

Consumer Board Member, FL Board of Medicine

(Full Name of Office – Abbreviations Not Accepted)

on which I am now about to enter, so help me God.

[NOTE: If you affirm, you may omit the words "so help me God." See § 92.52, Fla. Stat.]

Signature [Handwritten Signature]

Sworn to and subscribed before me by means of physical presence OR online notarization
this 12 day of December, 2025.

Lauren Argyris

Signature of Officer Administering Oath or of Notary Public

(To be completed only by judges administering oath – see § 92.50, Florida Statutes.)

Print Name _____

Title _____

Court _____

(To be completed by officer administering oath, other than judges – see § 92.50, Florida Statutes.)

Notarized online using Audio-Video communication



Lauren Argyris
Electronic Notary Public
State of Florida
Commission #: HH565901
Commission Expires: 06/25/2028

Personally Known OR Produced Identification

Type of Identification Produced _____

ACCEPTANCE

I accept the office listed in the above Oath of Office.

Mailing Address: Home Office

3017 Folklore Drive
Street or Post Office Box
Valrico FL 33596
City, State, Zip Code

Nicole Justice
Print Name
[Handwritten Signature]
Signature

1535

STATE OF FLORIDA
DEPARTMENT OF STATE

Division of Elections

I, Cord Byrd, Secretary of State,
do hereby certify that

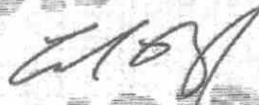
Patrick K. Hunter

is duly appointed a member of the

Board of Medicine

for a term beginning on the Fourteenth day of November, A.D.,
2025, until the Thirty-First day of October, A.D., 2028 and is
subject to be confirmed by the Senate during the next regular
session of the Legislature.

*Given under my hand and the Great Seal of the
State of Florida, at Tallahassee, the Capital, this
the Second day of February, A.D., 2026.*



Secretary of State



If photocopied or chemically altered, the word "VOID" will appear.

State of Florida "appears" in small letters across the face of this 8 1/2 x 11" document.



RON DESANTIS
GOVERNOR

RECEIVED
DEPARTMENT OF STATE
2025 NOV 20 AM 10:22
DIVISION OF ELECTIONS
TALLAHASSEE, FL

November 14, 2025

Secretary Cord Byrd
Department of State
R.A. Gray Building, Room 316
500 South Bronough Street
Tallahassee, Florida 32399-0250

Dear Secretary Byrd:

Please be advised I have made the following reappointment under the provisions of Section 458.307, Florida Statutes:

Dr. Patrick Hunter



as a member of the Board of Medicine, subject to confirmation by the Senate. This appointment is effective November 14, 2025, for a term ending October 31, 2028.

Sincerely,

A handwritten signature in black ink, appearing to read "Ron DeSantis".

Ron DeSantis
Governor

RD/dw

RECEIVED

OATH OF OFFICE

(Art. II, § 5(b), Fla. Const.; § 92.50, Florida Statutes)

2026 JAN 29 AM 11:02

TALLAHASSEE, FL

STATE OF FLORIDA

County of Santa Rosa

I do solemnly swear (or affirm) that I will support, protect, and defend the Constitution and Government of the United States and of the State of Florida; that I am duly qualified to hold office under the Constitution of the State, and that I will well and faithfully perform the duties of

Board of Medicine

(Full Name of Office - Abbreviations Not Accepted)

on which I am now about to enter, so help me God.

[NOTE: If you affirm, you may omit the words "so help me God." See § 92.52, Fla. Stat.]

Signature

Sworn to and subscribed before me by means of physical presence OR online notarization
this 26th day of January, 2026.

Sandra Perry
Signature of Officer Administering Oath or of Notary Public

(To be completed only by judges administering oath - see § 92.50, Florida Statutes.)

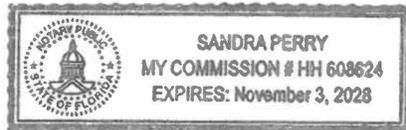
Print Name

Title

Court

(To be completed by officer administering oath, other than judges - see § 92.50, Florida Statutes.)

Affix Seal Below



Personally Known OR Produced Identification

Type of Identification Produced _____

ACCEPTANCE

I accept the office listed in the above Oath of Office.

Mailing Address: Home Office

Street or Post Office Box

City, State, Zip Code

Patrick K. Hunter

Print Name

Signature

1535

**STATE OF FLORIDA
DEPARTMENT OF STATE
Division of Elections**

I, Cord Byrd, Secretary of State,
do hereby certify that

Lee Gross

is duly appointed a member of the

Board of Medicine

for a term beginning on the Fourteenth day of November, A.D.,
2025, until the Thirty-First day of October, A.D., 2028 and is
subject to be confirmed by the Senate during the next regular
session of the Legislature.

*Given under my hand and the Great Seal of the
State of Florida, at Tallahassee, the Capital, this
the Twenty-Third day of December, A.D., 2025.*



Secretary of State



RON DESANTIS
GOVERNOR

RECEIVED
DEPARTMENT OF STATE
2025 NOV 20 AM 10:22
DIVISION OF ELECTIONS
TALLAHASSEE FL

November 14, 2025

Secretary Cord Byrd
Department of State
R.A. Gray Building, Room 316
500 South Bronough Street
Tallahassee, Florida 32399-0250

Dear Secretary Byrd:

Please be advised I have made the following appointment under the provisions of Section 458.307, Florida Statutes:

Dr. Lee Gross
132 Colonial Street Southwest
Port Charlotte, Florida 33952

as a member of the Board of Medicine, succeeding Wael Barsoum, subject to confirmation by the Senate. This appointment is effective November 14, 2025, for a term ending October 31, 2028.

Sincerely,

A handwritten signature in black ink, appearing to read "Ron DeSantis".

Ron DeSantis
Governor

RD/dw

OATH OF OFFICE

(Art. II, § 5(b), Fla. Const.; § 92.50, Florida Statutes)

STATE OF FLORIDA

County of Charlotte

I do solemnly swear (or affirm) that I will support, protect, and defend the Constitution and Government of the United States and of the State of Florida; that I am duly qualified to hold office under the Constitution of the State, and that I will well and faithfully perform the duties of

Florida Board of Medicine

(Full Name of Office - Abbreviations Not Accepted)

on which I am now about to enter, so help me God.

[NOTE: If you affirm, you may omit the words "so help me God." See § 92.52, Fla. Stat.]

Signature _____

Sworn to and subscribed before me by means of physical presence OR online notarization
this 10th day of December, 2025.

Michelle Deveas

Signature of Officer Administering Oath or of Notary Public

(To be completed only by judges administering oath— see § 92.50, Florida Statutes.)

Print Name _____

Title _____

Court _____

(To be completed by officer administering oath, other than judges— see § 92.50, Florida Statutes.)

Affix Seal Below



MICHELLE DEVEAS
Commission # HH 430224
Expires August 6, 2027

Personally Known OR Produced Identification

Type of Identification Produced _____

ACCEPTANCE

I accept the office listed in the above Oath of Office.

Mailing Address: Home Office

132 Colonial Street SW

Street or Post Office Box _____

Port Charlotte, FL 33952

City, State, Zip Code _____

Lee Gross

Print Name _____

Signature _____

1535

**STATE OF FLORIDA
DEPARTMENT OF STATE
Division of Elections**

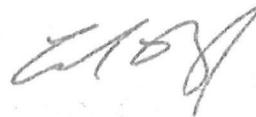
I, Cord Byrd, Secretary of State,
do hereby certify that

David A. Diamond

is duly appointed a member of the
Board of Medicine

for a term beginning on the Fourteenth day of November, A.D.,
2025, until the Thirty-First day of October, A.D., 2029 and is
subject to be confirmed by the Senate during the next regular
session of the Legislature.

*Given under my hand and the Great Seal of the
State of Florida, at Tallahassee, the Capital, this
the First day of December, A D., 2025.*



Secretary of State



RON DESANTIS
GOVERNOR

RECEIVED
DEPARTMENT OF STATE
2025 NOV 20 AM 10:22
DIVISION OF ELECTIONS
TALLAHASSEE, FL

November 14, 2025

Secretary Cord Byrd
Department of State
R.A. Gray Building, Room 316
500 South Bronough Street
Tallahassee, Florida 32399-0250

Dear Secretary Byrd:

Please be advised I have made the following reappointment under the provisions of Section 458.307, Florida Statutes:

Dr. David Diamond



as a member of the Board of Medicine, subject to confirmation by the Senate. This appointment is effective November 14, 2025, for a term ending October 31, 2029.

Sincerely,

A handwritten signature in black ink, appearing to read "Ron DeSantis".

Ron DeSantis
Governor

RD/dw

RECEIVED

OATH OF OFFICE

(Art. II, § 5(b), Fla. Const.; § 92.50, Florida Statutes) 2025 NOV 21 PM 1:36

DIVISION OF ELECTIONS
TALLAHASSEE, FL

STATE OF FLORIDA

County of Orange

I do solemnly swear (or affirm) that I will support, protect, and defend the Constitution and Government of the United States and of the State of Florida; that I am duly qualified to hold office under the Constitution of the State, and that I will well and faithfully perform the duties of

Florida Board of Medicine

(Full Name of Office - Abbreviations Not Accepted)

on which I am now about to enter, so help me God.

[NOTE: If you affirm, you may omit the words "so help me God." See § 92.52, Fla. Stat.]

Signature [Signature]

Sworn to and subscribed before me by means of physical presence OR online notarization
this 19 day of November, 2025.

[Signature]
Signature of Officer Administering Oath or of Notary Public

(To be completed only by judges administering oath - see § 92.50, Florida Statutes.)

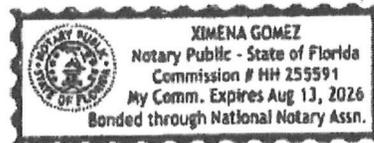
Print Name _____

Title _____

Court _____

(To be completed by officer administering oath, other than judges - see § 92.50, Florida Statutes.)

Affix Seal Below



Personally Known OR Produced Identification

Type of Identification Produced _____

ACCEPTANCE

I accept the office listed in the above Oath of Office.

Mailing Address: Home Office

[Redacted]

Street or Post Office Box

[Redacted]

City, State, Zip Code

David A. Diamond

Print Name

[Signature]

Signature

1535

**STATE OF FLORIDA
DEPARTMENT OF STATE
Division of Elections**

I, Cord Byrd, Secretary of State,
do hereby certify that

Amy Derick

is duly appointed a member of the
Board of Medicine

for a term beginning on the Fourteenth day of November, A.D.,
2025, until the Thirty-First day of October, A.D., 2029 and is
subject to be confirmed by the Senate during the next regular
session of the Legislature.

*Given under my hand and the Great Seal of the
State of Florida, at Tallahassee, the Capital, this
the Tenth day of December, A.D., 2025.*



Secretary of State



If photocopied or chemically altered, the word "VOID" will appear.

State of Florida appears in small letters across the face of this 6 1/2 x 11" document.



RON DeSANTIS
GOVERNOR

RECEIVED
DEPARTMENT OF STATE

2025 NOV 20 AM 10: 22

DIVISION OF ELECTIONS
TALLAHASSEE, FL.

November 14, 2025

Secretary Cord Byrd
Department of State
R.A. Gray Building, Room 316
500 South Bronough Street
Tallahassee, Florida 32399-0250

Dear Secretary Byrd:

Please be advised I have made the following reappointment under the provisions of Section 458.307, Florida Statutes:

Dr. Amy Derick
2590 Healing Way
Suite 220
Wesley Chapel, Florida 33543

as a member of the Board of Medicine, subject to confirmation by the Senate. This appointment is effective November 14, 2025, for a term ending October 31, 2029.

Sincerely,

A handwritten signature in black ink, appearing to read "Ron DeSantis".

Ron DeSantis
Governor

RD/dw

OATH OF OFFICE

(Art. II, § 5(b), Fla. Const.; § 92.50, Florida Statutes)

RECEIVED

DEC -4 PH 1:34

STATE OF FLORIDA

County of Miami Dade

DIVISION OF ELECTIONS
TALLAHASSEE, FL

I do solemnly swear (or affirm) that I will support, protect, and defend the Constitution and Government of the United States and of the State of Florida; that I am duly qualified to hold office under the Constitution of the State, and that I will well and faithfully perform the duties of

Florida Board of Medicine

(Full Name of Office - Abbreviations Not Accepted)

on which I am now about to enter, so help me God.

[NOTE: If you affirm, you may omit the words "so help me God." See § 92.52, Fla. Stat.]

Signature

Amy D. Davis

Sworn to and subscribed before me by means of physical presence OR online notarization
this 3rd day of December 20 25

[Signature]

Signature of Officer Administering Oath or of Notary Public

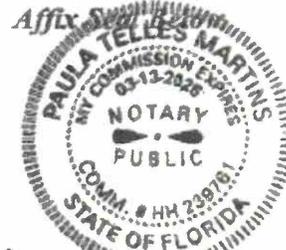
(To be completed only by judges administering oath - see § 92.50, Florida Statutes.)

Print Name

Title

Court

(To be completed by officer administering oath, other than judges - see § 92.50, Florida Statutes.)



Personally Known OR Produced Identification

Type of Identification Produced _____

ACCEPTANCE

I accept the office listed in the above Oath of Office.

Mailing Address: Home Office

6873 Fisher Island
Street or Post Office Box Drive

Amy Davis
Print Name

Miami Beach, FL
City, State, Zip Code 33109

[Signature]
Signature

1605

**STATE OF FLORIDA
DEPARTMENT OF STATE**

Division of Elections

I, Cord Byrd, Secretary of State,
do hereby certify that

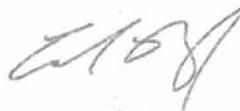
Deborah Becker

is duly appointed a member of the

Board of Nursing

for a term beginning on the Twelfth day of December, A.D.,
2025, until the Thirty-First day of October, A.D., 2027 and is
subject to be confirmed by the Senate during the next regular
session of the Legislature.

*Given under my hand and the Great Seal of the
State of Florida, at Tallahassee, the Capital, this
the Twenty-Third day of December, A.D., 2025.*



Secretary of State

If photocopied or chemically altered, the word "VOID" will appear.

State of Florida appears in small letters across the face of this 8 1/2 x 11" document.



RON DESANTIS
GOVERNOR

RECEIVED

2025 DEC 19 AM 10:09

DIVISION OF ELECTIONS
TALLAHASSEE, FL

December 12, 2025

Secretary Cord Byrd
Department of State
R.A. Gray Building, Room 316
500 South Bronough Street
Tallahassee, Florida 32399-0250

Dear Secretary Byrd:

Please be advised I have made the following reappointment under the provisions of Section 464.004, Florida Statutes:

Dr. Deborah Becker
1486 Loris Loo
The Villages, Florida 32162

as a member of the Board of Nursing, subject to confirmation by the Senate. This appointment is effective December 12, 2025, for a term ending October 31, 2027.

Sincerely,

A handwritten signature in black ink, appearing to read "Ron DeSantis".

Ron DeSantis
Governor

RD/dw

OATH OF OFFICE

(Art. II, § 5(b), Fla. Const.; § 92.50, Florida Statutes)

02 PM 1:33
TALLAHASSEE, FL

STATE OF FLORIDA

County of Sumter

I do solemnly swear (or affirm) that I will support, protect, and defend the Constitution and Government of the United States and of the State of Florida; that I am duly qualified to hold office under the Constitution of the State, and that I will well and faithfully perform the duties of

Florida Board of Nursing - Registered Nurse Seat

(Full Name of Office - Abbreviations Not Accepted)

on which I am now about to enter, so help me God.

[NOTE: If you affirm, you may omit the words "so help me God." See § 92.52, Fla. Stat.]

Signature Deborah Becker

Sworn to and subscribed before me by means of physical presence OR online notarization
this 19th day of December, 2025

[Signature] Notary Public
Signature of Officer Administering Oath or of Notary Public

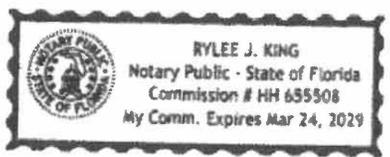
(To be completed only by judges administering oath - see § 92.50, Florida Statutes.)

Print Name _____

Title _____

Court _____

(To be completed by officer administering oath, other than judges - see § 92.50, Florida Statutes.)



Personally Known OR Produced Identification
Type of Identification Produced FL DL

ACCEPTANCE

I accept the office listed in the above Oath of Office.

Mailing Address: Home Office

1486 Loris Loop
Street or Post Office Box
The Villages, FL 32162
City, State, Zip Code

Deborah Becker
Print Name
Deborah Becker
Signature

1605

**STATE OF FLORIDA
DEPARTMENT OF STATE
Division of Elections**

I, Cord Byrd, Secretary of State,
do hereby certify that

Lindsay Wolf

is duly appointed a member of the
Board of Nursing

for a term beginning on the Thirtieth day of December, A.D.,
2025, until the Thirty-First day of October, A.D., 2028 and is
subject to be confirmed by the Senate during the next regular
session of the Legislature.

*Given under my hand and the Great Seal of the
State of Florida, at Tallahassee, the Capital, this
the Sixteenth day of January, A. D., 2026.*



Secretary of State

If photocopied or chemically altered, the word "VOID" will appear.

State of Florida appears in small letters across the face of this 8 1/2 x 11 document.

RON DESANTIS
GOVERNOR

2025 JAN -7 PM 12:58

December 30, 2025

Secretary Cord Byrd
Department of State
R.A. Gray Building, Room 316
500 South Bronough Street
Tallahassee, Florida 32399-0250

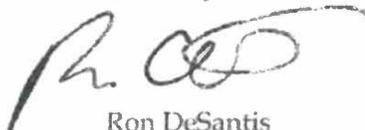
Dear Secretary Byrd:

Please be advised I have made the following appointment under the provisions of Section 464.004, Florida Statutes:

Dr. Lindsay Wolf
188 Ashlar Drive
St. Johns, Florida 32259

as a member of the Board of Nursing, succeeding Jose Castillo, subject to confirmation by the Senate. This appointment is effective December 30, 2025, for a term ending October 31, 2028.

Sincerely,



Ron DeSantis
Governor

RD/dw

RECEIVED

OATH OF OFFICE

(Art. II, § 5(b), Fla. Const.; § 92.50, Florida Statutes)

2026 JAN 13 AM 11:42

TALLAHASSEE, FL

STATE OF FLORIDA

County of Saint Johns

I do solemnly swear (or affirm) that I will support, protect, and defend the Constitution and Government of the United States and of the State of Florida; that I am duly qualified to hold office under the Constitution of the State, and that I will well and faithfully perform the duties of

The Florida Board of Nursing

(Full Name of Office – Abbreviations Not Accepted)

on which I am now about to enter, so help me God.

[NOTE: If you affirm, you may omit the words "so help me God." See § 92.52, Fla. Stat.]

Signature Lindsay Wolf

Sworn to and subscribed before me by means of physical presence OR online notarization
this 7 day of January, 2026.

Stacie A. Butt

Signature of Officer Administering Oath or of Notary Public

(To be completed only by judges administering oath – see § 92.50, Florida Statutes.)

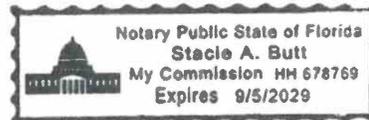
Print Name

Title

Court

(To be completed by officer administering oath, other than judges – see § 92.50, Florida Statutes.)

Affix Seal Below



Personally Known OR Produced Identification

Type of Identification Produced _____

ACCEPTANCE

I accept the office listed in the above Oath of Office.

Mailing Address: Home Office

188 Ashlar Drive

Street or Post Office Box

Saint Johns, FL 32259

City, State, Zip Code

Lindsay Wolf

Print Name

Lindsay Wolf

Signature

1605

STATE OF FLORIDA
DEPARTMENT OF STATE

Division of Elections

I, Cord Byrd, Secretary of State,
do hereby certify that

Jennifer Ann Wages

is duly appointed a member of the

Board of Nursing

for a term beginning on the Twelfth day of December, A.D.,
2025, until the Thirty-First day of October, A.D., 2029 and is
subject to be confirmed by the Senate during the next regular
session of the Legislature.

*Given under my hand and the Great Seal of the
State of Florida, at Tallahassee, the Capital, this
the Second day of February, A.D., 2026.*



Secretary of State

DSDE 99 (3/03)

The original document has a reflective line mark in paper. Hold at an angle to view when checking.

If photocopied or chemically altered, the word "VOID" will appear.

State of Florida appears in small letters across the face of this 8 1/2 x 11 document.

RON DESANTIS

GOVERNOR

2025 DEC 19 AM 10:09

TALLAHASSEE, FLORIDA

December 12, 2025

Secretary Cord Byrd
Department of State
R.A. Gray Building, Room 316
500 South Bronough Street
Tallahassee, Florida 32399-0250

Dear Secretary Byrd:

Please be advised I have made the following reappointment under the provisions of Section 464.004, Florida Statutes:

Mrs. Jennifer Wages
2604 West 21st Street
Panama City, Florida 32405

as a member of the Board of Nursing, subject to confirmation by the Senate. This appointment is effective December 12, 2025, for a term ending October 31, 2029.

Sincerely,



Ron DeSantis
Governor

RD/dw

RECEIVED

OATH OF OFFICE

(Art. II, § 5(b), Fla. Const.; § 92.50, Florida Statutes)

2026 FEB -2 AM 10:15
NOTARY PUBLIC
TALLAHASSEE, FL

STATE OF FLORIDA

County of Bay

I do solemnly swear (or affirm) that I will support, protect, and defend the Constitution and Government of the United States and of the State of Florida; that I am duly qualified to hold office under the Constitution of the State, and that I will well and faithfully perform the duties of

Florida Board of Nursing

(Full Name of Office - Abbreviations Not Accepted)

on which I am now about to enter, so help me God.

[NOTE: If you affirm, you may omit the words "so help me God." See § 92.52, Fla. Stat.]

Signature Jennifer Wages

Sworn to and subscribed before me by means of physical presence OR online notarization
this 27th day of January, 2026.

[Signature]

Signature of Officer Administering Oath or of Notary Public

(To be completed only by judges administering oath- see § 92.50, Florida Statutes.)

Print Name _____

Title _____

Court _____

(To be completed by officer administering oath, other than judges - see § 92.50, Florida Statutes.)

Affix Seal Below

Personally Known OR Produced Identification

Type of Identification Produced _____

ACCEPTANCE

I accept the office listed in the above Oath of Office.

Mailing Address: Home Office

1847 Florida Avenue

Jennifer Wages

Street or Post Office Box

Print Name

Panama City, FL 32405

Jennifer Wages

City, State, Zip Code

Signature

1605

**STATE OF FLORIDA
DEPARTMENT OF STATE**

Division of Elections

I, Cord Byrd, Secretary of State,
do hereby certify that

Patricia P. Schafer

is duly appointed a member of the

Board of Nursing

for a term beginning on the Twelfth day of December, A.D.,
2025, until the Thirty-First day of October, A.D., 2028 and is
subject to be confirmed by the Senate during the next regular
session of the Legislature.

*Given under my hand and the Great Seal of the
State of Florida, at Tallahassee, the Capital, this
the Sixteenth day of January, A.D., 2026.*



Secretary of State



DSDE 99 (3/03)

If photocopied or chemically altered, the word "VOID" will appear.

"State of Florida" appears in small letters across the face of this 8 1/2" x 11" document

RON DeSANTIS
GOVERNOR

2025 DEC 19 AM 10:09

TALLAHASSEE, FL

December 12, 2025

Secretary Cord Byrd
Department of State
R.A. Gray Building, Room 316
500 South Bronough Street
Tallahassee, Florida 32399-0250

Dear Secretary Byrd:

Please be advised I have made the following appointment under the provisions of Section 464.004, Florida Statutes:

Mrs. Patricia Schafer
2015 Southwest 43rd Place
Ocala, Florida 34471

as a member of the Board of Nursing, succeeding Diana Forst, subject to confirmation by the Senate. This appointment is effective December 12, 2025, for a term ending October 31, 2028.

Sincerely,



Ron DeSantis
Governor

RD/dw

RECEIVED
DEPARTMENT OF STATE
2025 DEC 30 PM 1:35
DIVISION OF ELECTIONS
1111 - 9999 FI

OATH OF OFFICE

(Art. II, § 5(b), Fla. Const.; § 92.50, Florida Statutes)

STATE OF FLORIDA
County of Marion

I do solemnly swear (or affirm) that I will support, protect, and defend the Constitution and Government of the United States and of the State of Florida; that I am duly qualified to hold office under the Constitution of the State, and that I will well and faithfully perform the duties of

Member, Florida Board of Nursing
(Full Name of Office - Abbreviations Not Accepted)

on which I am now about to enter, so help me God.

[NOTE: If you affirm, you may omit the words "so help me God." See § 92.52, Fla. Stat.]

Signature Patricia P. Schafer

Sworn to and subscribed before me by means of physical presence OR online notarization
this 28 day of December, 2025.

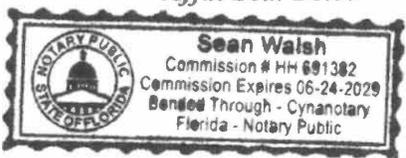
[Signature]
Signature of Officer Administering Oath or of Notary Public

(To be completed only by judges administering oath - see § 92.50, Florida Statutes.)

Print Name

Title

Court

(To be completed by officer administering oath, other than judges - see § 92.50, Florida Statutes.)
Affix Seal Below

Personally Known OR Produced Identification
Type of Identification Produced N/A

ACCEPTANCE

I accept the office listed in the above Oath of Office.

Mailing Address: Home Office

2015 SW 43rd Place
Street or Post Office Box
Ocala, FL 34471
City, State, Zip Code

Patricia P. Schafer
Print Name
[Signature]
Signature

1605

STATE OF FLORIDA
DEPARTMENT OF STATE
Division of Elections

I, Cord Byrd, Secretary of State,
do hereby certify that

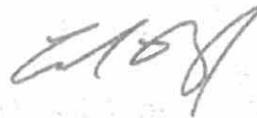
Fidelia Herrera Roster

is duly appointed a member of the

Board of Nursing

for a term beginning on the Twelfth day of December, A.D.,
2025, until the Thirty-First day of October, A.D., 2028 and is
subject to be confirmed by the Senate during the next regular
session of the Legislature.

*Given under my hand and the Great Seal of the
State of Florida, at Tallahassee, the Capital, this
the Sixteenth day of January, A.D., 2026.*



Secretary of State

DSDE 99 (3/03)

If photocopied or chemically altered, the word "VOID" will appear.

State of Florida appears in small letters across the face of this 8 1/2 x 11 document



RON DESANTIS
GOVERNOR

RECEIVED

2025 DEC 19 AM 10:09

DIVISION OF ELECTIONS
TALLAHASSEE, FL

December 12, 2025

Secretary Cord Byrd
Department of State
R.A. Gray Building, Room 316
500 South Bronough Street
Tallahassee, Florida 32399-0250

Dear Secretary Byrd:

Please be advised I have made the following reappointment under the provisions of Section 464.004, Florida Statutes:

Dr. Fidelia Roster
10 North Riverwalk Drive
Palm Coast, Florida 32137

as a member of the Board of Nursing, subject to confirmation by the Senate. This appointment is effective December 12, 2025, for a term ending October 31, 2028.

Sincerely,

A handwritten signature in black ink, appearing to read "Ron DeSantis".

Ron DeSantis
Governor

RD/dw

RECEIVED

OATH OF OFFICE

(Art. II, § 5(b), Fla. Const.; § 92.50, Florida Statutes)

2026 JAN 15 AM 8:27

TALLAHASSEE, FL

STATE OF FLORIDA

County of Flagler

I do solemnly swear (or affirm) that I will support, protect, and defend the Constitution and Government of the United States and of the State of Florida; that I am duly qualified to hold office under the Constitution of the State, and that I will well and faithfully perform the duties of

Member of the Florida Board of Nursing

(Full Name of Office – Abbreviations Not Accepted)

on which I am now about to enter, so help me God.

[NOTE: If you affirm, you may omit the words "so help me God." See § 92.52, Fla. Stat.]

Signature Fidelia Herrera Roster

Sworn to, and subscribed before me by means of physical presence OR online notarization
this 14th day of January, 2026

Marla Wilhite

Signature of Officer Administering Oath or of Notary Public

(To be completed only by judges administering oath – see § 92.50, Florida Statutes.)

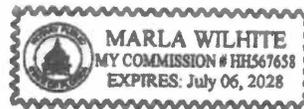
Print Name _____

Title _____

Court _____

(To be completed by officer administering oath, other than judges – see § 92.50, Florida Statutes.)

Affix Seal Below



Personally Known OR Produced Identification

Type of Identification Produced _____

ACCEPTANCE

I accept the office listed in the above Oath of Office.

Mailing Address: Home Office

10 N. Riverwalk Drive

Street or Post Office Box

Palm Coast, FL 32137

City, State, Zip Code

Fidelia Herrera Roster

Print Name

Fidelia Herrera Roster

Signature

1605

**STATE OF FLORIDA
DEPARTMENT OF STATE
Division of Elections**

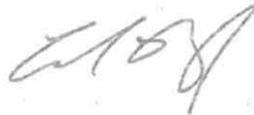
I, Cord Byrd, Secretary of State,
do hereby certify that

Christine Mueller

is duly appointed a member of the
Board of Nursing

for a term beginning on the Twelfth day of December, A.D.,
2025, until the Thirty-First day of October, A.D., 2028 and is
subject to be confirmed by the Senate during the next regular
session of the Legislature.

*Given under my hand and the Great Seal of the
State of Florida, at Tallahassee, the Capital, this
the Twenty-Third day of December, A.D., 2025.*



Secretary of State

If photocopied or chemically altered, the word "VOID" will appear.

State of Florida appears in small letters across the face of this 8 1/2 x 11" document.



RON DESANTIS
GOVERNOR

RECEIVED

2025 DEC 19 AM 10:09

DIVISION OF ELECTIONS
TALLAHASSEE, FL

December 12, 2025

Secretary Cord Byrd
Department of State
R.A. Gray Building, Room 316
500 South Bronough Street
Tallahassee, Florida 32399-0250

Dear Secretary Byrd:

Please be advised I have made the following reappointment under the provisions of Section 464.004, Florida Statutes:

Dr. Christine Mueller
8691 Northwest 24th Street
Sunrise, Florida 33322

as a member of the Board of Nursing, subject to confirmation by the Senate. This appointment is effective December 12, 2025, for a term ending October 31, 2028.

Sincerely,

A handwritten signature in black ink, appearing to read "Ron DeSantis".

Ron DeSantis
Governor

RD/dw

RECEIVED

OATH OF OFFICE

(Art. II, § 5(b), Fla. Const.; § 92.50, Florida Statutes)

2025 DEC 19 PM 1:45

DIVISION OF ELECTIONS
TALLAHASSEE, FL

STATE OF FLORIDA

County of Broward

I do solemnly swear (or affirm) that I will support, protect, and defend the Constitution and Government of the United States and of the State of Florida; that I am duly qualified to hold office under the Constitution of the State, and that I will well and faithfully perform the duties of

Board of Nursing

(Full Name of Office - Abbreviations Not Accepted)

on which I am now about to enter, so help me God.

[NOTE: If you affirm, you may omit the words "so help me God." See § 92.52, Fla. Stat.]

Signature [Handwritten Signature]

Sworn to and subscribed before me by means of physical presence OR online notarization
this 16 day of December, 2025

[Handwritten Signature: Tara Nyree Catanzaro]
Signature of Officer Administering Oath or of Notary Public

(To be completed only by judges administering oath - see § 92.50, Florida Statutes.)

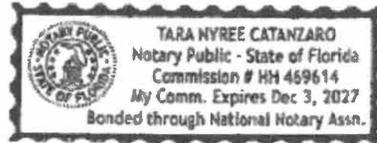
Print Name _____

Title _____

Court _____

(To be completed by officer administering oath, other than judges - see § 92.50, Florida Statutes.)

Affix Seal Below



Personally Known OR Produced Identification

Type of Identification Produced Driver's License

ACCEPTANCE

I accept the office listed in the above Oath of Office.

Mailing Address: Home Office

8691 NW 24th Street
Street or Post Office Box

Sunrise, FL 33322
City, State, Zip Code

Christine Mueller
Print Name

[Handwritten Signature]
Signature

1685

**STATE OF FLORIDA
DEPARTMENT OF STATE
Division of Elections**

I, Cord Byrd, Secretary of State,
do hereby certify that

Derek Patrick Rooney, Jr

is duly appointed a member of the

Board of Osteopathic Medicine

for a term beginning on the Twenty-Second day of December,
A.D., 2025, until the Thirty-First day of October, A.D., 2027
and is subject to be confirmed by the Senate during the next
regular session of the Legislature.

*Given under my hand and the Great Seal of the
State of Florida, at Tallahassee, the Capital, this
the Twenty-Second day of January, A.D., 2026.*



Secretary of State

RON DeSANTIS
GOVERNOR

2025 JAN -6 AM 9:25

TALLAHASSEE, FL

December 22, 2025

Secretary Cord Byrd
Department of State
R.A. Gray Building, Room 316
500 South Bronough Street
Tallahassee, Florida 32399-0250

Dear Secretary Byrd:

Please be advised I have made the following appointment under the provisions of Section 459.004, Florida Statutes:

Mr. Derek "Patrick" Rooney



as a member of the Board of Osteopathic Medicine, filling a vacant seat previously occupied by Christopher Creegan, subject to confirmation by the Senate. This appointment is effective December 22, 2025, for a term ending October 31, 2027.

Sincerely,

A handwritten signature in black ink, appearing to read "Ron DeSantis".

Ron DeSantis
Governor

RD/gc

RECEIVED
DEPARTMENT OF STATE
2026 JAN 20 AM 9:16
DIVISION OF ELECTIONS

OATH OF OFFICE

(Art. II, § 5(b), Fla. Const.; § 92.50, Florida Statutes)

STATE OF FLORIDA

County of Charlotte

I do solemnly swear (or affirm) that I will support, protect, and defend the Constitution and Government of the United States and of the State of Florida; that I am duly qualified to hold office under the Constitution of the State, and that I will well and faithfully perform the duties of

Florida Board of Osteopathic Medicine

(Full Name of Office – Abbreviations Not Accepted)

on which I am now about to enter, so help me God.

[NOTE: If you affirm, you may omit the words "so help me God." See § 92.52, Fla. Stat.]

Signature _____

Sworn to and subscribed before me by means of physical presence OR online notarization
this _____ day of _____, 20____.

See Attached

Signature of Officer Administering Oath or of Notary Public

(To be completed only by judges administering oath— see § 92.50, Florida Statutes.)

Print Name _____

Title _____

Court _____

(To be completed by officer administering oath, other than judges – see § 92.50, Florida Statutes.)

Affix Seal Below

Personally Known OR Produced Identification

Type of Identification Produced _____

ACCEPTANCE

I accept the office listed in the above Oath of Office.

Mailing Address: Home Office

Street or Post Office Box _____

City, State, Zip Code _____

Derek Rooney

Print Name _____

Signature _____

1685

**STATE OF FLORIDA
DEPARTMENT OF STATE
Division of Elections**

I, Cord Byrd, Secretary of State,
do hereby certify that

Theresa S. Reid-Paul

is duly appointed a member of the
Board of Osteopathic Medicine

for a term beginning on the Twenty-Second day of December,
A.D., 2025, until the Thirty-First day of October, A.D., 2028
and is subject to be confirmed by the Senate during the next
regular session of the Legislature.

*Given under my hand and the Great Seal of the
State of Florida, at Tallahassee, the Capital, this
the Sixteenth day of January, A.D., 2026.*



Secretary of State

If photocopied or chemically altered, the word "VOID" will appear.

"State of Florida" appears in small letters across the face of this 8 1/2 x 11" document.

RON DESANTIS
GOVERNOR

2025 J -6 AM 9:24

TALLAHASSEE, FL

December 22, 2025

Secretary Cord Byrd
Department of State
R.A. Gray Building, Room 316
500 South Bronough Street
Tallahassee, Florida 32399-0250

Dear Secretary Byrd:

Please be advised I have made the following appointment under the provisions of Section 459.004, Florida Statutes:

Ms. Terry Reid-Paul
15922 Rain Lilly Way
Westlake, Florida 33470

as a member of the Board of Osteopathic Medicine, succeeding Valerie Jackson, subject to confirmation by the Senate. This appointment is effective December 22, 2025, for a term ending October 31, 2028.

Sincerely,



Ron DeSantis
Governor

RD/dw

RECEIVED

OATH OF OFFICE

(Art. II, § 5(b), Fla. Const.; § 92.50, Florida Statutes)

2026 JAN -5 PM 12:35

TALLAHASSEE, FL

STATE OF FLORIDA

County of PALM BEACH

I do solemnly swear (or affirm) that I will support, protect, and defend the Constitution and Government of the United States and of the State of Florida; that I am duly qualified to hold office under the Constitution of the State, and that I will well and faithfully perform the duties of

BOARD of Osteopathic Medicine

(Full Name of Office - Abbreviations Not Accepted)

on which I am now about to enter, so help me God.

[NOTE: If you affirm, you may omit the words "so help me God." See § 92.52, Fla. Stat.]

Signature

[Handwritten Signature]

Sworn to and subscribed before me by means of physical presence OR online notarization
this 29 day of December, 2025

[Handwritten Signature]

Signature of Officer Administering Oath or of Notary Public

(To be completed only by judges administering oath- see § 92.50, Florida Statutes.)

Print Name

Title

Court

(To be completed by officer administering oath, other than judges - see § 92.50, Florida Statutes.)

Affix Seal Below



Personally Known OR Produced Identification

Type of Identification Produced _____

ACCEPTANCE

I accept the office listed in the above Oath of Office.

Mailing Address: Home Office

15922 RAIN Lilly WAY
Street or Post Office Box

Westlake, FL 33470
City, State, Zip Code

Theresa S. Reid-PAUL
Print Name

[Handwritten Signature]
Signature

1725

**STATE OF FLORIDA
DEPARTMENT OF STATE
Division of Elections**

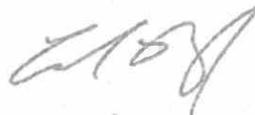
I, Cord Byrd, Secretary of State,
do hereby certify that

Jonathan M. Hickman

is duly appointed a member of the
Board of Pharmacy

for a term beginning on the Thirtieth day of January, A.D.,
2026, until the Thirty-First day of October, A.D., 2029 and is
subject to be confirmed by the Senate during the next regular
session of the Legislature.

*Given under my hand and the Great Seal of the
State of Florida, at Tallahassee, the Capital, this
the Fourth day of February, A.D., 2026.*



Secretary of State

DSDE 99 (3/03)

If photocopied or chemically altered, the word "VOID" will appear.

State of Florida appears in small letters across the face of this 8 1/2 x 11" document.



RON DESANTIS
GOVERNOR

RECEIVED
DEPARTMENT OF STATE
2026 JAN 30 PM 4:46
DIVISION OF ELECTIONS
TALLAHASSEE, FL

January 30, 2026

Secretary Cord Byrd
Department of State
R.A. Gray Building, Room 316
500 South Bronough Street
Tallahassee, Florida 32399-0250

Dear Secretary Byrd:

Please be advised I have made the following reappointment under the provisions of Section 465.004, Florida Statutes:

Dr. Jonathan Hickman
8314 Inverness Drive
Tallahassee, Florida 32312

as a member of the Board of Pharmacy, subject to confirmation by the Senate. This appointment is effective January 30, 2026, for a term ending October 31, 2029.

Sincerely,

A handwritten signature in black ink, appearing to read "Ron DeSantis".

Ron DeSantis
Governor

RD/ch

OATH OF OFFICE

(Art. II, § 5(b), Fla. Const.; § 92.50, Florida Statutes)

FLORIDA DEPARTMENT OF STATE

2026 FEB -2 AM 10:06

DIVISION OF ELECTIONS

STATE OF FLORIDA

County of Leon

I do solemnly swear (or affirm) that I will support, protect, and defend the Constitution and Government of the United States and of the State of Florida; that I am duly qualified to hold office under the Constitution of the State, and that I will well and faithfully perform the duties of

Florida Board of Pharmacy

(Full Name of Office – Abbreviations Not Accepted)

on which I am now about to enter, so help me God.

[NOTE: If you affirm, you may omit the words "so help me God." See § 92.52, Fla. Stat.]

Signature [Handwritten Signature]

Sworn to and subscribed before me by means of physical presence OR online notarization
this 31 day of Jan, 2026

[Handwritten Signature]

Signature of Officer Administering Oath or of Notary Public

(To be completed only by judges administering oath— see § 92.50, Florida Statutes.)

Print Name _____

Title _____

Court _____

(To be completed by officer administering oath, other than judges – see § 92.50, Florida Statutes.)

Affix Seal Below



Personally Known OR Produced Identification

Type of Identification Produced FLDL

ACCEPTANCE

I accept the office listed in the above Oath of Office.

Mailing Address: Home Office

8314 Inverness Dr

Jonathan M Hickman

Street or Post Office Box _____

Print Name _____

Tallahassee, Florida, 32312

[Handwritten Signature]

City, State, Zip Code _____

Signature _____

1725

**STATE OF FLORIDA
DEPARTMENT OF STATE
Division of Elections**

I, Cord Byrd, Secretary of State,
do hereby certify that

Stephen "Ryan" West

is duly appointed a member of the
Board of Pharmacy

for a term beginning on the Thirtieth day of January, A.D.,
2026, until the Thirty-First day of October, A.D., 2029 and is
subject to be confirmed by the Senate during the next regular
session of the Legislature.

*Given under my hand and the Great Seal of the
State of Florida, at Tallahassee, the Capital, this
the Fourth day of February, A.D., 2026.*



Secretary of State

If photocopied or chemically altered, the word "VOID" will appear.

State of Florida appears in small letters across the face of this 8 1/2 x 11" document



RON DeSANTIS
GOVERNOR

RECEIVED
DEPARTMENT OF STATE
2026 JAN 30 PM 4:45
DIVISION OF ELECTIONS
TALLAHASSEE, FL

January 30, 2026

Secretary Cord Byrd
Department of State
R.A. Gray Building, Room 316
500 South Bronough Street
Tallahassee, Florida 32399-0250

Dear Secretary Byrd:

Please be advised I have made the following reappointment under the provisions of Section 465.004, Florida Statutes:

Mr. Stephen "Ryan" West
7628 Refuge Road
Tallahassee, Florida 32312

as a member of the Board of Pharmacy, subject to confirmation by the Senate. This appointment is effective January 30, 2026, for a term ending October 31, 2029.

Sincerely,

A handwritten signature in black ink, appearing to read "Ron DeSantis".

Ron DeSantis
Governor

RD/ch

HAND DELIVERED

OATH OF OFFICE

(Art. II, § 5(b), Fla. Const.; § 92.50, Florida Statutes)

2026 FEB -3 PM 12:04

STATE OF FLORIDA

County of LEON

TALLAHASSEE, FL

I do solemnly swear (or affirm) that I will support, protect, and defend the Constitution and Government of the United States and of the State of Florida; that I am duly qualified to hold office under the Constitution of the State, and that I will well and faithfully perform the duties of

Board of Pharmacy

(Full Name of Office – Abbreviations Not Accepted)

on which I am now about to enter, so help me God.

[NOTE: If you affirm, you may omit the words "so help me God." See § 92.52, Fla. Stat.]

Signature [Handwritten Signature]

Sworn to and subscribed before me by means of physical presence OR online notarization
this 3 day of February, 2026.

Amanda Miller

Signature of Officer Administering Oath or of Notary Public

(To be completed only by judges administering oath— see § 92.50, Florida Statutes.)

Print Name

Title

Court

(To be completed by officer administering oath, other than judges – see § 92.50, Florida Statutes.)

Affix Seal Below



Personally Known OR Produced Identification

Type of Identification Produced FL DL

ACCEPTANCE

I accept the office listed in the above Oath of Office.

Mailing Address: Home Office

7628 Refuge Road
Street or Post Office Box

Tallahassee, FL 32312
City, State, Zip Code

Stephen "Ryan" West
Print Name

[Handwritten Signature]
Signature

1725

**STATE OF FLORIDA
DEPARTMENT OF STATE**

Division of Elections

I, Cord Byrd, Secretary of State,
do hereby certify that

Mark Mikhael

is duly appointed a member of the

Board of Pharmacy

for a term beginning on the Thirtieth day of January, A.D.,
2026, until the Thirty-First day of October, A.D., 2028 and is
subject to be confirmed by the Senate during the next regular
session of the Legislature.

*Given under my hand and the Great Seal of the
State of Florida, at Tallahassee, the Capital, this
the Fourth day of February, A.D., 2026.*



Secretary of State



RON DESANTIS
GOVERNOR

RECEIVED
DEPARTMENT OF STATE
2026 JAN 30 PM 4:46
DIVISION OF ELECTIONS
TALLAHASSEE, FL

January 30, 2026

Secretary Cord Byrd
Department of State
R.A. Gray Building, Room 316
500 South Bronough Street
Tallahassee, Florida 32399-0250

Dear Secretary Byrd:

Please be advised I have made the following appointment under the provisions of Section 465.004, Florida Statutes:

Dr. Mark Mikhael
306 North Sweetwater Cove Boulevard
Longwood, Florida 32779

as a member of the Board of Pharmacy, succeeding Parastou "Patty" Ghazvini, subject to confirmation by the Senate. This appointment is effective January 30, 2026, for a term ending October 31, 2028.

Sincerely,

A handwritten signature in black ink, appearing to read "Ron DeSantis".

Ron DeSantis
Governor

RD/ch

OATH OF OFFICE

(Art. II, § 5(b), Fla. Const.; § 92.50, Florida Statutes)

RECEIVED
DEPARTMENT OF STATE
2020 FEB -3 AM 11:45
FIVE COUNTY COLLECTION

STATE OF FLORIDA

County of Seminole

I do solemnly swear (or affirm) that I will support, protect, and defend the Constitution and Government of the United States and of the State of Florida; that I am duly qualified to hold office under the Constitution of the State, and that I will well and faithfully perform the duties of

Florida Board of Pharmacy Member

(Full Name of Office – Abbreviations Not Accepted)

on which I am now about to enter, so help me God.

[NOTE: If you affirm, you may omit the words "so help me God." See § 92.52, Fla. Stat.]

Signature

Mark Mikhael

Sworn to and subscribed before me by means of physical presence OR online notarization
this 2 day of February, 2020.

George Neville

Signature of Officer Administering Oath or of Notary Public

(To be completed only by judges administering oath – see § 92.50, Florida Statutes.)

Print Name

Title

Court

(To be completed by officer administering oath, other than judges – see § 92.50, Florida Statutes.)

Affix Seal Below



GEORGE NEVILLE
Notary Public
State of Florida
Comm# HH305014
Expires 8/24/2026

Personally Known OR Produced Identification

Type of Identification Produced _____

ACCEPTANCE

I accept the office listed in the above Oath of Office.

Mailing Address: Home Office

306 N Sweetwater Cove Blvd

Mark Mikhael

Street or Post Office Box

Print Name

Longwood, Florida, 32779

Mark Mikhael

City, State, Zip Code

Signature

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

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

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

BILL: SB 688

INTRODUCER: Senator Rodriguez

SUBJECT: Naturopathic Medicine

DATE: February 10, 2026

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Smith	Brown	HP	Favorable
2.			AHS	
3.			FP	

I. Summary:

SB 688 reestablishes the licensure and regulation of naturopathic doctors in Florida by redesignating ch. 462, F.S., as “Naturopathic Medicine” and by updating the chapter’s regulatory framework.

The bill creates the Board of Naturopathic Medicine to assist the Department of Health (DOH) with the regulation of naturopathic doctors. The bill establishes licensure by examination for applicants who hold a doctoral degree in naturopathic medicine, provides for licensure by endorsement through the MOBILE Act, sets biennial renewal and continuing education requirements, and applies standard disciplinary authority. The bill also prohibits unlicensed practice and protected-title misuse, while providing specified exceptions.

The bill defines the scope of naturopathic practice to include specified diagnostic and natural treatment modalities but expressly excludes prescriptive authority for legend drugs or prescription drugs, except as expressly provided for certain natural, nonpharmacologic substances.

The bill provides an effective date of December 31, 2026.

II. Present Situation:

Naturopathy

The term “naturopathy” was used in the late nineteenth century to refer to an emerging system of natural therapies and philosophy to treat disease. Naturopathic physicians diagnose, treat, and care for patients using a system of practice that bases treatment on natural laws governing the human body. These practitioners may provide treatment to patients using psychological, mechanical, and other means to purify, cleanse, and normalize human tissues for the preservation

and restoration of health. This may include the use of air, water, light, heat, earth, food and herb therapy, psychotherapy, electrotherapy, physiotherapy, minor surgery, and naturopathic manipulation. Naturopathic physicians are trained in standard medical sciences and in the use and interpretation of standard diagnostic instruments. Naturopathic medicine stresses a holistic approach to health care, which involves studying and working with the patient mentally and spiritually, as well as physically, and developing an understanding of the patient in the patient's chosen environment.

Florida Licensure and Regulation of Naturopathy

Naturopathy was initially recognized by the Legislature in the Medical Act of 1921,¹ which defined the practice of medicine and exempted naturopaths from the medical practice act. Naturopathic practitioners were first licensed in Florida in 1927.² Doctors of Naturopathy were required to observe state, county, and municipal regulations regarding the control of communicable diseases, the reporting of births and deaths, and all matters relating to the public health as was required of other "practitioners of the healing arts."

Between 1947 and 1954, legal cases were decided regarding the rights of naturopaths to prescribe narcotic drugs. The Circuit Court in Pinellas County held that practitioners of naturopathy had the right to prescribe narcotic drugs.³ On appeal, the Florida Supreme Court affirmed the lower court's decision.⁴

In 1957, the Legislature abolished the Board of Naturopathic Examiners, significantly revised the regulation of naturopathy, and placed the regulation under the Florida State Board of Health.⁵ Naturopaths were classified into three groups based on the length of time that the practitioner was licensed in the state. Under that law, those licensed less than two years could not renew their licenses; those licensed more than two years but less than 15 years could not prescribe medicine in any form; and those licensed more than 15 years could not prescribe narcotic drugs. The Florida Supreme Court held that the naturopathic laws, as amended by ch. 57-129, L.O.F., were unconstitutional and void.⁶

In 1959, the Legislature abolished the licensing authority for naturopathy.⁷ Only those naturopathic practitioners licensed at that time who had been residents of Florida for two years prior to enactment of ch. 59-164, L.O.F., were authorized to renew their licenses.

¹ Chapter 8415, Laws of Fla.

² Chapter 12286, Laws of Fla.

³ *In re: Complaint of Melser*, 32 So.2d 742 (Fla.1947). See also *State Department of Public Works v. Melser*, 69 So.2d 347 at 353 (Fla. 1954).

⁴ *Id.* See also Attorney General Opinion 54-96 and s. 893.02(19), F.S., relating to controlled substances, which defines "practitioner" to include "... a naturopath licensed pursuant to chapter 462, F.S." In 1939, the 5th Circuit Fed. Ct. (which includes Louisiana, Mississippi, and Texas) interpreted the Federal Narcotic Drug Act which determined that a "naturopath" was not a "physician;" therefore, they were prohibited from prescribing narcotic drugs. The court determined that even under phytotherapy, they could not prescribe drugs. *Perry v. Larson*, 104 F.2d 728 (1939).

⁵ Chapter 57-129, Laws of Fla.

⁶ See *Eslin v. Collins*, 69 So.2d 347 (Fla. 1959).

⁷ Chapter 59-164, Laws of Fla.

Currently, ch. 462, F.S., governs the practice of naturopathy within the DOH. The current practice act includes a wide variety of healing techniques but prohibits surgery, chiropractic medicine, and the practice of “materia medica,” a term that includes the prescription of drugs.⁸ Chapter 462, F.S., prohibits the issuance of a license to any person who was not practicing naturopathy in Florida as of July 1, 1959.⁹ The chapter also authorizes the DOH to adopt rules to implement the regulation of naturopathic medicine including the establishment of fees.¹⁰ Additionally, it provides procedures for naturopathic physicians licensed prior to 1959 to renew their license.¹¹

At this time, there are zero naturopathic physicians licensed in Florida.¹²

Other State Licensure of Naturopathy¹³

The following 26 states or territories offer licensure or registration to naturopaths: Alaska, Arizona, California, Colorado, Connecticut, District of Columbia, Hawaii, Idaho, Kansas, Maine, Maryland, Massachusetts, Minnesota, Montana, New Hampshire, New Mexico, North Dakota, Oregon, Pennsylvania, Rhode Island, Utah, Vermont, Washington, Wisconsin, Puerto Rico, and the U.S. Virgin Islands.

Education Accreditation and Requirements

Naturopathic medical schools are accredited through the Council on Naturopathic Medical Education (CNME). The CNME is the only naturopathic education accrediting agency recognized by the U.S. Department of Education (USDOE). There are currently six accredited programs, with eight campuses in Arizona, California, Illinois, Oregon, Washington, Puerto Rico and Canada.

Before enrolling in an accredited naturopathic medical school, students must:

- Successfully complete standard pre-medical college courses including physics, math, several courses of chemistry and biology as well as the humanities and psychology;
- Graduate from an accredited baccalaureate program; and
- Apply to and be accepted into one of the CNME accredited Doctor of Naturopathic Medicine Programs.

⁸ Section 462.01(1), F.S., “Natureopathy” and “Naturopathy” shall be construed as synonymous terms and mean the use and practice of psychological, mechanical, and material health sciences to aid in purifying, cleansing, and normalizing human tissues for the preservation or restoration of health, according to the fundamental principles of anatomy, physiology, and applied psychology, as may be required. Naturopathic practice employs, among other agencies, phytotherapy, dietetics, psychotherapy, suggestotherapy, hydrotherapy, zone therapy, biochemistry, external applications, electrotherapy, mechanotherapy, mechanical and electrical appliances, hygiene, first aid, sanitation, and heliotherapy; provided, however, that nothing in this chapter shall be held or construed to authorize any naturopathic physician licensed hereunder to practice materia medica or surgery or chiropractic medicine, nor shall the provisions of this law in any manner apply to or affect the practice of osteopathic medicine, chiropractic medicine, Christian Science, or any other treatment authorized and provided for by law for the cure or prevention of disease and ailments.

⁹ Section 462.023, F.S.

¹⁰ *Id.*

¹¹ Section 462.16, F.S.

¹² Department of Health, *2024 House Bill 843 Legislative Bill Analysis* (Dec. 19, 2023) (on file with the Senate Committee on Health Policy).

¹³ *Id.*

Naturopathic medical school is a four-year doctoral program that provides students with advanced study in clinical sciences and naturopathic therapeutic treatment modalities.

Examination

The North American Board of Naturopathic Examiners (NABNE) is recognized as the examining body for the Naturopathic Physicians Licensing Examination (NPLEX). NPLEX is the examination that graduates of one of the approved naturopathic medical colleges must pass before being eligible for licensure in any of the 26 United States jurisdictions and five Canadian provinces that license or register naturopaths.

The purpose of NABNE is to determine the eligibility of applicants to take the NPLEX, to administer the NPLEX to examinees, and to send exam results and transcripts to regulatory authorities. The institutions that regulate naturopathic medicine grant authority to NABNE to be the examining body for the naturopathic medical profession through their agreement to use the results of the NPLEX in their determination of a candidate's eligibility for licensure.

The NPLEX is an independent, nonprofit organization whose purpose is to prepare valid and reliable biomedical science examinations (Part I) that assess the readiness of students to enter the clinical phase of training, and clinical science examinations (Part II) that assess the entry-level competence of candidates who plan to become licensed naturopaths.

III. Effect of Proposed Changes:

Section 1 of the bill redesignates ch. 462, F.S., from "Naturopathy" to "Naturopathic Medicine."

Section 2 of the bill creates s. 462.001, F.S., to provide legislative findings and purpose, including legislative intent to modernize regulation related to naturopathy in Florida by ensuring that naturopathic medicine is practiced by licensed naturopathic doctors who meet specified education and training standards and are held accountable for safe practice. The current ch. 462, F.S., regulates naturopathic *physicians*. The bill provides for the licensure and regulation of naturopathic *doctors*.

Section 3 of the bill creates s. 462.002, F.S., to provide exceptions, specifying that ch. 462, F.S., does not apply to other duly licensed health care practitioners acting within their respective scopes of practice; certain students and residents practicing under direct supervision in specified accredited or recognized programs; certain out-of-jurisdiction naturopathic doctors performing procedures or demonstrations for educational purposes at board-approved continuing education programs; the practice of the religious tenets of any church; and the domestic administration of recognized family remedies.

The section also provides that ch. 462, F.S., does not prohibit certain persons from employing specified natural therapies in their occupations or from using certain descriptive terms, provided that the person does not use a protected title and does not misrepresent himself or herself as a person licensed under the chapter.

Section 4 of the bill renumbers and amends s. 462.01, F.S., as s. 462.003, F.S., to revise and provide definitions. The section defines “naturopathic doctor” as a person who is licensed to practice naturopathic medicine under ch. 462, F.S., and revises the definition of “naturopathic medicine” and “practice of naturopathic medicine” to include specified diagnostic, preventive, and treatment modalities, and to exclude specified activities and practices.

The bill defines “naturopathic medicine” and “the practice of naturopathic medicine” as the diagnosis, prevention, and treatment of physical or mental conditions by a licensed naturopathic doctor using modalities such as botanical and fungal extracts, clinical nutrition, counseling, dietary supplements, environmental medicine, homeopathy, imaging, lab testing, lifestyle medicine, natural substances, physical exams, and physical medicine, when consistent with CNME-accredited doctoral education and consistent with naturopathic principles and the naturopathic therapeutic order.

The bill expressly excludes from the scope of naturopathic medicine:

- Prescribing, dispensing, or administering legend drugs or prescription drugs, except as expressly authorized for certain natural, nonpharmacologic substances (e.g., vitamin B12);
- Surgery;
- Holding out as, or practicing as, any other licensed profession (e.g., an allopathic or osteopathic physician, dentist, nurse practitioner, physician assistant, chiropractor, physical therapist, acupuncturist, or midwife);
- The use of general anesthesia or spinal anesthesia;
- Administering ionizing radioactive substances;
- High-velocity spinal or joint manipulation, unless the naturopathic doctor is also licensed as a chiropractor or an osteopathic physician;
- Acupuncture, unless the naturopathic doctor is also licensed as an acupuncturist; and
- Labor and delivery management, unless the naturopathic doctor is also licensed as a midwife.

Section 5 of the bill creates s. 462.004, F.S., to create the Board of Naturopathic Medicine (Board) within the DOH. The section provides for board membership, appointment, and confirmation requirements, and provides that applicable provisions of ch. 456, F.S., relating to practitioner regulatory boards will apply to the Board. The Board is to be composed of seven members, including four naturopathic doctors, two physicians licensed under ch. 458 or 459, F.S., and one non-physician public member.

Section 6 of the bill renumbers and amends s. 462.023, F.S., as s. 462.005, F.S., to authorize the Board to adopt rules to implement ch. 462, F.S., as amended by this bill.

This section of the bill also eliminates the DOH’s existing authority to establish and collect initial licensing fees from naturopathic physicians.

Section 7 of the bill creates s. 462.006, F.S., to prohibit unlicensed persons from practicing naturopathic medicine or from promoting, identifying, or describing themselves as a “doctor of naturopathic medicine” or a “naturopathic doctor” or use the corresponding abbreviations “N.D.” or “N.M.D.” A violation of this section would constitute a misdemeanor and be punishable as provided in s. 775.082 or s. 775.083, F.S.

This section works in conjunction with the exceptions created in the bill's new s. 462.002, F.S., as the enumerated exempt individuals would not be engaging in unlicensed practice.

Section 8 of the bill creates s. 462.007, F.S., to provide for licensure by examination of naturopathic doctors. To become licensed by examination, a person must apply on a form furnished by the DOH and the Board must certify that the applicant meets the following criteria:

- Is at least 21 years old.
- Holds a bachelor's degree from a:
 - U.S. accredited college/university (recognized by USDOE or CHEA), or
 - Canadian university that is a Universities Canada member, or
 - Foreign institution with board-approved credential evaluation showing equivalency (via a nationally recognized credential-evaluating agency; transcripts/syllabi/diplomas required).
- Holds a naturopathic doctoral degree from a program accredited by the Council on Naturopathic Medical Education (CNME).
- Is physically and mentally fit to practice.
- Is of good moral character.
- Submits fingerprints and pays costs for a criminal background check.
- Obtains a passing score on Part I - Biomedical Science Examination, Part II - Core Clinical Science Examination, and Part II - Clinical Elective Pharmacology Examination of the competency-based national Naturopathic Physician Licensing Examination administered by the North American Board of Naturopathic Examiners.

The bill requires the DOH and the Board to use an investigative process to ensure that applicants meet the applicable criteria, authorizes the State Surgeon General or his or her designee to issue a 90-day licensure delay under certain circumstances, provides construction, prohibits the Board from certifying certain applicants for licensure until completion of an investigation in another jurisdiction, and authorizes the Board to deny certification or certify with restrictions or for a probationary period if it determines that an applicant does not meet all licensure requirements.

Section 9 of the bill creates s. 462.008, F.S., to provide for licensure by endorsement of naturopathic doctors through the Mobile Opportunity by Interstate Licensure Endorsement (MOBILE) Act in s. 456.0145, F.S.

Section 10 of the bill renumbers and amends s. 462.08, F.S., as s. 462.009, F.S., to update requirements for licensure renewal for naturopathic doctors. The bill requires the DOH to adopt rules establishing procedures for the biennial renewal of licenses under this chapter.

This section retains the existing language providing for a biennial licensure renewal fee, as determined by the DOH, but which may not exceed \$1,000.

Section 11 of the bill renumbers and amends s. 462.18, F.S., to revise continuing education requirements for naturopathic doctors. Under the bill, the Board must require at least 60 hours of continuing education during each biennial renewal period. The bill requires the Board to approve organizations that accredit naturopathic continuing education providers, including the American

Association of Naturopathic Physicians and the North American Naturopathic Continuing Education Accreditation Council.

The bill requires naturopathic doctors to use the DOH's electronic continuing education tracking system to demonstrate compliance with continuing education requirements. The DOH notes that it would be required to work with the contracted continuing education vendor to establish this profession within the tracking system.¹⁴

Section 12 of the bill renumbers and amends s. 462.19, F.S., to revise provisions related to reactivation of inactive naturopathic doctor licenses and requires the Board to adopt rules.

Section 13 of the bill renumbers and amends s. 462.14, F.S., to revise grounds for disciplinary action. A naturopathic doctor would also be subject to grounds for discipline in s. 456.072, F.S.

Section 14 of the bill repeals s. 462.17, F.S., relating to the penalty for offenses relating to naturopathy.

Section 15 of the bill amends s. 20.43, F.S., to conform to changes made by the bill, including the Board within the DOH's Division of Medical Quality Assurance.

Section 16 of the bill amends s. 381.0031, F.S., to conform an existing provision that requires a practitioner licensed to practice naturopathy to report diseases of public health significance to the DOH, to changes made by the bill.

Section 17 of the bill amends s. 468.301, F.S., relating to radiological personnel certification, to conform to changes made by the bill.

Section 18 of the bill amends s. 476.044, F.S., exempting naturopathic physicians from barbering regulation, to conform to changes made by the bill.

Section 19 of the bill amends s. 477.0135, F.S., exempting naturopathic physicians from cosmetology regulation, to conform to changes made by the bill.

Section 20 of the bill amends s. 485.003, F.S., regarding hypnosis, to conform to changes made by the bill.

Section 21 of the bill amends s. 486.161, F.S., providing construction relating to the practice of physical therapy, to conform to changes made by the act.

Section 22 of the bill amends s. 627.351, F.S., relating to medical-malpractice shared-risk plans, to conform to changes made by the bill.

Section 23 of the bill amends s. 893.02, F.S., relating to drug abuse prevention and control, to replace a reference to a "naturopath" with "naturopathic doctor." *See Section VI. of this analysis, "Technical Deficiencies."*

¹⁴ *Id.*

Section 24 of the bill amends s. 921.0022, F.S., to update the Criminal Punishment Code and conform to changes made by the bill. This section deletes “practicing naturopathy without a license” from the Criminal Punishment Code, as it is a misdemeanor and no longer a felony under the bill.

Section 25 of the bill provides an effective date of December 31, 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:

Section 6 of the bill, which renumbers and amends s. 462.023, F.S., as s. 462.005, F.S., eliminates the DOH’s existing authority to establish and collect initial licensing fees from naturopathic physicians. The bill does not provide for the submission or collection of initial licensure fees.

Section 10 of the bill which renumbers and amends s. 462.08, F.S., as s. 462.009, F.S., retains the DOH’s existing authority to establish and collect a biennial licensure renewal fee not to exceed \$1,000.

B. Private Sector Impact:

None.

C. Government Sector Impact:

The DOH and its Division of Medical Quality Assurance might experience a recurring increase in workload associated with processing applications for licensure, establishing the Board, and regulating naturopathic doctors. Because it is unclear how many applicants will seek initial licensure, the fiscal impact is indeterminate.

VI. Technical Deficiencies:

Section 23 of the bill amends s. 893.02, F.S., to update the title of a naturopathic doctor in accordance with changes made in the bill. However, because the bill does not include prescriptive authority in the scope of practice of naturopathic medicine, the reference to “a naturopath licensed under chapter 462” should be stricken and deleted rather than revised because the naturopathic doctor will not be authorized to prescribe controlled substances under the bill.

VII. Related Issues:

Section 5 of the bill creates s. 462.004, F.S., to require the appointment of four members of the Board who are “licensed naturopathic doctors who are residents of this state.” The bill defines the term “naturopathic doctor” as a doctor licensed under ch. 462, F.S. It is unclear how initial appointments to the board can be made given that no individuals currently meet the criteria of being licensed naturopathic doctors.

The DOH has previously commented that it does not use a formal “investigative process” related to licensure applications and that MQA is not trained or staffed to conduct such investigations. The DOH notes that its current review process is efficient and effective in ensuring that applicants meet licensure requirements and do not pose a risk to health and safety of the public. If it is unintended for the DOH to establish an entirely new process for the licensure of naturopathic doctors, the bill should be amended to align with the licensure processes of other practitioners.

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 20.43, 381.0031, 462.01, 462.003, 462.005, 462.08, 462.009, 462.18, 462.011, 462.19, 462.012, 462.14, 462.017, 462.023, 468.301, 476.044, 477.0135, 485.003, 486.161, 627.351, 893.02, 921.0022.

This bill creates the following sections of the Florida Statutes: 462.001, 462.002, 462.004, 462.006, 462.007, and 462.008.

This bill repeals section 462.17 of the Florida Statutes.

IX. Additional Information:

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

None.

- B. **Amendments:**

None.

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

By Senator Rodriguez

40-00433A-26

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1 A bill to be entitled
2 An act relating to naturopathic medicine;
3 redesignating ch. 462, F.S., as "Naturopathic
4 Medicine"; creating s. 462.001, F.S.; providing
5 legislative findings and purpose; creating s. 462.002,
6 F.S.; providing applicability and construction;
7 renumbering and amending s. 462.01, F.S.; revising and
8 providing definitions; creating s. 462.004, F.S.;
9 creating the Board of Naturopathic Medicine within the
10 Department of Health; providing for membership of the
11 board; renumbering and amending s. 462.023, F.S.;
12 authorizing the board to adopt rules; deleting
13 obsolete language; creating s. 462.006, F.S.;
14 prohibiting unlicensed persons from practicing
15 naturopathic medicine or promoting, identifying, or
16 describing themselves using specified titles or
17 abbreviations; providing criminal penalties; creating
18 s. 462.007, F.S.; providing for licensure by
19 examination of naturopathic doctors; requiring the
20 department and the board to use an investigative
21 process to ensure that applicants meet the applicable
22 criteria; authorizing the State Surgeon General or her
23 or his designee to issue a 90-day licensure delay
24 under certain circumstances; providing construction;
25 prohibiting the board from certifying certain
26 applicants for licensure until a certain investigation
27 is completed; authorizing the board to take specified
28 actions if it determines that an applicant does not
29 meet all of the requirements for licensure; creating

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30 s. 462.008, F.S.; providing for licensure by
31 endorsement of naturopathic doctors; renumbering and
32 amending s. 462.08, F.S.; revising requirements for
33 licensure renewal for naturopathic doctors; requiring
34 the department to adopt rules; renumbering and
35 amending s. 462.18, F.S.; revising continuing
36 education requirements for naturopathic doctors;
37 requiring naturopathic doctors to use the department's
38 electronic continuing education tracking system to
39 demonstrate compliance with continuing education
40 requirements; renumbering and amending s. 462.19,
41 F.S.; revising provisions related to reactivation of
42 inactive naturopathic doctor licenses; requiring the
43 board to adopt rules; renumbering and amending s.
44 462.14, F.S.; revising grounds for disciplinary
45 action; repealing s. 462.17, F.S., relating to penalty
46 for offenses relating to naturopathy; amending ss.
47 20.43, 381.0031, 468.301, 476.044, 477.0135, 485.003,
48 486.161, 627.351, 893.02, and 921.0022, F.S.;

49 conforming provisions to changes made by the act;
50 providing an effective date.

51
52 Be It Enacted by the Legislature of the State of Florida:

53
54 Section 1. Chapter 462, Florida Statutes, entitled
55 "Naturopathy," is redesignated as "Naturopathic Medicine."

56 Section 2. Section 462.001, Florida Statutes, is created to
57 read:

58 462.001 Legislative findings; purpose.—The Legislature

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59 finds that the interest of public health requires modernization
60 of regulation related to naturopathy in this state. Since 1927,
61 when Florida first regulated naturopathy, the profession and its
62 role in the health care industry have evolved, including the
63 distinction that exists today between naturopathy and
64 naturopathic medicine, and this chapter reflects that evolution.
65 It is the intent of the Legislature to free naturopathy in this
66 state by removing the near total ban on the profession that has
67 been in place since 1959 by ensuring:

68 (1) Naturopathy is offered by naturopaths in this state.
69 (2) Naturopathic medicine is practiced in this state by
70 issuing licenses to naturopathic doctors who meet clear
71 standards of education and training and who are held accountable
72 for safe practice.

73 Section 3. Section 462.002, Florida Statutes, is created to
74 read:

75 462.002 Exceptions.—

76 (1) This chapter does not apply to:

77 (a) Other duly licensed health care practitioners acting
78 within their respective scopes of practice, as authorized by
79 general law.

80 (b) Students practicing under the direct supervision of a
81 licensed naturopathic doctor as part of a preceptorship program
82 while enrolled in a college or university program that is
83 accredited by, or has candidacy status with, the Council on
84 Naturopathic Medical Education or an equivalent accrediting body
85 for the naturopathic medical profession which is recognized by
86 the United States Department of Education and the board.

87 (c) Naturopathic residents practicing under the direct

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88 supervision of a licensed naturopathic doctor at a residency
89 site recognized by the Council on Naturopathic Medical Education
90 or by an equivalent accrediting body for the naturopathic
91 medical profession which is recognized by the United States
92 Department of Education or the board.

93 (d) A naturopathic doctor who holds an active license in
94 another jurisdiction of the United States or Canada and is
95 performing naturopathic procedures or demonstrating equipment or
96 supplies for educational purposes at a board-approved continuing
97 education program.

98 (e) The practice of the religious tenets of any church in
99 this state.

100 (f) The domestic administration of recognized family
101 remedies.

102 (2) This chapter does not prohibit:

103 (a) A person who sells a dietary supplement from providing
104 information about the dietary supplement.

105 (b) Any person:

106 1. Not licensed as a naturopathic doctor from employing in
107 his or her occupation Ayurveda, herbalism, homeopathy,
108 naturopathy as defined in s. 462.003, nutrition, traditional
109 Chinese medicine, or other natural therapy included as part of
110 the practice of naturopathic medicine, as defined in s. 462.003;

111 or

112 2. From using terms, including, but not limited to,
113 "certified naturopath," "naturopath," "naturopathy,"
114 "traditional naturopath," or "traditional naturopath," provided
115 that the person does not:

116 a. Use a title protected under s. 462.006; or

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117 b. Represent or assume the character or appearance of a
118 person described in s. 462.006.

119 Section 4. Section 462.01, Florida Statutes, is renumbered
120 as section 462.003, Florida Statutes, and amended to read:

121 462.003 ~~462.01~~ Definitions.—As used in this chapter, the
122 term:

123 (1) "Board" means the Board of Naturopathic Medicine.

124 (2) "Department" means the Department of Health.

125 (3) "Naturopathic doctor" means a person who is licensed to
126 practice naturopathic medicine under this chapter.

127 (4) (a) "Naturopathic medicine" and "practice of
128 naturopathic medicine" mean the diagnosis, prevention, and
129 treatment by a naturopathic doctor of any deformity, disease,
130 injury, pain, or other physical or mental condition using
131 botanical or fungal extracts, clinical nutrition, counseling
132 techniques, dietary supplements, environmental medicine,
133 homeopathic remedies, imaging studies, laboratory testing,
134 lifestyle medicine, natural substances, physical exam, or
135 physical medicine in a manner consistent with the education
136 offered by naturopathic doctoral degree programs accredited by,
137 or having candidacy status with, the Council on Naturopathic
138 Medical Education or another accrediting agency recognized by
139 the United States Department of Education or the board, and
140 applied in a manner consistent with the principles of
141 naturopathic medicine and the naturopathic therapeutic order
142 defined herein.

143 (b) The term does not include any of the following:

144 1. Prescribing, dispensing, or administering any legend
145 drug or prescription drug outside of natural, non-pharmacologic

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146 substances, including, but not limited to, vitamin B12.

147 2. Performing any surgical procedure.

148 3. Practicing or claiming to practice as a medical doctor
149 or physician, an osteopathic physician, a dentist, a podiatric
150 physician, an optometrist, a psychologist, a nurse practitioner,
151 a physician assistant, a chiropractic physician, a physical
152 therapist, an acupuncturist, a midwife, or a health care
153 practitioner as defined in s. 456.001.

154 4. Using general or spinal anesthetics.

155 5. Administering ionizing radioactive substances.

156 6. Performing chiropractic or osteopathic adjustments or
157 manipulations that include high-velocity thrusts at or beyond
158 the end range of normal joint motion, unless the naturopathic
159 doctor is also licensed as a chiropractic physician or an
160 osteopathic physician.

161 7. Performing acupuncture, unless the naturopathic doctor
162 is also licensed as an acupuncturist.

163 8. Managing labor and delivery, unless the naturopathic
164 doctor is also a licensed midwife.

165 (5) "Naturopathic therapeutic order" means a principle
166 defined by the American Association of Naturopathic Physicians
167 to guide naturopathic doctors in resolving a patient's symptoms
168 and addressing the root cause of a patient's disease while using
169 the least amount of therapeutic force necessary.

170 (6) ~~(1)~~ "Naturopathy" and "Naturopathy" is shall be
171 construed as synonymous with "traditional naturopathy" and is
172 understood to be distinct from naturopathic medicine, and means
173 the traditional, noninvasive health practice offered by
174 naturopaths and traditional naturopaths focusing on education

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175 about natural practices and substances that can be used to
176 promote general health and well-being ~~terms and mean the use and~~
177 ~~practice of psychological, mechanical, and material health~~
178 ~~sciences to aid in purifying, cleansing, and normalizing human~~
179 ~~tissues for the preservation or restoration of health, according~~
180 ~~to the fundamental principles of anatomy, physiology, and~~
181 ~~applied psychology, as may be required. Naturopathic practice~~
182 ~~employs, among other agencies, phytotherapy, dietetics,~~
183 ~~psychotherapy, suggestotherapy, hydrotherapy, zone therapy,~~
184 ~~biochemistry, external applications, electrotherapy,~~
185 ~~mechanotherapy, mechanical and electrical appliances, hygiene,~~
186 ~~first aid, sanitation, and heliotherapy; provided, however, that~~
187 ~~nothing in this chapter shall be held or construed to authorize~~
188 ~~any naturopathic physician licensed hereunder to practice~~
189 ~~materia medica or surgery or chiropractic medicine, nor shall~~
190 ~~the provisions of this law in any manner apply to or affect the~~
191 ~~practice of osteopathic medicine, chiropractic medicine,~~
192 ~~Christian Science, or any other treatment authorized and~~
193 ~~provided for by law for the cure or prevention of disease and~~
194 ~~ailments.~~

195 ~~(2) "Department" means the Department of Health.~~

196 (7) "Principles of naturopathic medicine" means the
197 foundations of naturopathic medical education and practice as
198 set forth by the American Association of Naturopathic Physicians
199 or the board and embodied in the education offered by
200 naturopathic doctoral degree programs accredited by, or having
201 candidacy status with, the Council on Naturopathic Medical
202 Education or another accrediting agency recognized by the United
203 States Department of Education or the board, and including all

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204 of the following principles:

205 (a) The healing power of nature.

206 (b) Identify and treat the causes.

207 (c) First do no harm.

208 (d) Doctor as teacher.

209 (e) Treat the whole person.

210 (f) Prevention.

211 Section 5. Section 462.004, Florida Statutes, is created to
212 read:

213 462.004 Board of Naturopathic Medicine.—

214 (1) There is created within the department the Board of
215 Naturopathic Medicine, composed of seven members appointed by
216 the Governor and confirmed by the Senate.

217 (2) (a) Four members of the board must be licensed
218 naturopathic doctors who are residents of this state.

219 (b) Two members of the board must be physicians licensed
220 under chapter 458 or chapter 459 who are residents of this
221 state.

222 (c) One member of the board must be a resident of this
223 state who is not, and has never been, licensed as a naturopathic
224 doctor, an osteopathic physician, a physician, or any other
225 closely related profession.

226 (d) At least one member of the board must be 60 years of
227 age or older.

228 (3) As the terms of the members expire, the Governor shall
229 appoint successors for terms of 4 years, and such members shall
230 serve until their successors are appointed.

231 (4) All provisions of chapter 456 relating to the board
232 shall apply.

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233 Section 6. Section 462.023, Florida Statutes, is renumbered
234 as section 462.005, Florida Statutes, and amended to read:

235 462.005 ~~462.023~~ Rulemaking authority; powers and duties of
236 the board department.—~~The board department~~ may adopt ~~such~~ rules
237 pursuant to ss. 120.536(1) and 120.54 to implement the
238 provisions of this chapter conferring duties upon it as are
239 necessary to carry out the purposes of this chapter, initiate
240 disciplinary action as provided by this chapter, and shall
241 establish fees based on its estimates of the revenue required to
242 administer this chapter but shall not exceed the fee amounts
243 provided in this chapter. The department shall not adopt any
244 rules which would cause any person who was not licensed in
245 accordance with this chapter on July 1, 1959, and had not been a
246 resident of the state for 2 years prior to such date, to become
247 licensed.

248 Section 7. Section 462.006, Florida Statutes, is created to
249 read:

250 462.006 License required.—

251 (1) Unless licensed under this chapter, a person may not
252 practice naturopathic medicine in this state and may not
253 promote, identify, or describe herself or himself as a "doctor
254 of naturopathic medicine," or a "naturopathic doctor" or use the
255 post-nominals "N.D." or "N.M.D."

256 (2) A person who violates this section commits a
257 misdemeanor of the second degree, punishable as provided in s.
258 775.082 or s. 775.083.

259 Section 8. Section 462.007, Florida Statutes, is created to
260 read:

261 462.007 Licensure by examination.—

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262 (1) Any person desiring to be licensed as a naturopathic
263 doctor must apply to the department on forms furnished by the
264 department. The department shall license each applicant who
265 completes the application form and who the board certifies has
266 met all of the following criteria:

267 (a) Is at least 21 years of age.

268 (b) Has received a bachelor's degree from one of the
269 following:

270 1. A college or university accredited by an accrediting
271 agency recognized by the United States Department of Education
272 or the Council for Higher Education Accreditation or a successor
273 entity recognized by the board;

274 2. A college or university in Canada which is a member of
275 Universities Canada or a successor entity recognized by the
276 board; or

277 3. A college or university in a foreign country, other than
278 Canada, when such applicant has provided evidence that her or
279 his educational credentials are deemed equivalent to those
280 provided in this country or Canada. To have educational
281 credentials deemed equivalent, the applicant must provide her or
282 his foreign educational credentials, including transcripts,
283 course descriptions or syllabi, and diplomas, to a nationally
284 recognized educational credential evaluating agency approved by
285 the board for the evaluation and determination of equivalency of
286 the foreign educational credentials.

287 (c) Has received a naturopathic doctoral degree from a
288 college or program accredited by, or having candidacy status
289 with, the Council on Naturopathic Medical Education or another
290 accrediting agency recognized by the United States Department of

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291 Education or the board.

292 (d) Is physically and mentally fit to practice as a
293 naturopathic doctor.

294 (e) Is of good moral character.

295 (f) Has submitted to the department a set of fingerprints
296 on a form and in accordance with procedures specified by the
297 department, along with payment in an amount equal to the costs
298 incurred by the department for a criminal background check of
299 the applicant.

300 (g) Has obtained a passing score on Part I - Biomedical
301 Science Examination and Part II - Core Clinical Science
302 Examination of the competency-based national Naturopathic
303 Physician Licensing Examination administered by the North
304 American Board of Naturopathic Examiners, or an equivalent
305 examination offered by an equivalent or successor entity, as
306 approved by the board.

307 (2) The department and the board shall ensure that
308 applicants for licensure satisfy the applicable criteria in this
309 section through an investigative process. If the investigative
310 process is not completed within the timeframe established in s.
311 120.60(1) and the department or board has reason to believe that
312 the applicant does not meet such criteria, the State Surgeon
313 General or her or his designee may issue a 90-day licensure
314 delay, which must be in writing and sufficient to notify the
315 applicant of the reason for the delay. This subsection prevails
316 over any conflicting provision of s. 120.60(1).

317 (3) The board may not certify to the department for
318 licensure any applicant who is under investigation in another
319 jurisdiction for an offense that would constitute a violation of

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320 this chapter or chapter 456 until the investigation has been
321 completed.

322 (4) If the board determines that an applicant for licensure
323 has failed to meet, to the board's satisfaction, any of the
324 requirements of this section, the board may take one of the
325 following actions:

326 (a) Refuse to certify to the department an application for
327 licensure.

328 (b) Certify to the department an application for licensure
329 with restrictions on the scope of practice of the naturopathic
330 doctor.

331 (c) Certify to the department an application for licensure
332 with a probationary period for the applicant, subject to such
333 conditions as the board specifies, including, but not limited
334 to, requiring the naturopathic doctor to submit to treatment,
335 attend continuing education courses, submit to reexamination, or
336 work under the supervision of another naturopathic doctor.

337 Section 9. Section 462.008, Florida Statutes, is created to
338 read:

339 462.008 Licensure by endorsement.—The department shall
340 issue a license to practice naturopathic medicine by endorsement
341 to an applicant who, upon applying to the department on forms
342 furnished by the department, the board certifies has met the
343 requirements for licensure by endorsement under s. 456.0145.

344 Section 10. Section 462.08, Florida Statutes, is renumbered
345 as section 462.009, Florida Statutes, and amended to read:

346 462.009 ~~462.08~~ Renewal of license to practice naturopathic
347 medicine naturopathy.—

348 (1) In order to continue practicing naturopathic medicine

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349 in this state, each licensed naturopathic doctor must
350 ~~licenseholder shall~~ biennially renew her or his license to
351 practice naturopathic medicine ~~naturopathy~~. The applicant for
352 license renewal must furnish to the board ~~department~~ such
353 evidence as it requires of the applicant's compliance with s.
354 462.011 ~~s. 462.18~~, relating to continuing education ~~educational~~
355 requirements. The nonrefundable biennial renewal fee, the amount
356 of which shall be determined by the department but which may not
357 exceed \$1,000, must be paid at the time the application for
358 renewal of the license is filed.

359 (2) The department shall adopt rules establishing
360 procedures for the biennial renewal of licenses under this
361 chapter.

362 Section 11. Section 462.18, Florida Statutes, is renumbered
363 as section 462.011, Florida Statutes, and amended to read:

364 462.011 ~~462.18~~ Continuing education ~~Educational~~
365 requirements.-

366 (1) At the time each licensee renews ~~shall renew~~ her or his
367 license as ~~otherwise~~ provided in s. 462.009 ~~this chapter~~, each
368 licensee must, ~~in addition to the payment of the regular renewal~~
369 ~~fee, shall~~ furnish to the department satisfactory evidence that,
370 in the preceding biennial period, the licensee has completed the
371 continuing education requirements of this section.

372 (2) The board shall require each licensee to complete at
373 least 60 hours of continuing education during each biennial
374 renewal period.

375 (a) The board shall approve organizations that accredit
376 naturopathic continuing education providers, including, but not
377 limited to, the American Association of Naturopathic Physicians

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378 and the North American Naturopathic Continuing Education
379 Accreditation Council.

380 (b) The determination of whether substitute continuing
381 education programs are permissible is solely within the
382 discretion of the board.

383 (3) The licensee must use the electronic continuing
384 education tracking system developed by the department under s.
385 456.0361 to demonstrate compliance with the continuing education
386 requirements of this section year preceding each such
387 application for renewal, the licensee has attended the 2-day
388 educational program as promulgated and conducted by the Florida
389 Naturopathic Physicians Association, Inc., or, as a substitute
390 therefor, the equivalent of that program as approved by the
391 department. The department shall send a written notice to this
392 effect to every person holding a valid license to practice
393 naturopathy within this state at least 30 days prior to May 1 in
394 each even-numbered year, directed to the last known address of
395 such licensee, and shall enclose with the notice proper blank
396 forms for application for annual license renewal. All of the
397 details and requirements of the aforesaid educational program
398 shall be adopted and prescribed by the department. In the event
399 of national emergencies, or for sufficient reason, the
400 department shall have the power to excuse the naturopathic
401 physicians as a group or as individuals from taking this
402 postgraduate course.

403 ~~(2) The determination of whether a substitute annual~~
404 ~~educational program is necessary shall be solely within the~~
405 ~~discretion of the department.~~

406 Section 12. Section 462.19, Florida Statutes, is renumbered

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407 as section 462.012, Florida Statutes, and amended to read:

408 462.012 ~~462.19~~ Renewal of license; inactive status;
409 reactivation of license.—

410 (1) A licensee may reactivate an inactive license by
411 applying to the department.

412 (2) The board shall adopt rules relating to the
413 reactivation of licenses that have become inactive and the
414 renewal of inactive licenses. The rules must include continuing
415 education requirements as a condition for reactivating a
416 license. The continuing education requirements for reactivating
417 a license may not be fewer than 20 classroom hours for each year
418 the license was inactive.

419 ~~(1) The department shall renew a license upon receipt of~~
420 ~~the renewal application and fee.~~

421 ~~(2) A licensee may request that her or his license be~~
422 ~~placed in an inactive status by making application to the~~
423 ~~department and paying a fee in an amount set by the department~~
424 ~~not to exceed \$50.~~

425 Section 13. Section 462.14, Florida Statutes, is renumbered
426 as section 462.017, Florida Statutes, and amended to read:

427 462.017 ~~462.14~~ Grounds for disciplinary action; ~~action by~~
428 ~~the department.~~—

429 ~~(1)~~ The following acts constitute grounds for denial of a
430 license or disciplinary action, as specified in s. 456.072(2):

431 (1)(a) Attempting to obtain, obtaining, or renewing a
432 license to practice naturopathic medicine by bribery, by
433 fraudulent misrepresentation, or through an error of the
434 department.

435 (2)(b) Having a license to practice naturopathic medicine

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436 revoked, suspended, or otherwise acted against, including the
437 denial of licensure, by the licensing authority of another
438 state, territory, or country.

439 (3)~~(e)~~ Being convicted or found guilty, regardless of
440 adjudication, of a crime in any jurisdiction which directly
441 relates to the practice of naturopathic medicine or to the
442 ability to practice naturopathic medicine. Any plea of nolo
443 contendere shall be considered a conviction for purposes of this
444 chapter.

445 (4)~~(d)~~ False, deceptive, or misleading advertising related
446 to the practice of naturopathic medicine.

447 (5)~~(e)~~ Advertising, practicing, or attempting to practice
448 under a name other than one's own.

449 (6)~~(f)~~ Failing to report to the department any person who
450 the licensee knows is in violation of this chapter or of the
451 rules of the department. However, a person who the licensee
452 knows is unable to practice naturopathic medicine with
453 reasonable skill and safety to patients by reason of illness or
454 use of alcohol, drugs, narcotics, chemicals, or any other type
455 of material, or as a result of a mental or physical condition,
456 may be reported to a consultant operating an impaired
457 practitioner program as described in s. 456.076 rather than to
458 the department.

459 (7)~~(g)~~ Aiding, assisting, procuring, employing, or advising
460 any unlicensed person to practice naturopathic medicine contrary
461 to this chapter or to a rule of the department.

462 (8)~~(h)~~ Failing to perform any statutory or legal obligation
463 placed upon a licensed naturopathic doctor ~~physician~~.

464 (9)~~(i)~~ Making or filing a report which the licensee knows

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465 to be false, intentionally or negligently failing to file a
466 report or record required by state or federal law, willfully
467 impeding or obstructing such filing or inducing another person
468 to do so. Such reports or records shall include only those which
469 are signed in the capacity as a licensed naturopathic doctor
470 physician.

471 ~~(j) Paying or receiving any commission, bonus, kickback, or~~
472 ~~rebate, or engaging in any split-fee arrangement in any form~~
473 ~~whatsoever with a physician, organization, agency, or person,~~
474 ~~either directly or indirectly, for patients referred to~~
475 ~~providers of health care goods and services, including, but not~~
476 ~~limited to, hospitals, nursing homes, clinical laboratories,~~
477 ~~ambulatory surgical centers, or pharmacies. The provisions of~~
478 ~~This paragraph shall not be construed to prevent a naturopathic~~
479 ~~physician from receiving a fee for professional consultation~~
480 ~~services.~~

481 (10) ~~(k)~~ Exercising influence within a patient-physician
482 relationship for purposes of engaging a patient in sexual
483 activity. A patient is ~~shall be~~ presumed to be incapable of
484 giving free, full, and informed consent to sexual activity with
485 her or his naturopathic doctor physician.

486 ~~(l) Making deceptive, untrue, or fraudulent representations~~
487 ~~in the practice of naturopathic medicine or employing a trick or~~
488 ~~scheme in the practice of naturopathic medicine when such scheme~~
489 ~~or trick fails to conform to the generally prevailing standards~~
490 ~~of treatment in the medical community.~~

491 ~~(m) Soliciting patients, either personally or through an~~
492 ~~agent, through the use of fraud, intimidation, undue influence,~~
493 ~~or a form of overreaching or vexatious conduct. A "solicitation"~~

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494 ~~is any communication which directly or implicitly requests an~~
495 ~~immediate oral response from the recipient.~~

496 (11)~~(n)~~ Failing to keep written medical records justifying
497 the course of treatment of the patient,~~including, but not~~
498 ~~limited to, patient histories, examination results, test~~
499 ~~results, X rays, and records of the prescribing, dispensing and~~
500 ~~administering of drugs.~~

501 (12)~~(o)~~ Exercising influence on the patient ~~or client~~ in
502 such a manner as to exploit the patient ~~or client~~ for the
503 financial gain of the licensee or of a third party,~~which shall~~
504 ~~include, but not be limited to, the promoting or selling of~~
505 ~~services, goods, appliances, or drugs and the promoting or~~
506 ~~advertising on any prescription form of a community pharmacy~~
507 ~~unless the form also states "This prescription may be filled at~~
508 ~~any pharmacy of your choice."~~

509 ~~(p)~~ Performing professional services which have not been
510 duly authorized by the patient or client, or her or his legal
511 representative, except as provided in s. 743.064, s. 766.103, or
512 s. 768.13.

513 ~~(q)~~ Prescribing, dispensing, administering, mixing, or
514 otherwise preparing a legend drug, including any controlled
515 substance, other than in the course of the naturopathic
516 physician's professional practice. For the purposes of this
517 paragraph, it shall be legally presumed that prescribing,
518 dispensing, administering, mixing, or otherwise preparing legend
519 drugs, including all controlled substances, inappropriately or
520 in excessive or inappropriate quantities is not in the best
521 interest of the patient and is not in the course of the
522 naturopathic physician's professional practice, without regard

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523 ~~to her or his intent.~~

524 ~~(r) Prescribing, dispensing, or administering any medicinal~~
525 ~~drug appearing on any schedule set forth in chapter 893 by the~~
526 ~~naturopathic physician to herself or himself, except one~~
527 ~~prescribed, dispensed, or administered to the naturopathic~~
528 ~~physician by another practitioner authorized to prescribe,~~
529 ~~dispense, or administer medicinal drugs.~~

530 ~~(13)(s)~~ Being unable to practice naturopathic medicine with
531 reasonable skill and safety to patients by reason of illness or
532 use of alcohol, drugs, narcotics, chemicals, or any other type
533 of material or as a result of any mental or physical condition.
534 In enforcing this paragraph, ~~the department shall have, upon a~~
535 finding of the State Surgeon General or his or her designee that
536 probable cause exists to believe that the licensee is unable to
537 serve as a naturopathic doctor due to the reasons stated in this
538 paragraph, the department shall have the authority to issue an
539 order to compel the licensee, ~~authority to compel a naturopathic~~
540 ~~physician~~ to submit to a mental or physical examination by a
541 physician ~~physicians~~ designated by the department. If the
542 licensee does not comply with such order, the department's order
543 directing failure of a naturopathic physician to submit to such
544 an examination may be enforced by filing a petition for
545 enforcement in the circuit court for the county in which the
546 naturopathic doctor resides or does business. The naturopathic
547 doctor against whom the petition is filed may not be named or
548 identified by initials in any public court record or document,
549 and the proceedings must be closed to the public. The department
550 is entitled to the summary procedure provided in s. 51.011 ~~when~~
551 ~~so directed shall constitute an admission of the allegations~~

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552 ~~against her or him upon which a default and final order may be~~
553 ~~entered without the taking of testimony or presentation of~~
554 ~~evidence, unless the failure was due to circumstances beyond the~~
555 ~~naturopathic physician's control.~~ A naturopathic doctor subject
556 to an order issued ~~physician affected~~ under this paragraph must,
557 ~~shall~~ at reasonable intervals, be afforded an opportunity to
558 demonstrate that she or he can resume the competent practice of
559 naturopathic medicine with reasonable skill and safety to
560 patients. In any proceeding under this paragraph, neither the
561 record of proceedings nor the orders entered by the department
562 may be used against a naturopathic doctor ~~physician~~ in any other
563 proceeding.

564 (14) ~~(t)~~ Gross or repeated malpractice or the failure to
565 practice naturopathic medicine with that level of care, skill,
566 and treatment which is recognized by a reasonably prudent
567 similar physician as being acceptable under similar conditions
568 and circumstances. ~~The department shall give great weight to the~~
569 ~~provisions of s. 766.102 when enforcing this paragraph.~~

570 ~~(u)~~ ~~Performing any procedure or prescribing any therapy~~
571 ~~which, by the prevailing standards of medical practice in the~~
572 ~~community, constitutes experimentation on a human subject,~~
573 ~~without first obtaining full, informed, and written consent.~~

574 (15) ~~(v)~~ Practicing or offering to practice beyond the scope
575 permitted by law or accepting and performing professional
576 responsibilities which the licensee knows or has reason to know
577 ~~that~~ she or he is not competent to perform.

578 (16) ~~(w)~~ Delegating professional responsibilities to a
579 person when the licensee delegating such responsibilities knows
580 or has reason to know that such person is not qualified by

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581 training, experience, or licensure to perform them.

582 ~~(17)(*)~~ Violating a lawful order of the board the
583 ~~department~~ previously entered in a disciplinary hearing or
584 failing to comply with a lawfully issued subpoena of the board
585 or department.

586 ~~(18)(y)~~ Conspiring with another licensee or with any other
587 person to commit an act, or committing an act, which would tend
588 to coerce, intimidate, or preclude another licensee from
589 lawfully advertising her or his services.

590 (19) Fraud or deceit or gross negligence, incompetence, or
591 misconduct in the operation of a course of study.

592 ~~(z) Procuring, or aiding or abetting in the procuring of,~~
593 ~~an unlawful termination of pregnancy.~~

594 ~~(aa) Presigning blank prescription forms.~~

595 ~~(bb) Prescribing by the naturopathic physician for office~~
596 ~~use any medicinal drug appearing on Schedule II in chapter 893.~~

597 ~~(cc) Prescribing, ordering, dispensing, administering,~~
598 ~~supplying, selling, or giving any drug which is an amphetamine~~
599 ~~or sympathomimetic amine drug, or a compound designated pursuant~~
600 ~~to chapter 893 as a Schedule II controlled substance to or for~~
601 ~~any person except for:~~

602 ~~1. The treatment of narcolepsy; hyperkinesis; behavioral~~
603 ~~syndrome in children characterized by the developmentally~~
604 ~~inappropriate symptoms of moderate to severe distractability,~~
605 ~~short attention span, hyperactivity, emotional lability, and~~
606 ~~impulsivity; or drug-induced brain dysfunction.~~

607 ~~2. The differential diagnostic psychiatric evaluation of~~
608 ~~depression or the treatment of depression shown to be refractory~~
609 ~~to other therapeutic modalities.~~

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610 ~~3. The clinical investigation of the effects of such drugs~~
611 ~~or compounds when an investigative protocol therefor is~~
612 ~~submitted to, reviewed, and approved by the department before~~
613 ~~such investigation is begun.~~

614 ~~(dd) Prescribing, ordering, dispensing, administering,~~
615 ~~supplying, selling, or giving growth hormones, testosterone or~~
616 ~~its analogs, human chorionic gonadotropin (HCG), or other~~
617 ~~hormones for the purpose of muscle building or to enhance~~
618 ~~athletic performance. For the purposes of this subsection, the~~
619 ~~term "muscle building" does not include the treatment of injured~~
620 ~~muscle. A prescription written for the drug products listed~~
621 ~~above may be dispensed by the pharmacist with the presumption~~
622 ~~that the prescription is for legitimate medical use.~~

623 (20) Failing to comply with state, county, or municipal
624 regulations or reporting requirements relating to public health
625 and the control of contagious and infectious diseases.

626 (21)(ee) ~~Violating any provision of this chapter or chapter~~
627 ~~456, or any rule ~~rules~~ adopted pursuant thereto.~~

628 ~~(2) The department may enter an order denying licensure or~~
629 ~~imposing any of the penalties in s. 456.072(2) against any~~
630 ~~applicant for licensure or licensee who is found guilty of~~
631 ~~violating any provision of subsection (1) of this section or who~~
632 ~~is found guilty of violating any provision of s. 456.072(1).~~

633 ~~(3) The department shall not reinstate the license of a~~
634 ~~naturopathic physician until such time as the department is~~
635 ~~satisfied that such person has complied with all the terms and~~
636 ~~conditions set forth in the final order and that such person is~~
637 ~~capable of safely engaging in the practice of naturopathic~~
638 ~~medicine.~~

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639 ~~(4) The department shall by rule establish guidelines for~~
640 ~~the disposition of disciplinary cases involving specific types~~
641 ~~of violations. Such guidelines may include minimum and maximum~~
642 ~~finest, periods of supervision or probation, or conditions of~~
643 ~~probation or reissuance of a license.~~

644 Section 14. Section 462.17, Florida Statutes, is repealed.

645 Section 15. Paragraph (g) of subsection (3) of section
646 20.43, Florida Statutes, is amended to read:

647 20.43 Department of Health.—There is created a Department
648 of Health.

649 (3) The following divisions of the Department of Health are
650 established:

651 (g) Division of Medical Quality Assurance, which is
652 responsible for the following boards and professions established
653 within the division:

654 1. The Board of Acupuncture, created under chapter 457.

655 2. The Board of Medicine, created under chapter 458.

656 3. The Board of Osteopathic Medicine, created under chapter
657 459.

658 4. The Board of Chiropractic Medicine, created under
659 chapter 460.

660 5. The Board of Podiatric Medicine, created under chapter
661 461.

662 6. The Board of Naturopathic Medicine ~~Naturopathy~~, as
663 provided under chapter 462.

664 7. The Board of Optometry, created under chapter 463.

665 8. The Board of Nursing, created under part I of chapter
666 464.

667 9. Nursing assistants, as provided under part II of chapter

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- 668 464.
- 669 10. The Board of Pharmacy, created under chapter 465.
- 670 11. The Board of Dentistry, created under chapter 466.
- 671 12. Midwifery, as provided under chapter 467.
- 672 13. The Board of Speech-Language Pathology and Audiology,
673 created under part I of chapter 468.
- 674 14. The Board of Nursing Home Administrators, created under
675 part II of chapter 468.
- 676 15. The Board of Occupational Therapy, created under part
677 III of chapter 468.
- 678 16. Respiratory therapy, as provided under part V of
679 chapter 468.
- 680 17. Dietetics and nutrition practice, as provided under
681 part X of chapter 468.
- 682 18. The Board of Athletic Training, created under part XIII
683 of chapter 468.
- 684 19. The Board of Orthotists and Prosthetists, created under
685 part XIV of chapter 468.
- 686 20. Electrolysis, as provided under chapter 478.
- 687 21. The Board of Massage Therapy, created under chapter
688 480.
- 689 22. The Board of Clinical Laboratory Personnel, created
690 under part I of chapter 483.
- 691 23. Medical physicists, as provided under part II of
692 chapter 483.
- 693 24. The Board of Opticianry, created under part I of
694 chapter 484.
- 695 25. The Board of Hearing Aid Specialists, created under
696 part II of chapter 484.

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697 26. The Board of Physical Therapy Practice, created under
698 chapter 486.

699 27. The Board of Psychology, created under chapter 490.

700 28. School psychologists, as provided under chapter 490.

701 29. The Board of Clinical Social Work, Marriage and Family
702 Therapy, and Mental Health Counseling, created under chapter
703 491.

704 30. Emergency medical technicians and paramedics, as
705 provided under part III of chapter 401.

706 Section 16. Subsection (2) of section 381.0031, Florida
707 Statutes, is amended to read:

708 381.0031 Epidemiological research; report of diseases of
709 public health significance to department.—

710 (2) Any practitioner licensed in this state to practice
711 medicine, osteopathic medicine, chiropractic medicine,
712 naturopathic medicine ~~naturopathy~~, or veterinary medicine; any
713 licensed pharmacist authorized under a protocol with a
714 supervising physician under s. 465.1895, or a collaborative
715 pharmacy practice agreement, as defined in s. 465.1865, to
716 perform or order and evaluate laboratory and clinical tests; any
717 hospital licensed under part I of chapter 395; or any laboratory
718 appropriately certified by the Centers for Medicare and Medicaid
719 Services under the federal Clinical Laboratory Improvement
720 Amendments and the federal rules adopted thereunder which
721 diagnoses or suspects the existence of a disease of public
722 health significance shall immediately report the fact to the
723 Department of Health.

724 Section 17. Subsection (11) of section 468.301, Florida
725 Statutes, is amended to read:

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726 468.301 Definitions.—As used in this part, the term:

727 (11) "Licensed practitioner" means a person who is licensed
728 or otherwise authorized by law to practice medicine, podiatric
729 medicine, chiropractic, osteopathic medicine, naturopathic medicine
730 ~~naturopathy~~, or chiropractic medicine in this state.

731 Section 18. Subsection (1) of section 476.044, Florida
732 Statutes, is amended to read:

733 476.044 Exemptions.—This chapter does not apply to the
734 following persons when practicing pursuant to their professional
735 responsibilities and duties:

736 (1) Persons authorized under the laws of this state to
737 practice medicine, surgery, osteopathic medicine, chiropractic
738 medicine, naturopathic medicine ~~naturopathy~~, or podiatric
739 medicine;

740 Section 19. Paragraph (a) of subsection (1) of section
741 477.0135, Florida Statutes, is amended to read:

742 477.0135 Exemptions.—

743 (1) This chapter does not apply to the following persons
744 when practicing pursuant to their professional or occupational
745 responsibilities and duties:

746 (a) Persons authorized under the laws of this state to
747 practice medicine, surgery, osteopathic medicine, chiropractic
748 medicine, massage therapy, naturopathic medicine ~~naturopathy~~, or
749 podiatric medicine.

750 Section 20. Subsections (2) and (3) of section 485.003,
751 Florida Statutes, are amended to read:

752 485.003 Definitions.—In construing this chapter, the words,
753 phrases, or terms, unless the context otherwise indicates, shall
754 have the following meanings:

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755 (2) "Healing arts" shall mean the practice of medicine,
756 surgery, psychiatry, dentistry, osteopathic medicine,
757 chiropractic medicine, naturopathic medicine ~~naturopathy~~,
758 podiatric medicine, chiropody, psychology, clinical social work,
759 marriage and family therapy, mental health counseling, and
760 optometry.

761 (3) "Practitioner of the healing arts" shall mean a person
762 licensed under the laws of the state to practice medicine,
763 surgery, psychiatry, dentistry, osteopathic medicine,
764 chiropractic medicine, naturopathic medicine ~~naturopathy~~,
765 podiatric medicine, chiropody, psychology, clinical social work,
766 marriage and family therapy, mental health counseling, or
767 optometry within the scope of his or her professional training
768 and competence and within the purview of the statutes applicable
769 to his or her respective profession, and who may refer a patient
770 for treatment by a qualified person, who shall employ hypnotic
771 techniques under the supervision, direction, prescription, and
772 responsibility of such referring practitioner.

773 Section 21. Subsection (1) of section 486.161, Florida
774 Statutes, is amended to read:

775 486.161 Exemptions.—

776 (1) ~~No provision of This chapter does not shall be~~
777 ~~construed to~~ prohibit any person licensed in this state from
778 using any physical agent as a part of, or incidental to, the
779 lawful practice of her or his profession under the statutes
780 applicable to the profession of chiropractic physician,
781 podiatric physician, doctor of medicine, massage therapist,
782 nurse, osteopathic physician or surgeon, occupational therapist,
783 or naturopathic doctor ~~naturopath~~.

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784 Section 22. Paragraph (h) of subsection (4) of section
785 627.351, Florida Statutes, is amended to read:

786 627.351 Insurance risk apportionment plans.—

787 (4) MEDICAL MALPRACTICE RISK APPORTIONMENT; ASSOCIATION
788 CONTRACTS AND PURCHASES.—

789 (h) As used in this subsection:

790 1. "Health care provider" means hospitals licensed under
791 chapter 395; physicians licensed under chapter 458; osteopathic
792 physicians licensed under chapter 459; podiatric physicians
793 licensed under chapter 461; dentists licensed under chapter 466;
794 chiropractic physicians licensed under chapter 460; naturopathic
795 doctors ~~naturopaths~~ licensed under chapter 462; nurses licensed
796 under part I of chapter 464; midwives licensed under chapter
797 467; physician assistants licensed under chapter 458 or chapter
798 459; physical therapists and physical therapist assistants
799 licensed under chapter 486; health maintenance organizations
800 certificated under part I of chapter 641; ambulatory surgical
801 centers licensed under chapter 395; other medical facilities as
802 defined in subparagraph 2.; blood banks, plasma centers,
803 industrial clinics, and renal dialysis facilities; or
804 professional associations, partnerships, corporations, joint
805 ventures, or other associations for professional activity by
806 health care providers.

807 2. "Other medical facility" means a facility the primary
808 purpose of which is to provide human medical diagnostic services
809 or a facility providing nonsurgical human medical treatment, to
810 which facility the patient is admitted and from which facility
811 the patient is discharged within the same working day, and which
812 facility is not part of a hospital. However, a facility existing

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813 for the primary purpose of performing terminations of pregnancy
814 or an office maintained by a physician or dentist for the
815 practice of medicine may not be construed to be an "other
816 medical facility."

817 3. "Health care facility" means any hospital licensed under
818 chapter 395, health maintenance organization certificated under
819 part I of chapter 641, ambulatory surgical center licensed under
820 chapter 395, or other medical facility as defined in
821 subparagraph 2.

822 Section 23. Subsection (23) of section 893.02, Florida
823 Statutes, is amended to read:

824 893.02 Definitions.—The following words and phrases as used
825 in this chapter shall have the following meanings, unless the
826 context otherwise requires:

827 (23) "Practitioner" means a physician licensed under
828 chapter 458, a dentist licensed under chapter 466, a
829 veterinarian licensed under chapter 474, an osteopathic
830 physician licensed under chapter 459, an advanced practice
831 registered nurse licensed under chapter 464, a naturopathic
832 doctor ~~naturopath~~ licensed under chapter 462, a certified
833 optometrist licensed under chapter 463, a psychiatric nurse as
834 defined in s. 394.455, a podiatric physician licensed under
835 chapter 461, or a physician assistant licensed under chapter 458
836 or chapter 459, provided such practitioner holds a valid federal
837 controlled substance registry number.

838 Section 24. Paragraph (g) of subsection (3) of section
839 921.0022, Florida Statutes, is amended to read:

840 921.0022 Criminal Punishment Code; offense severity ranking
841 chart.—

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842	(3)	OFFENSE SEVERITY RANKING CHART	
843	(g)	LEVEL 7	
844			
845			
	Florida	Felony	Description
	Statute	Degree	
846	316.027(2)(c)	1st	Accident involving death, failure to stop; leaving scene.
847	316.193(3)(c)2.	3rd	DUI resulting in serious bodily injury.
848	316.1935(3)(b)	1st	Causing serious bodily injury or death to another person; driving at high speed or with wanton disregard for safety while fleeing or attempting to elude law enforcement officer who is in a patrol vehicle with siren and lights activated.
849	327.35(3)(a)3.b.	3rd	Vessel BUI resulting in serious bodily injury.
850	402.319(2)	2nd	Misrepresentation and negligence or intentional act resulting in great bodily harm, permanent disfiguration,

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permanent disability, or death.

851

409.920 3rd Medicaid provider fraud;
(2) (b) 1.a. \$10,000 or less.

852

409.920 2nd Medicaid provider fraud; more
(2) (b) 1.b. than \$10,000, but less than
\$50,000.

853

456.065 (2) 3rd Practicing a health care
profession without a license.

854

456.065 (2) 2nd Practicing a health care
profession without a license
which results in serious bodily
injury.

855

458.327 (1) 3rd Practicing medicine without a
license.

856

459.013 (1) 3rd Practicing osteopathic medicine
without a license.

857

460.411 (1) 3rd Practicing chiropractic
medicine without a license.

858

461.012 (1) 3rd Practicing podiatric medicine
without a license.

859

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860	462.17	3rd	Practicing naturopathy without a license.
861	463.015 (1)	3rd	Practicing optometry without a license.
862	464.016 (1)	3rd	Practicing nursing without a license.
863	465.015 (2)	3rd	Practicing pharmacy without a license.
864	466.026 (1)	3rd	Practicing dentistry or dental hygiene without a license.
865	467.201	3rd	Practicing midwifery without a license.
866	468.366	3rd	Delivering respiratory care services without a license.
867	483.828 (1)	3rd	Practicing as clinical laboratory personnel without a license.
868	483.901 (7)	3rd	Practicing medical physics without a license.
	484.013 (1) (c)	3rd	Preparing or dispensing optical

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devices without a prescription.

869

484.053

3rd

Dispensing hearing aids without a license.

870

494.0018(2)

1st

Conviction of any violation of chapter 494 in which the total money and property unlawfully obtained exceeded \$50,000 and there were five or more victims.

871

560.123(8)(b)1.

3rd

Failure to report currency or payment instruments exceeding \$300 but less than \$20,000 by a money services business.

872

560.125(5)(a)

3rd

Money services business by unauthorized person, currency or payment instruments exceeding \$300 but less than \$20,000.

873

655.50(10)(b)1.

3rd

Failure to report financial transactions exceeding \$300 but less than \$20,000 by financial institution.

874

775.21(10)(a)

3rd

Sexual predator; failure to

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register; failure to renew driver license or identification card; other registration violations.

875

775.21(10)(b) 3rd Sexual predator working where children regularly congregate.

876

775.21(10)(g) 3rd Failure to report or providing false information about a sexual predator; harbor or conceal a sexual predator.

877

782.051(3) 2nd Attempted felony murder of a person by a person other than the perpetrator or the perpetrator of an attempted felony.

878

782.07(1) 2nd Killing of a human being by the act, procurement, or culpable negligence of another (manslaughter).

879

782.071 2nd Killing of a human being or unborn child by the operation of a motor vehicle in a reckless manner (vehicular homicide).

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880
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782.072	2nd	Killing of a human being by the operation of a vessel in a reckless manner (vessel homicide).
784.045 (1) (a) 1.	2nd	Aggravated battery; intentionally causing great bodily harm or disfigurement.
784.045 (1) (a) 2.	2nd	Aggravated battery; using deadly weapon.
784.045 (1) (b)	2nd	Aggravated battery; perpetrator aware victim pregnant.
784.048 (4)	3rd	Aggravated stalking; violation of injunction or court order.
784.048 (7)	3rd	Aggravated stalking; violation of court order.
784.07 (2) (d)	1st	Aggravated battery on law enforcement officer.
784.074 (1) (a)	1st	Aggravated battery on sexually violent predators facility staff.

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- 889
784.08 (2) (a)
1st
Aggravated battery on a person
65 years of age or older.
- 890
784.081 (1)
1st
Aggravated battery on specified
official or employee.
- 891
784.082 (1)
1st
Aggravated battery by detained
person on visitor or other
detainee.
- 892
784.083 (1)
1st
Aggravated battery on code
inspector.
- 893
787.025 (2) (b)
2nd
Luring or enticing a child;
second or subsequent offense.
- 894
787.025 (2) (c)
2nd
Luring or enticing a child with
a specified prior conviction.
- 895
787.06 (3) (a) 2.
1st
Human trafficking using
coercion for labor and services
of an adult.
- 896
787.06 (3) (e) 2.
1st
Human trafficking using
coercion for labor and services
by the transfer or transport of
an adult from outside Florida
to within the state.

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897	790.07(4)	1st	Specified weapons violation subsequent to previous conviction of s. 790.07(1) or (2).
898	790.16(1)	1st	Discharge of a machine gun under specified circumstances.
899	790.165(2)	2nd	Manufacture, sell, possess, or deliver hoax bomb.
900	790.165(3)	2nd	Possessing, displaying, or threatening to use any hoax bomb while committing or attempting to commit a felony.
901	790.166(3)	2nd	Possessing, selling, using, or attempting to use a hoax weapon of mass destruction.
902	790.166(4)	2nd	Possessing, displaying, or threatening to use a hoax weapon of mass destruction while committing or attempting to commit a felony.
	790.23	1st, PBL	Possession of a firearm by a person who qualifies for the penalty enhancements provided

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for in s. 874.04.

903

794.08(4) 3rd Female genital mutilation;
consent by a parent, guardian,
or a person in custodial
authority to a victim younger
than 18 years of age.

904

796.05(1) 1st Live on earnings of a
prostitute; 2nd offense.

905

796.05(1) 1st Live on earnings of a
prostitute; 3rd and subsequent
offense.

906

800.04(5)(c)1. 2nd Lewd or lascivious molestation;
victim younger than 12 years of
age; offender younger than 18
years of age.

907

800.04(5)(c)2. 2nd Lewd or lascivious molestation;
victim 12 years of age or older
but younger than 16 years of
age; offender 18 years of age
or older.

908

800.04(5)(e) 1st Lewd or lascivious molestation;
victim 12 years of age or older
but younger than 16 years;

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offender 18 years or older;
 prior conviction for specified
 sex offense.

909

806.01(2) 2nd Maliciously damage structure by
 fire or explosive.

910

810.02(3)(a) 2nd Burglary of occupied dwelling;
 unarmed; no assault or battery.

911

810.02(3)(b) 2nd Burglary of unoccupied
 dwelling; unarmed; no assault
 or battery.

912

810.02(3)(d) 2nd Burglary of occupied
 conveyance; unarmed; no assault
 or battery.

913

810.02(3)(e) 2nd Burglary of authorized
 emergency vehicle.

914

812.014(2)(a)1. 1st Property stolen, valued at
 \$100,000 or more or a
 semitrailer deployed by a law
 enforcement officer; property
 stolen while causing other
 property damage; 1st degree
 grand theft.

915

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916

812.014 (2) (b) 2. 2nd Property stolen, cargo valued
at less than \$50,000, grand
theft in 2nd degree.

917

812.014 (2) (b) 3. 2nd Property stolen, emergency
medical equipment; 2nd degree
grand theft.

918

812.014 (2) (b) 4. 2nd Property stolen, law
enforcement equipment from
authorized emergency vehicle.

919

812.014 (2) (g) 2nd Grand theft; second degree;
firearm with previous
conviction of s.
812.014 (2) (c) 5.

920

812.0145 (2) (a) 1st Theft from person 65 years of
age or older; \$50,000 or more.

921

812.019 (2) 1st Stolen property; initiates,
organizes, plans, etc., the
theft of property and traffics
in stolen property.

922

812.131 (2) (a) 2nd Robbery by sudden snatching.

812.133 (2) (b) 1st Carjacking; no firearm, deadly
weapon, or other weapon.

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923

817.034 (4) (a) 1. 1st Communications fraud, value
greater than \$50,000.

924

817.234 (8) (a) 2nd Solicitation of motor vehicle
accident victims with intent to
defraud.

925

817.234 (9) 2nd Organizing, planning, or
participating in an intentional
motor vehicle collision.

926

817.234 (11) (c) 1st Insurance fraud; property value
\$100,000 or more.

927

817.2341 1st Making false entries of
(2) (b) & material fact or false
(3) (b) statements regarding property
values relating to the solvency
of an insuring entity which are
a significant cause of the
insolvency of that entity.

928

817.418 (2) (a) 3rd Offering for sale or
advertising personal protective
equipment with intent to
defraud.

929

817.504 (1) (a) 3rd Offering or advertising a

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vaccine with intent to defraud.

930

817.535 (2) (a) 3rd Filing false lien or other
unauthorized document.

931

817.611 (2) (b) 2nd Traffic in or possess 15 to 49
counterfeit credit cards or
related documents.

932

825.102 (3) (b) 2nd Neglecting an elderly person or
disabled adult causing great
bodily harm, disability, or
disfigurement.

933

825.103 (3) (b) 2nd Exploiting an elderly person or
disabled adult and property is
valued at \$10,000 or more, but
less than \$50,000.

934

827.03 (2) (b) 2nd Neglect of a child causing
great bodily harm, disability,
or disfigurement.

935

827.04 (3) 3rd Impregnation of a child under
16 years of age by person 21
years of age or older.

936

827.071 (2) & (3) 2nd Use or induce a child in a
sexual performance, or promote

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or direct such performance.

937

827.071 (4) 2nd Possess with intent to promote any photographic material, motion picture, etc., which includes child pornography.

938

837.05 (2) 3rd Giving false information about alleged capital felony to a law enforcement officer.

939

838.015 2nd Bribery.

940

838.016 2nd Unlawful compensation or reward for official behavior.

941

838.021 (3) (a) 2nd Unlawful harm to a public servant.

942

838.22 2nd Bid tampering.

943

843.0855 (2) 3rd Impersonation of a public officer or employee.

944

843.0855 (3) 3rd Unlawful simulation of legal process.

945

843.0855 (4) 3rd Intimidation of a public officer or employee.

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946

847.0135 (3) 3rd Solicitation of a child, via a computer service, to commit an unlawful sex act.

947

847.0135 (4) 2nd Traveling to meet a minor to commit an unlawful sex act.

948

872.06 2nd Abuse of a dead human body.

949

874.05 (2) (b) 1st Encouraging or recruiting person under 13 to join a criminal gang; second or subsequent offense.

950

874.10 1st,PBL Knowingly initiates, organizes, plans, finances, directs, manages, or supervises criminal gang-related activity.

951

893.13 (1) (c) 1. 1st Sell, manufacture, or deliver cocaine (or other drug prohibited under s. 893.03 (1) (a), (1) (b), (1) (d), (2) (a), (2) (b), or (2) (c) 5.) within 1,000 feet of a child care facility, school, or state, county, or municipal park or publicly owned

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recreational facility or
community center.

952

893.13(1)(e)1. 1st Sell, manufacture, or deliver
cocaine or other drug
prohibited under s.
893.03(1)(a), (1)(b), (1)(d),
(2)(a), (2)(b), or (2)(c)5.,
within 1,000 feet of property
used for religious services or
a specified business site.

953

893.13(4)(a) 1st Use or hire of minor; deliver
to minor other controlled
substance.

954

893.135(1)(a)1. 1st Trafficking in cannabis, more
than 25 lbs., less than 2,000
lbs.

955

893.135 1st Trafficking in cocaine, more
(1)(b)1.a. than 28 grams, less than 200
grams.

956

893.135 1st Trafficking in illegal drugs,
(1)(c)1.a. more than 4 grams, less than 14
grams.

957

893.135 1st Trafficking in hydrocodone, 28

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(1) (c) 2.a.

grams or more, less than 50
grams.

958

893.135

1st

Trafficking in hydrocodone, 50
grams or more, less than 100
grams.

(1) (c) 2.b.

959

893.135

1st

Trafficking in oxycodone, 7
grams or more, less than 14
grams.

(1) (c) 3.a.

960

893.135

1st

Trafficking in oxycodone, 14
grams or more, less than 25
grams.

(1) (c) 3.b.

961

893.135

1st

Trafficking in fentanyl, 4
grams or more, less than 14
grams.

(1) (c) 4.b. (I)

962

893.135

1st

Trafficking in phencyclidine,
28 grams or more, less than 200
grams.

(1) (d) 1.a.

963

893.135 (1) (e) 1.

1st

Trafficking in methaqualone,
200 grams or more, less than 5
kilograms.

964

893.135 (1) (f) 1.

1st

Trafficking in amphetamine, 14
grams or more, less than 28

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grams.

965

893.135 1st Trafficking in flunitrazepam, 4
 (1) (g) 1.a. grams or more, less than 14
 grams.

966

893.135 1st Trafficking in gamma-
 (1) (h) 1.a. hydroxybutyric acid (GHB), 1
 kilogram or more, less than 5
 kilograms.

967

893.135 1st Trafficking in 1,4-Butanediol,
 (1) (j) 1.a. 1 kilogram or more, less than 5
 kilograms.

968

893.135 1st Trafficking in Phenethylamines,
 (1) (k) 2.a. 10 grams or more, less than 200
 grams.

969

893.135 1st Trafficking in synthetic
 (1) (m) 2.a. cannabinoids, 280 grams or
 more, less than 500 grams.

970

893.135 1st Trafficking in synthetic
 (1) (m) 2.b. cannabinoids, 500 grams or
 more, less than 1,000 grams.

971

893.135 1st Trafficking in n-benzyl
 (1) (n) 2.a. phenethylamines, 14 grams or

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more, less than 100 grams.

972

893.1351(2)

2nd

Possession of place for trafficking in or manufacturing of controlled substance.

973

896.101(5)(a)

3rd

Money laundering, financial transactions exceeding \$300 but less than \$20,000.

974

896.104(4)(a)1.

3rd

Structuring transactions to evade reporting or registration requirements, financial transactions exceeding \$300 but less than \$20,000.

975

943.0435(4)(c)

2nd

Sexual offender vacating permanent residence; failure to comply with reporting requirements.

976

943.0435(8)

2nd

Sexual offender; remains in state after indicating intent to leave; failure to comply with reporting requirements.

977

943.0435(9)(a)

3rd

Sexual offender; failure to comply with reporting requirements.

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978

943.0435 (13) 3rd Failure to report or providing false information about a sexual offender; harbor or conceal a sexual offender.

979

943.0435 (14) 3rd Sexual offender; failure to report and reregister; failure to respond to address verification; providing false registration information.

980

944.607 (9) 3rd Sexual offender; failure to comply with reporting requirements.

981

944.607 (10) (a) 3rd Sexual offender; failure to submit to the taking of a digitized photograph.

982

944.607 (12) 3rd Failure to report or providing false information about a sexual offender; harbor or conceal a sexual offender.

983

944.607 (13) 3rd Sexual offender; failure to report and reregister; failure to respond to address verification; providing false

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registration information.

984

985.4815(10)

3rd

Sexual offender; failure to submit to the taking of a digitized photograph.

985

985.4815(12)

3rd

Failure to report or providing false information about a sexual offender; harbor or conceal a sexual offender.

986

985.4815(13)

3rd

Sexual offender; failure to report and reregister; failure to respond to address verification; providing false registration information.

987

988

Section 25. This act shall take effect December 31, 2026.



The Florida Senate

Committee Agenda Request

To: Senator Colleen Burton, Chair
Committee on Health Policy

Subject: Committee Agenda Request

Date: February 6, 2026

I respectfully request that **Senate Bill 688**, relating to Naturopathic Medicine, be placed on the:

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

A handwritten signature in black ink, appearing to read "A. Rodriguez".

Senator Ana Maria Rodriguez
Florida Senate, District 40

Tab 8

The Florida Senate

APPEARANCE RECORD

SB 688:Naturopathic Medicine

02/11/2026

Meeting Date

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

Bill Number or Topic

Health Policy

Committee

Amendment Barcode (if applicable)

Name Stacy Skinner

Phone 321.287.0281

Address PO BOX 15033

Email eduk8m@gmail.com

Street

Tallahassee

FL

32317

City

State

Zip

Speaking: For Against Information OR Waive Speaking: In Support Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

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

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

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

S-001 (08/10/2021)

2/11/26

Meeting Date

Health Policy

Committee

Name Dr. Ramona Shires

Address 410 E Oakfield Rd

Street

Pensacola

City

FL

State

32503

Zip

Phone 850-637-3142

Email ramonashires@gmail.com

The Florida Senate
APPEARANCE RECORD

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SB688

Bill Number or Topic

Amendment Barcode (if applicable)

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

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

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

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. 511.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

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S-001 (08/10/2021)

2-11-2021

Meeting Date

The Florida Senate APPEARANCE RECORD

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5B 688

Bill Number or Topic

Committee

Amendment Barcode (if applicable)

Name Roberta Renault

Phone 850-264-9330

Address 2700 Welanue Blvd #1107

Email RobertaMRenault@gmail

Street

Tallahassee FL 32308

City

State

Zip

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

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

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

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

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S-001 (08/10/2021)

The Florida Senate

APPEARANCE RECORD

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SB 688

Bill Number or Topic

2/11/26

Meeting Date

Health Policy

Committee

Amendment Barcode (if applicable)

Name Todd Robinson

Phone 904-207-3434

Address 414 3rd Ave. N.

Email President@fnpa.org

Street

Jax Beach FL 32250

City

State

Zip

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

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

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

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

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S-001 (08/10/2021)

The Florida Senate

APPEARANCE RECORD

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688

Bill Number or Topic

Amendment Barcode (if applicable)

2/11/26

Meeting Date

Health Policy

Committee

Name

James Munro

Phone

808 772 6920

Address

8681 Vista Point Cv

Email

JamesMunro@gmail.com

Street

Orlando

City

FL

State

32836

Zip

Speaking:



For



Against



Information

OR

Waive Speaking:



In Support



Against

PLEASE CHECK ONE OF THE FOLLOWING:



I am appearing without compensation or sponsorship.



I am a registered lobbyist, representing:



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

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

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S-001 (08/10/2021)

The Florida Senate

APPEARANCE RECORD

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2/11/26

Meeting Date

SB 688

Bill Number or Topic

Health Policy

Committee

Amendment Barcode (if applicable)

Name Susan Farris

Phone 804-605-7101

Address 545 Oxford Ave

Email susanacfarris@gmail.com

Street

Melbourne

City

FL

State

32935

Zip

Speaking:

For

Against

Information

OR

Waive Speaking:

In Support

Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

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

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

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

2/11/2026

Meeting Date

Health Policy

Committee

The Florida Senate

APPEARANCE RECORD

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

688 Naturopathic Med

Bill Number or Topic

Amendment Barcode (if applicable)

Name **Jarrold Fowler**

Phone **8502246496**

Address **1430 Piedmont Drive E**

Email **jfowler@flmedical.org**

Street

Tallahassee

FL

32308

City

State

Zip

Speaking:

For

Against

Information

OR

Waive Speaking:

In Support

Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without
compensation or sponsorship.

I am a registered lobbyist,
representing:

Florida Medical Association

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

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

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S-001 (08/10/2021)

2-11-26

The Florida Senate
APPEARANCE RECORD

688

Meeting Date

Bill Number or Topic

Health Policy

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

Committee

Amendment Barcode (if applicable)

Name Daniel Martinez

Phone (305) 240-2917

Address 107 E College Ave

Email DMartinez2@AFPHQ.org

Street

Tallahassee FL

32301

City

State

Zip

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

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

Americans for Prosperity

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

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

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S-001 (08/10/2021)

2/11/26

Meeting Date

The Florida Senate APPEARANCE RECORD

SB 688

Bill Number or Topic

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Committee

Amendment Barcode (if applicable)

Name Maddie Garvia

Phone 9545937546

Address 444 Ne 7th St
Street

Email maddie@mahainstitute.us

Fort Lauderdale FL
City State

33304
Zip

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

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

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

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

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S-001 (08/10/2021)

The Florida Senate

APPEARANCE RECORD

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2-11-26

Meeting Date

SB688

Bill Number or Topic

Health Policy

Committee

Amendment Barcode (if applicable)

Name Jason D. Winn

Phone 850/222-5702

Address 106 E. College Ave, Suite 1500

Street

Email jwinn@llw-law.com

Tall. FL 32301

City

State

Zip

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

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

Florida Osteopathic Medical Assoc.

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

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

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S-001 (08/10/2021)

The Florida Senate

APPEARANCE RECORD

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SB 688

Bill Number or Topic

Amendment Barcode (if applicable)

Meeting Date

Committee

Name

SCOTT WISEMAN

Phone

Address

1310 SW 4th St

Email

Street

FTL

City

FL

State

33312

Zip

Speaking:

For

Against

Information

OR

Waive Speaking:

In Support

Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

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

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

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

S-001 (08/10/2021)

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

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

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

BILL: CS/SB 1414

INTRODUCER: Health Policy Committee and Senator Polsky

SUBJECT: Education on Congenital Cytomegalovirus

DATE: February 12, 2026

REVISED: _____

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

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/SB 1414 requires the creation and distribution of educational materials related to congenital cytomegalovirus (CMV).

The bill requires the Department of Health (DOH) to develop educational materials on CMV and specifies what must, at a minimum, be included in the materials. The educational materials must be distributed to expectant and new parents as part of any maternity, parental, or newborn services or education provided by a hospital, birth center, or obstetrics and gynecology (OB/GYN) physician practice in Florida, and the DOH must provide the educational materials to child care facilities and any other entity deemed relevant by the DOH.

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

II. Present Situation:

Cytomegalovirus

Cytomegalovirus is a common virus for people of all ages; however, a healthy person's immune system usually keeps the virus from causing illness.¹ In the United States, nearly one in three children are already infected with CMV by age five. Over half of adults have been infected with

¹ U.S. Centers for Disease Control and Prevention, *About Cytomegalovirus (CMV)*, available at: <https://www.cdc.gov/cytomegalovirus/about/> (last visited Feb. 3, 2026).

CMV by age 40. Once CMV is in a person's body, it stays there for life and can reactivate. A person can also be re-infected with a different strain (variety) of the virus. Most people with CMV infection have no symptoms and are not aware that they have been infected.²

A pregnant woman can pass CMV to her unborn baby. The virus in the woman's blood can cross through the placenta and infect the baby. This can happen when a pregnant woman is infected with CMV for the first time or is infected with CMV again during pregnancy.³

Some babies with congenital CMV infection have health problems that are apparent at birth or that develop later during infancy or childhood. In the most severe cases, CMV can cause the death of an unborn baby (pregnancy loss).

Some babies with congenital CMV infection have signs at birth. These signs include:

- Rash.
- Jaundice (yellowing of the skin or whites of the eyes).
- Microcephaly (small head).
- Low birth weight.
- Hepatosplenomegaly (enlarged liver and spleen).
- Seizures.
- Retinitis (damaged eye retina).

Some babies with signs of congenital CMV infection at birth may have long-term health problems, such as:

- Hearing loss.
- Developmental and motor delay.
- Vision loss.
- Microcephaly (small head).
- Seizures.

Some babies without signs of congenital CMV infection at birth may have hearing loss. Hearing loss may be present at birth or may develop later, even in babies who pass the newborn hearing test.⁴

CMV is the most common infectious cause of birth defects in the United States. About one out of 200 babies are born with congenital CMV. One out of five babies with congenital CMV will have symptoms or long-term health problems, such as hearing loss. Hearing loss may progress from mild to severe during the first two years of life, which is a critical period for language learning. Over time, hearing loss can affect a child's ability to develop communication, language, and social skills.

² *Id.*

³ U.S. Centers for Disease Control and Prevention, *Babies Born with Congenital Cytomegalovirus (CMV)*, available at: <https://www.cdc.gov/cytomegalovirus/congenital-infection/> (last visited Feb. 3, 2026).

⁴ *Id.*

Babies who show signs of congenital CMV disease can be treated with medicines called antivirals. Antivirals may decrease the severity of hearing loss. Babies who get treated with antivirals should be closely monitored by their doctor because of possible side effects.⁵

III. Effect of Proposed Changes:

Section 1 of the bill creates s. 383.142, F.S., to require the DOH to, in consultation with medical experts, develop educational materials on CMV to be distributed to expectant and new parents or caregivers as part of any maternity, prenatal, or newborn services or education provided by hospitals, birth centers, or OB/GYN physician practices in Florida. The materials must, at a minimum, include:

- The causes, symptoms, and effects of CMV infection and the ways it can be prevented. The materials must emphasize the fact that the virus can spread from person to person without detection and can be particularly dangerous if transmitted from a pregnant woman to her child as congenital CMV.
- The manner in which congenital CMV, if contracted, can lead to neurological issues, such as seizures, cerebral palsy, and developmental delays; sensory loss, such as hearing and vision loss; physical problems, such as low birth weight, jaundice, and enlarged liver and spleen; and, in severe cases, pregnancy loss. The materials must emphasize the importance of early testing for congenital CMV in newborns and infants to preserve their health and prevent lifelong health complications.
- The newborn, infant, and toddler hearing screening requirements in s. 383.145, F.S.

The bill requires each hospital, birth center, and OB/GYN physician practice in this state providing maternity, prenatal, or newborn services or education to provide the educational materials developed by the DOH under this section to expectant or new parents or caregivers receiving such services or education. The bill also requires the DOH to provide the educational materials to child care facilities and any other entity deemed relevant by the DOH.

Section 2 provides an effective date of July 1, 2026.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

⁵ U.S. Centers for Disease Control and Prevention, *Congenital CMV and Hearing Loss*, available at: <https://www.cdc.gov/cytomegalovirus/congenital-infection/hearing-loss.html> (last visited Feb. 3, 2026).

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

The bill may have an indeterminate negative fiscal impact on the DOH related to developing and distributing the required educational materials.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill creates section 383.142 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 February 11, 2026:

The CS removes provisions in the underlying bill related to continuing education for health care practitioners.

B. Amendments:

None.



202186

LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
02/12/2026	.	
	.	
	.	
	.	

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

Senate Amendment (with title amendment)

Delete lines 72 - 110.

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

And the title is amended as follows:

Delete lines 14 - 31

and insert:

facilities; providing an

By Senator Polsky

30-01532B-26

20261414__

1 A bill to be entitled
2 An act relating to education on congenital
3 cytomegalovirus; creating s. 383.142, F.S.; requiring
4 the Department of Health, in consultation with medical
5 experts identified by the department, to develop
6 educational materials on congenital cytomegalovirus
7 for distribution to expectant and new parents or
8 caregivers; providing requirements for such
9 educational materials; requiring certain hospitals,
10 birth centers, and obstetrics and gynecology physician
11 practices to provide the educational materials to such
12 parents and caregivers; requiring the department to
13 provide the educational materials to child care
14 facilities; creating s. 456.0302, F.S.; requiring the
15 licensing boards of certain health care practitioners,
16 beginning on a specified date, to require such
17 practitioners to complete a board-approved course on
18 congenital cytomegalovirus as a part of initial
19 licensure and every other licensure renewal;
20 specifying requirements for the course; requiring such
21 health care practitioners to submit confirmation of
22 having completed the course in a specified manner;
23 requiring the boards to include the hour required for
24 completion of the course in the total hours of
25 continuing education required for such profession,
26 with an exception; authorizing a person holding two or
27 more licenses subject to the continuing education
28 requirement to show proof of completion of the course
29 for purposes of relicensure for additional licenses;

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30 providing for disciplinary action; authorizing the
31 applicable boards to adopt rules; providing an
32 effective date.

33
34 Be It Enacted by the Legislature of the State of Florida:

35
36 Section 1. Section 383.142, Florida Statutes, is created to
37 read:

38 383.142 Education on congenital cytomegalovirus.—The
39 Department of Health, in consultation with medical experts
40 identified by the department, shall develop educational
41 materials on congenital cytomegalovirus to be distributed to
42 expectant and new parents or caregivers as part of any
43 maternity, prenatal, or newborn services or education provided
44 by hospitals, birth centers, or obstetrics and gynecology
45 physician practices in this state.

46 (1) The educational materials must include, but need not be
47 limited to, an explanation of all of the following:

48 (a) The causes, symptoms, and effects of cytomegalovirus
49 infection and the ways it can be prevented. The materials must
50 emphasize the fact that the virus can spread from person to
51 person without detection and can be particularly dangerous if
52 transmitted from a pregnant woman to her child as congenital
53 cytomegalovirus.

54 (b) The manner in which congenital cytomegalovirus, if
55 contracted, can lead to neurological issues, such as seizures,
56 cerebral palsy, and developmental delays; sensory loss, such as
57 hearing and vision loss; physical problems, such as low birth
58 weight, jaundice, and enlarged liver and spleen; and, in severe

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59 cases, pregnancy loss. The materials must emphasize the
60 importance of early testing for congenital cytomegalovirus in
61 newborns and infants to preserve their health and prevent
62 lifelong health complications.

63 (c) The screening requirements of s. 383.145.

64 (2) Each hospital, birth center, and obstetrics and
65 gynecology physician practice in this state providing maternity,
66 prenatal, or newborn services or education shall provide the
67 educational materials developed by the department under this
68 section to expectant or new parents or caregivers receiving such
69 services or education. The department shall provide the
70 educational materials to child care facilities and any other
71 entity deemed relevant by the department.

72 Section 2. Section 456.0302, Florida Statutes, is created
73 to read:

74 456.0302 Requirement for instruction on congenital
75 cytomegalovirus.-

76 (1) Beginning July 1, 2026, the applicable board shall
77 require each person licensed under chapter 458, chapter 459,
78 part I of chapter 464, or chapter 467 to complete a 1-hour
79 continuing education course, approved by the board, on
80 congenital cytomegalovirus as part of initial licensure and
81 every other biennial licensure renewal. The approved course must
82 include instruction on all of the following:

83 (a) The causes, symptoms, and effects of cytomegalovirus
84 infection and the ways it can be prevented.

85 (b) The manner in which congenital cytomegalovirus, if
86 contracted, can lead to neurological issues, sensory loss,
87 physical problems, and, in severe cases, pregnancy loss.

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20261414__

88 (c) The screening requirements of s. 383.145 and the
89 importance of early testing for congenital cytomegalovirus in
90 newborns and infants to preserve their health and prevent
91 lifelong health complications.

92 (2) Each such licensee must submit confirmation of having
93 completed such course, on a form provided by the board, when
94 submitting fees for every other biennial licensure renewal.

95 (3) Each board that requires a licensee to complete
96 continuing education under this section shall include the hour
97 required for completion of the course in the total hours of
98 continuing education required by law for such profession unless
99 the continuing education requirements for such profession
100 consist of fewer than 30 hours biennially.

101 (4) A person holding two or more licenses subject to this
102 section may show proof of having completed one board-approved
103 course on congenital cytomegalovirus for purposes of relicensure
104 for additional licenses.

105 (5) Failure to comply with the requirements of this section
106 constitutes grounds for disciplinary action under each
107 respective practice act and under s. 456.072(1)(k). In addition
108 to discipline by the board, the licensee must be required to
109 complete such course.

110 (6) Each board may adopt rules to implement this section.

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



THE FLORIDA SENATE

Tallahassee, Florida 32399-1100

COMMITTEES:

Appropriations on Transportation, Tourism, and
Economic Development, *Vice Chair*
Appropriations
Appropriations on Criminal and Civil Justice
Environment and Natural Resources
Ethics and Elections
Governmental Oversight and Accountability
Judiciary

SELECT COMMITTEE:

Joint Select Committee on Collective Bargaining

SENATOR TINA SCOTT POLSKY

30th District

January 26, 2026

Chairwoman Colleen Burton
Committee on Health Policy
530 Knott Building
404 S. Monroe Street
Tallahassee, FL 32399-1100

Chairwoman Burton,

I respectfully request that you place SB 1414, relating to Education on Congenital Cytomegalovirus on the agenda of the Committee on Health Policy, at your earliest convenience.

Should you have any questions or concerns, please feel free to contact me or my office. Thank you in advance for your consideration.

Kindest Regards,

Senator Tina S. Polsky
Florida Senate, District 30

cc: Allen Brown, Staff Director
Anhar Al-Asadi, Administrative Assistant

REPLY TO:

- 5301 North Federal Highway, Suite 135, Boca Raton, Florida 33487 (561) 443-8170
- 220 Senate Building, 404 South Monroe Street, Tallahassee, Florida 32399-1100 (850) 487-5030

Senate's Website: www.flsenate.gov

BEN ALBRITTON
President of the Senate

JASON BRODEUR
President Pro Tempore

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

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

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

BILL: CS/SB 186
INTRODUCER: Health Policy Committee and Senator Garcia
SUBJECT: Student Health and Safety
DATE: February 12, 2026 **REVISED:** _____

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

Please see Section IX. for Additional Information:
COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/SB 186 amends s. 1006.0626, F.S., within the Early Learning-20 Education Code, to modify current-law requirements for public schools to provide epilepsy or seizure disorder care to students.

The bill specifies that “school” includes a charter school under s. 1002.33, F.S., and provides that written orders from a student’s physician or other medical professional regarding services to be provided by a school for that student who has epilepsy or a seizure disorder, may be in a form determined by the medical professional.

The bill also amends school employee training requirements within s. 1006.0626(3), F.S., to specify that the requirement for a school employee to complete training for the care of students with epilepsy and seizure disorders (if the employee’s duties include regular contact with a student who has an individualized seizure action plan) applies to each school *district* employee and charter school employee who meets that criterion (as opposed to each “school employee” as under current law). The bill provides that such employees include any employee who teaches or transports the student to and from school or school activities. The bill provides that the completion of such training is valid for five years.

The bill creates a new subsection (5) within s. 1006.0626, F.S., to require each public school to display a poster developed by the Department of Education which describes the basic steps of responding to an individual having a seizure.

Finally, the bill requires the Department of Health, as part of its current duties to institute and maintain an educational program among physicians, hospitals, county health departments, and the public concerning epilepsy, to include in that educational program the education and training requirements of s. 1006.0626(3) and (5), F.S., which pertain to public schools and school personnel.

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

II. Present Situation:

Epilepsy is a brain disorder that causes recurring seizures. Epilepsy affects people of all ages, but children and older adults are more likely to have epilepsy. Seizures are the main sign of epilepsy, and most people can control this with treatment. Seizure symptoms vary depending on the type of seizure. Because epilepsy is caused by certain brain activity, seizures can affect any brain process. Seizure symptoms may include:¹

- Short-term confusion;
- A temporary catatonic state;
- Stiff muscles;
- Jerking movements of the arms and legs;
- Loss of consciousness; and/or
- Psychological symptoms such as fear, anxiety, or déjà vu.

In school settings, approximately six in 1,000 students have epilepsy. A U.S. Centers for Disease Control and Prevention study shows that students with epilepsy are likely to miss more days of school when compared to students who have other health issues, and students with epilepsy are more likely to have difficulties in their studies, use special education services, and have activity limitations such as less participation in sports or clubs.²

School Health Services Program

District school boards are responsible for attending to health, safety, and other matters relating to the welfare of students,³ including the responsibility to establish emergency procedures for life-threatening emergencies.⁴

The Department of Health (DOH) has the responsibility, in cooperation with the Department of Education (DOE), to supervise the administration of the school health services program and perform periodic program reviews.⁵ County health departments, district school boards, and local

¹ The Mayo Clinic, *Epilepsy*, available at: <https://www.mayoclinic.org/diseases-conditions/epilepsy/symptoms-causes/syc-20350093> (last visited Jan. 31, 2026).

² Centers for Disease Control and Prevention, *Managing Epilepsy in Schools*, July 8, 2024, available at: <https://www.cdc.gov/school-health-conditions/chronic/epilepsy.html> (last visited Jan. 31, 2026).

³ Section 1001.42(8)(a), F.S.

⁴ Section 1006.062(6), F.S.

⁵ Section 381.0056(3), F.S.

school health advisory committees⁶ jointly develop school health services plans, which must include provisions for meeting emergency needs at each school.⁷

The school health services plan describes the health services to be provided by a school.⁸ For example, the plan must address:⁹

- Specified physical screenings.
- Health counseling.
- Meeting emergency health needs in each school.
- Consultation with a student's parent or guardian regarding the need for health attention by the family physician, dentist, or other specialist when definitive diagnosis or treatment is indicated.
- Maintenance of records on incidents of health problems, corrective measures taken, and such other information as may be needed to plan and evaluate health programs.

In attending to student health, the district school board is required to:¹⁰

- Provide in-service health training for school personnel;
- Make available adequate physical facilities for health services;
- At the beginning of each school year, inform parents or guardians in writing that their children who are students in the district schools will receive specified health services as provided for in the district health services plan. A student will be exempt from any of these services if his or her parent or guardian requests such exemption in writing.

In the absence of negligence, no person is liable for any injury caused by an act or omission in the administration of school health services.¹¹

The Provision of Medical Services by School Board Personnel

All employees who staff school health rooms must be currently certified in first aid and cardiopulmonary resuscitation (CPR).¹² Additionally, each school must ensure that at least two school staff members and all school bus operators and attendants are currently certified to provide first aid and CPR.¹³ School bus operators and attendants must also receive CPR and first aid refresher in-service training at least biennially.¹⁴

Nonmedical assistive personnel may perform health-related services upon successful completion of child-specific training by authorized licensed health care personnel.¹⁵ All procedures must be monitored periodically by a nurse, advanced practice registered nurse, physician assistant, or

⁶ Each school health advisory committee must include members who represent the eight component areas of the Coordinated School Health model as defined by the Centers for Disease Control and Prevention. *See s. 381.0056(2)(b)*, F.S.

⁷ Sections 381.0056(4)(a)12. and 1006.062(6), F.S.

⁸ Section 381.0056(2)(e), F.S.

⁹ Section 381.0056(4)(a), F.S.

¹⁰ Section 381.0056(6), F.S.

¹¹ Section 381.0056(8), F.S.

¹² Rule 64F-6.004(2), F.A.C.

¹³ Rule 64F-6.004, F.A.C.; Rule 6A-3.0121(2)(b)3., F.A.C.

¹⁴ Rule 6A-3.0121(2)(b)3., F.A.C.

¹⁵ Section 1006.062(4), F.S. Authorized personnel include only a registered nurse or advanced practice registered nurse licensed under chapter 464, F.S., or a physician or physician assistant licensed under chapter 458 or chapter 459, F.S.

physician, and may include administering emergency injectable medication.¹⁶ Except for certain invasive procedures prohibited by law,¹⁷ whether nonmedical district school board personnel may perform a specific health-related service is determined by authorized licensed health care personnel.¹⁸

The Administration of Medication by School Board Personnel

District school board personnel may assist students in the administration of certain medication.¹⁹ School personnel designated to assist in the administration of medication must be trained by authorized licensed healthcare personnel.²⁰

For each medication prescribed to a student, the principal must obtain from the parent a written explanation of the necessity for the medication to be provided during the school day, including any occasion when the student is away from school property on official school business, and grant permission to assist the student in the administration of such medication.²¹ Each prescribed medication to be administered by district school board personnel must be received, counted, and stored in its original container. When the medication is not in use, it must be stored in its original container in a secure fashion under lock and key in a location designated by the school principal.²²

School personnel administering medication are exempt from liability for civil damages when acting as an ordinarily reasonable prudent person would have acted under the same or similar circumstances.²³

Individualized Health Care Plans

The school nurse creates individualized health care plans (IHPs) for students with health care needs that, if not addressed, may negatively affect attendance or academic performance. The IHPs foster communication among nursing staff to promote continuity of care.

Depending on the health condition, the IHP may prompt the nurse to develop an emergency care plan (ECP).²⁴ The ECP is a clearly written step-by-step set of instructions for what to do in a particular emergency situation.²⁵ Unlike the IHP, the ECP is distributed to appropriate staff, and the school nurse trains that staff to respond to emergencies that may arise with individual students.²⁶

¹⁶ Section 1006.062(4), F.S.

¹⁷ Nonmedical district school board personnel may not perform sterile catheterization, nasogastric tube feeding, or cleaning and maintaining a tracheostomy or deep suctioning of a tracheostomy. *See* s. 1006.062(3), F.S.

¹⁸ Section 1006.062(5), F.S.

¹⁹ Section 1006.062, F.S.

²⁰ Section 1006.062(1)(a), F.S.

²¹ Section 1006.062(1)(b), F.S.

²² Section 1006.062(1)(b)2., F.S.

²³ Section 1006.062(2), F.S.

²⁴ *Id.*

²⁵ Department of Education, *Legislative Bill Analysis for SB 340* (2022). An analysis by DOE of SB 186 or its House companion (HB 1201) has not been received by Senate committee staff as of this writing.

²⁶ Rule 64F-6.004(4), F.A.C.

Care of Students With Epilepsy or Seizure Disorders

In 2022, the Legislature created s. 1006.0626, F.S., entitled “Care of students with epilepsy or seizure disorders.”²⁷ That section of statute specifies responsibilities for public schools to provide for the care of students with epilepsy or seizure disorders by requiring such schools to initiate the implementation of an individualized seizure action plan (ISAP) once a parent submits an ISAP to the school principal and school nurse, or other appropriate school employee, to inform school personnel of the unique health care services required by the student and how to respond in emergency situations.

Under the 2022 law, s. 1006.0626, F.S., provides that:

- An ISAP means a document that outlines a set of procedural guidelines and specific directions for the provision of health care and emergency services by a school for a student who has epilepsy or seizure disorders.
- “Medical professional” means a physician or physician assistant licensed under chs. 458 or 459, F.S., or an advanced practice registered nurse licensed under s. 464.012, F.S., who provides epilepsy or seizure disorder care to the student in question.
- “School” has the same meaning as in s. 1003.01(17), F.S., which provides that “school” means an organization of students for instructional purposes on an elementary, middle or junior high school, secondary or high school, or other public school level authorized under rules of the State Board of Education.

An ISAP must be developed and signed by a medical professional, in consultation with the student’s parent, and must include:

- Written orders from the student’s medical professional outlining the student’s epilepsy or seizure disorder recommended care.
- The parent’s signature.
- The student’s epilepsy or seizure disorder symptoms.
- Any accommodations the student requires for school trips, after-school programs and activities, class parties, and any other school-related activities.
- When and whom to call for medical assistance.
- The student’s ability to manage, and the student’s level of understanding of, his or her epilepsy or seizure disorder.
- How to maintain communication with the student; the student’s parent; and the student’s health care team, school nurse, and educational staff.
- Any rescue medication prescribed by the student’s medical professional and how and when to administer the medication.

The school nurse or an appropriate school employee of a school that receives an ISAP from a student’s parent must:

- Coordinate the provision of epilepsy and seizure disorder care at the school for the student, including administering anti-seizure and rescue medications as outlined in the ISAP.

²⁷ Chapter 2022-19, Laws of Florida.

- Verify that each school employee whose duties include regular contact with the student has completed training in the care of students with epilepsy and seizure disorders. The training must include how to recognize the symptoms of and provide care for epilepsy and seizure disorders.

To assist schools in meeting this training requirement, the DOE must identify on its website one or more online training courses that are provided by a nonprofit national organization that supports the welfare of individuals with epilepsy and seizure disorders and are available free of charge to schools.

A school that receives an ISAP from a student's parent must provide each school employee whose duties include regular contact with the student, with all of the following:

- Notice of the student's condition.
- Information from the ISAP on how to provide the recommended care for the student if he or she shows symptoms of the epilepsy or seizure disorder.
- The contact information for the student's parent and emergency contacts.

Department of Health — Care and Assistance of Persons with Epilepsy — Establishment of Programs in Epilepsy Control

Under s. 385.207, F.S., the Legislature finds and intends that epilepsy is recognized as a developmental disability and a handicapping condition. The Legislature further intends that persons with epilepsy are entitled to the protection and benefits available to all persons through the equal and nondiscriminatory application and implementation of statutes, rules, programs, and services.

The DOH is required under that section of statute to institute and maintain an educational program among physicians, hospitals, county health departments, and the public concerning epilepsy, including the dissemination of information and the conducting of educational programs concerning the prevention of epilepsy and methods developed and used for the care and treatment of persons with epilepsy.²⁸

III. Effect of Proposed Changes:

Section 1 of the bill amends s. 385.207, F.S., to require that the DOH's existing educational program among physicians, hospitals, county health departments, and the public concerning epilepsy, must include the education and training requirements of s. 1006.0626(3) and (5), F.S., as amended or created under Section 2 of the bill which pertain to public schools and school personnel.

Section 2 amends the definition of "school" within s. 1006.0626, F.S., to specifically include charter schools under s. 1002.33, F.S.²⁹

²⁸ Section 385.207(2)(e), F.S.

²⁹ Section 1002.33, F.S., provides, among many other provisions for charter schools, that all charter schools in Florida are public schools and are part of the state's program of public education. However, s. 1002.33(16), F.S., provides that charter schools are exempt from all statutes in chs. 1000-1013, F.S., with a number of exceptions. One exception provides that

The bill provides that written orders from a student's medical professional for seizure-related services to be provided to the student by a school, as part of the student's ISAP, may be in a form determined by the medical professional.

The bill amends the duties of a school nurse or an appropriate school employee of a school that receives an ISAP from a student's parent. Under the bill, the school nurse or other appropriate school employee must verify the completion of training for the care of students with epilepsy and seizure disorders by each school *district employee or charter school employee* (as opposed to each "school employee" as under current law) if the duties of such employee include regular contact with a student who has an ISAP. The bill provides that such employees include any such employee who teaches or transports the student to and from school or school activities. The bill provides that the completion of such training is valid for five years.

The bill requires all public schools to display a poster developed by the DOE which describes the basic steps of responding to an individual having a seizure. The DOE must identify one or more posters that are provided by a national nonprofit organization that supports the welfare of individuals with epilepsy and seizure disorders and are available free of charge to schools.

Section 3 provides an effective date of 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.

charter schools must be in compliance with statutes in that range which specifically apply to charter schools. Under current law, s. 1006.0626, F.S., does not specifically apply to charter schools. CS/SB 186, if enacted, will remedy that.

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

None identified.

B. Private Sector Impact:

None identified.

C. Government Sector Impact:

The DOH reports that it does not expect CS/SB 186 to have a fiscal or operational impact on its educational program among physicians, hospitals, county health departments, and the public concerning epilepsy.³⁰ As of this writing, however, the DOE has not provided an estimate of the bill's fiscal or operational impacts on the public school system or the department.

VI. Technical Deficiencies:

None.

VII. Related Issues:

The effects of Section 1 of the bill are unclear regarding the DOH's existing educational program for physicians, hospitals, county health departments, and the public concerning epilepsy. The bill requires that the DOH program must include "the education and training requirements" of s. 1006.0626(3) and (5), F.S., as amended or created by the bill, that pertain to public schools and school personnel.

- Since the requirements of s. 1006.0626(3) and (5), F.S., pertain to public schools and school personnel, it is unclear from the bill's language whether the bill intends for the DOH to begin providing such education and training to school district employees who are required to complete epilepsy-related education and training under subsection (3) of that statute. The bill does not alter the DOE's existing responsibility to assist schools in meeting the training requirement by identifying one or more online training courses that are available free of charge to schools.
- It is also unclear exactly how the bill intends for the DOH to include in its existing educational program the new requirement that schools must display posters under subsection (5) of that statute, as created by the bill, especially since the bill directs the DOE to identify one or more posters that are provided by a national nonprofit organization that supports the welfare of individuals with epilepsy and seizure disorders and are available free of charge to schools.

Section 2 of the bill requires, among other provisions, that a school nurse or other appropriate school employee must verify that each school *district* employee or charter school employee

³⁰ Department of Health, *2026 Agency Legislative Bill Analysis: SB 186*, Oct. 15, 2025 (on file with staff of the Senate Committee on Health Policy).

whose duties include regular contact with a student of that school whose parent has submitted an ISAP, has completed training in the care of students with epilepsy and seizure disorders (as opposed to each *school employee* as under current law). The bill provides that such employees include any employee who teaches or transports the student to and from school or school activities.

- It is unclear whether the bill intends these requirements to apply to *all* school district and charter school employees who meet the criteria or only to each employee of the district or charter school who teaches or transports the student.
- It is also unclear to what extent a school nurse or other appropriate employee of any particular school will have knowledge of, or authority over, the applicable employees on a district-wide basis who may come into regular contact with such student outside of his or her own school setting or school activities.

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 385.207 and 1006.0626.

IX. Additional Information:

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

CS by Health Policy on February 11, 2026:

The CS adds charter school employees to the requirement that certain school employees must complete training in the care of students with epilepsy and seizure disorders.

- B. **Amendments:**

None.



333962

LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
02/12/2026	.	
	.	
	.	
	.	

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

Senate Amendment

Delete lines 61 - 64
and insert:

(b) Verify that each school district or charter school employee whose duties include regular contact with the student, including any employee who teaches or transports the student to and from school or school activities, has completed training in the care of

By Senator Garcia

36-00590-26

2026186__

1 A bill to be entitled
2 An act relating to student health and safety; amending
3 s. 385.207, F.S.; revising Department of Health
4 responsibilities for educational programs concerning
5 epilepsy; amending s. 1006.0626, F.S.; revising the
6 definition of the term "school"; revising requirements
7 for a student's individualized seizure action plan;
8 revising the list of which employees must complete
9 training in the care of students with epilepsy and
10 seizure disorders; providing that the training is
11 valid for 5 years; requiring schools to display a
12 specified poster; providing an effective date.

13
14 Be It Enacted by the Legislature of the State of Florida:

15
16 Section 1. Paragraph (e) of subsection (2) of section
17 385.207, Florida Statutes, is amended to read:

18 385.207 Care and assistance of persons with epilepsy;
19 establishment of programs in epilepsy control.—

20 (2) The Department of Health shall:

21 (e) Institute and maintain an educational program among
22 physicians, hospitals, county health departments, and the public
23 concerning epilepsy, including the dissemination of information
24 and the conducting of educational programs concerning the
25 prevention of epilepsy and methods developed and used for the
26 care and treatment of persons with epilepsy. The educational
27 program must include the education and training requirements of
28 s. 1006.0626(3) and (5).

29 Section 2. Paragraph (c) of subsection (1), paragraph (b)

36-00590-26

2026186__

30 of subsection (2), and paragraph (b) of subsection (3) of
31 section 1006.0626, Florida Statutes, are amended, and subsection
32 (5) is added to that section, to read:

33 1006.0626 Care of students with epilepsy or seizure
34 disorders.—

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

36 (c) "School" has the same meaning as in s. 1003.01(17) and
37 includes charter schools under s. 1002.33.

38 (2)

39 (b) An ISAP must be developed and signed by a medical
40 professional, in consultation with the student's parent, and
41 include the following:

42 1. Written orders from the student's medical professional,
43 in a form determined by the medical professional, outlining the
44 student's epilepsy or seizure disorder recommended care.

45 2. The parent's signature.

46 3. The student's epilepsy or seizure disorder symptoms.

47 4. Any accommodations the student requires for school
48 trips, after-school programs and activities, class parties, and
49 any other school-related activities.

50 5. When and whom to call for medical assistance.

51 6. The student's ability to manage, and the student's level
52 of understanding of, his or her epilepsy or seizure disorder.

53 7. How to maintain communication with the student; the
54 student's parent; and the student's health care team, school
55 nurse, and educational staff.

56 8. Any rescue medication prescribed by the student's
57 medical professional and how and when to administer the
58 medication.

36-00590-26

2026186__

59 (3) The school nurse or an appropriate school employee of a
60 school that receives an ISAP pursuant to subsection (2) shall:

61 (b) Verify that each school district employee whose duties
62 include regular contact with the student, including any employee
63 who teaches students or transports students to and from school
64 or school activities, has completed training in the care of
65 students with epilepsy and seizure disorders. The training must
66 include how to recognize the symptoms of and provide care for
67 epilepsy and seizure disorders. To assist schools in meeting
68 this requirement, the Department of Education shall identify on
69 its website one or more online training courses that are
70 provided by a nonprofit national organization that supports the
71 welfare of individuals with epilepsy and seizure disorders and
72 are available free of charge to schools. The completion of
73 training is valid for 5 years.

74 (5) Each school as defined in paragraph (1)(c) shall
75 display a poster developed by the department which describes the
76 basic steps of responding to an individual having a seizure. The
77 department shall identify one or more posters that are provided
78 by a national nonprofit organization that supports the welfare
79 of individuals with epilepsy and seizure disorders and are
80 available free of charge to schools.

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



The Florida Senate

Committee Agenda Request

To: Senator Colleen Burton, Chair
Committee on Health Policy

Subject: Committee Agenda Request

Date: November 3, 2025

I respectfully request that **Senate Bill #186**, relating to Student Health and Safety, be placed on the:

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

Senator Ileana Garcia
Florida Senate, District 36

The Florida Senate

APPEARANCE RECORD

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

2/11/26

Meeting Date

Health Policy

Committee

186

Bill Number or Topic

Amendment Barcode (if applicable)

Name Monica Rodriguez / ~~Monica Rodriguez~~

Phone 850 766-6287

Address 201 N Park Avenue

Email monica@ballardpartners.com

Street

Tallahassee FL

City

State

Zip

Speaking: For Against Information OR Waive Speaking: In Support Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing: Epilepsy Alliance of Florida

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

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

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11 February 2026

The Florida Senate

APPEARANCE RECORD

186

Meeting Date

Health Policy

Bill Number or Topic

Committee

Steve Schale

Amendment Barcode (if applicable)

850-559-0317

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City

State

Zip

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

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

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

EPILEPSY ALLIANCE
OF FLA

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

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

S-001 (08/10/2021)

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

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

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

BILL: CS/SB 902

INTRODUCER: Health Policy Committee and Senator Garcia

SUBJECT: Department of Health

DATE: February 12, 2026 **REVISED:** _____

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

Please see Section IX. for Additional Information:
COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

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

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

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

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

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

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

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

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

II. Present Situation:

The Florida Department of Health (DOH)

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

Licensure and Regulation of Health Care Practitioners

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

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

³ Section 20.43, F.S.

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

⁵ Pursuant to s. 456.001(4), F.S., health care practitioners are defined to include acupuncturists, physicians, physician assistants, chiropractors, podiatrists, naturopaths, dentists, dental hygienists, optometrists, nurses, nursing assistants, pharmacists, midwives, speech language pathologists, nursing home administrators, occupational therapists, respiratory therapists, dietitians, athletic trainers, orthotists, prosthetists, electrologists, massage therapists, clinical laboratory personnel, medical physicists, genetic counselors, dispensers of optical devices or hearing aids, physical therapists, psychologists, social workers, counselors, and psychotherapists, among others.

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

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

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

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

⁷ Section 456.001(4), F.S.

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

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

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

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

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

Medical Marijuana

Low-THC Cannabis

Section 381.986(1)(f), F.S., defines "Low-THC cannabis" to mean plant of the genus *Cannabis*, the dried flowers of which contain 0.8 percent or less of tetrahydrocannabinol and more than 10 percent of cannabidiol weight for weight; the seeds thereof; the resin extracted from any part of such plant; or any compound, manufacture, salt, derivative, mixture, or preparation of such plant or its seeds or resin that is dispensed from a medical marijuana treatment center.

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

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

⁹ *Id.*

¹⁰ Section 456.072(2), F.S.

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

¹² *Supra* note 3.

¹³ *Id.*

¹⁴ Section 381.986(8)(e)7., F.S.

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

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

MMTC Locations

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

Federal Individuals with Disabilities Education Act

The Individuals with Disabilities Education Act (IDEA)¹⁷ is the main federal statute governing special education and early intervention services for children with disabilities from birth through age 21. The IDEA makes available a free, appropriate public education (FAPE) to eligible children with disabilities and ensures special education and related services to those children. The IDEA governs how states and public agencies provide early intervention, special education, and related services to more than eight million (as of school year 2022-23) eligible infants, toddlers, children, and youth with disabilities.¹⁸

¹⁵ Department of Health, *supra* note 2.

¹⁶ *Id.*

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

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

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

The Grants for Infants and Families program, also known as part C of the IDEA, awards grants to assist states in implementing statewide systems of coordinated, comprehensive, multidisciplinary, interagency programs and making early intervention services (EIS) available to children with disabilities, aged birth through two, and their families,¹⁹ usually as provided pursuant to an individualized family support or service plan (IFSP).

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

An IFSP is a document or written plan that contains information on the child's present level of development in all areas, outcomes for the child and family, and services the child and family will receive to help them achieve the outcomes.

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

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

Part C Extended Option

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

¹⁹ U.S. Department of Education, *Early Intervention Program for Infants and Toddlers with Disabilities, Purpose*, available at <https://www2.ed.gov/programs/osepeip/index.html> (last visited Feb. 9, 2026).

²⁰ 34 C.F.R. s. 303.5.

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

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

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

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

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

Florida's Early Steps Program and Part C Implementation

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

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

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

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

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

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

²⁵ *Id.*

²⁶ Section 391.308, F.S.

²⁷ Section 381.001, F.S.

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

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

³⁰ Section 391.302, F.S.

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

³² *Id.*

³³ *Id.*

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

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

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

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

Home Health Aide for Medically Fragile Children Program

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

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

³⁴ *Id.*

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

³⁶ Chapter 2025-95, Laws of Fla.

³⁷ Chapter 2023-183, Laws of Fla.

³⁸ Section 400.462(12), F.S.

³⁹ Section 400.4765(2), F.S.

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

Delegation of Medication Administration

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

Autism Micro-Credential⁴⁴

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

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

III. Effect of Proposed Changes:

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

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

⁴⁰ Human Immunodeficiency Virus and Acquired Immunodeficiency Syndrome.

⁴¹ Cardio Pulmonary Resuscitation

⁴² Section 400.4765(3), F.S.

⁴³ With an exception for certain prefilled insulin syringes.

⁴⁴ Department of Health, *supra* note 2.

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

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

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

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

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

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

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

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None identified.

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

B. Public Records/Open Meetings Issues:

None identified.

C. Trust Funds Restrictions:

None identified.

D. State Tax or Fee Increases:

None identified.

E. Other Constitutional Issues:

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

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

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

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

None identified.

⁴⁶ *Id.*

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

B. Private Sector Impact:

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

C. Government Sector Impact:

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

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

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

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

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

CS by Health Policy on February 11, 2026:

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

B. Amendments:

None.



820828

LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
02/12/2026	.	
	.	
	.	
	.	

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

Senate Amendment (with title amendment)

Delete lines 49 - 93.

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

And the title is amended as follows:

Delete lines 3 - 9

and insert:

s. 381.986, F.S.; revising



674674

LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
02/12/2026	.	
	.	
	.	
	.	

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

Senate Amendment (with title amendment)

Between lines 345 and 346
insert:

Section 6. Paragraph (c) of subsection (2) of section
464.0156, Florida Statutes, is amended to read:

464.0156 Delegation of duties.—

(2)

(c) A registered nurse may not delegate the administration
of any controlled substance listed in Schedule II, Schedule III,



674674

11 or Schedule IV of s. 893.03 or 21 U.S.C. s. 812, except that a
12 registered nurse may delegate:

13 1. For The administration of an insulin syringe that is
14 prefilled with the proper dosage by a pharmacist or an insulin
15 pen that is prefilled by the manufacturer; and

16 2. To a home health aide for medically fragile children as
17 defined in s. 400.462 the administration of a Schedule IV
18 controlled substance prescribed for the emergency treatment of
19 an active seizure.

20
21 ===== T I T L E A M E N D M E N T =====

22 And the title is amended as follows:

23 Between lines 41 and 42

24 insert:

25 464.0156, F.S.; authorizing a registered nurse to
26 delegate the administration of certain controlled
27 substances to a home health aide for medically fragile
28 children under certain circumstances; amending s.

By Senator Garcia

36-00592C-26

2026902__

1 A bill to be entitled
2 An act relating to the Department of Health; amending
3 s. 381.4019, F.S.; revising the definition of the term
4 "dental health professional shortage area"; defining
5 the term "low-income"; deleting the definition of the
6 term "medically underserved area"; revising
7 eligibility requirements for dentists and dental
8 hygienists participating in the Dental Student Loan
9 Repayment Program; amending s. 381.986, F.S.; revising
10 the definition of the term "low-THC cannabis";
11 revising requirements for department approval of
12 qualified physicians and medical directors of medical
13 marijuana treatment centers; deleting obsolete
14 language; prohibiting medical marijuana treatment
15 center cultivating, processing, or dispensing
16 facilities from being located within a specified
17 distance of parks, child care facilities, or
18 facilities providing early learning services;
19 authorizing counties and municipalities to approve a
20 dispensing facility within such distance under certain
21 circumstances; providing that the subsequent
22 establishment of any park, child care facility, early
23 learning facility, or school after the approval of a
24 medical marijuana treatment center's cultivating,
25 processing, or dispensing facility does not affect the
26 continued operation or location of the approved
27 cultivating, processing, or dispensing facility;
28 exempting cultivating, processing, or dispensing
29 facilities approved before a specified date from such

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30 distance requirements; amending s. 391.308, F.S.;

31 revising duties of the department in administering the

32 Early Steps Program; revising provisions related to

33 transitioning children from the Early Steps Program to

34 school district programs; amending s. 391.3081, F.S.;

35 revising provisions relating to the Early Steps

36 Extended Option to conform to changes made by the act;

37 amending s. 456.074, F.S.; requiring the department to

38 issue an emergency order suspending the license of a

39 health care practitioner arrested for committing or

40 attempting, soliciting, or conspiring to commit murder

41 in this state or another jurisdiction; amending s.

42 1004.551, F.S.; revising requirements for the micro-

43 credential component of specialized training provided

44 by the University of Florida Center for Autism and

45 Neurodevelopment; providing an effective date.

46

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

48

49 Section 1. Paragraphs (a) and (e) of subsection (1),

50 paragraphs (a) and (b) of subsection (2), and paragraph (b) of

51 subsection (4) of section 381.4019, Florida Statutes, are

52 amended to read:

53 381.4019 Dental Student Loan Repayment Program.—The Dental

54 Student Loan Repayment Program is established to support the

55 state Medicaid program and promote access to dental care by

56 supporting qualified dentists and dental hygienists who treat

57 medically underserved populations in dental health professional

58 shortage areas or medically underserved areas.

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

60 (a) "Dental health professional shortage area" means a
61 geographic area, an area with a special population, or a
62 facility designated as such by the Health Resources and Services
63 Administration of the United States Department of Health and
64 Human Services.

65 (e) "Low-income," with respect to a person, means a person
66 who meets the criteria specified in s. 766.1115(3)(e) ~~"Medically~~
67 ~~underserved area" means a geographic area, an area having a~~
68 ~~special population, or a facility which is designated by~~
69 ~~department rule as a health professional shortage area as~~
70 ~~defined by federal regulation and which has a shortage of dental~~
71 ~~health professionals who serve Medicaid recipients and other~~
72 ~~low-income patients.~~

73 (2) The department shall establish a dental student loan
74 repayment program to benefit Florida-licensed dentists and
75 dental hygienists who:

76 (a) Demonstrate, as required by department rule, active
77 employment in a public health program or private practice that
78 serves ~~Medicaid recipients and other~~ low-income patients and is
79 located in a dental health professional shortage area ~~or a~~
80 ~~medically underserved area~~; and

81 (b) Volunteer 25 hours per year providing dental services
82 in a free clinic that is located in a dental health professional
83 shortage area ~~or a medically underserved area~~, through another
84 volunteer program operated under ~~by the state pursuant to part~~
85 IV of chapter 110, or through a pro bono program approved by the
86 Board of Dentistry. In order to meet the requirements of this
87 paragraph, the volunteer hours must be verifiable in a manner

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88 determined by the department.

89 (4) A dentist or dental hygienist is not eligible to
90 receive funds under the loan program if the dentist or dental
91 hygienist:

92 (b) Ceases to provide services to low-income patients
93 ~~participate in the Florida Medicaid program.~~

94 Section 2. Paragraph (f) of subsection (1), paragraphs (a)
95 and (c) of subsection (3), paragraph (h) of subsection (4),
96 paragraph (a) of subsection (8), and paragraphs (a) and (c) of
97 subsection (11) of section 381.986, Florida Statutes, are
98 amended to read:

99 381.986 Medical use of marijuana.—

100 (1) DEFINITIONS.—As used in this section, the term:

101 (f) "Low-THC cannabis" means a plant of the genus *Cannabis*,
102 whether growing or not ~~the dried flowers of which contain 0.8~~
103 ~~percent or less of tetrahydrocannabinol and more than 10 percent~~
104 ~~of cannabidiol weight for weight; the seeds thereof; the resin~~
105 ~~extracted from any part of such plant; and every or any~~
106 ~~compound, manufacture, salt, derivative, mixture, or preparation~~
107 ~~of such plant or its seeds or resin, excluding edibles; which~~
108 contains 0.8 percent or less of tetrahydrocannabinol and 2
109 percent cannabidiol, weight for weight, which ~~that~~ is dispensed
110 from a medical marijuana treatment center.

111 (3) QUALIFIED PHYSICIANS AND MEDICAL DIRECTORS.—

112 (a) Before being approved as a qualified physician ~~and~~
113 ~~before each license renewal~~, a physician must successfully
114 complete a 2-hour course and subsequent examination offered by
115 the Florida Medical Association or the Florida Osteopathic
116 Medical Association which encompass the requirements of this

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117 section and any rules adopted hereunder. Qualified physicians
118 must renew the course certification biennially. The course and
119 examination must be administered at least annually and may be
120 offered in a distance learning format, including an electronic,
121 online format that is available upon request. The price of the
122 course may not exceed \$500.

123 (c) Before being employed as a medical director ~~and before~~
124 ~~each license renewal,~~ a medical director must successfully
125 complete a 2-hour course and subsequent examination offered by
126 the Florida Medical Association or the Florida Osteopathic
127 Medical Association which encompass the requirements of this
128 section and any rules adopted hereunder. Medical directors must
129 renew the course certification biennially. The course and
130 examination must be administered at least annually and may be
131 offered in a distance learning format, including an electronic,
132 online format that is available upon request. The price of the
133 course may not exceed \$500.

134 (4) PHYSICIAN CERTIFICATION.—

135 ~~(h) An active order for low-THC cannabis or medical~~
136 ~~cannabis issued pursuant to former s. 381.986, Florida Statutes~~
137 ~~2016, and registered with the compassionate use registry before~~
138 ~~June 23, 2017, is deemed a physician certification, and all~~
139 ~~patients possessing such orders are deemed qualified patients~~
140 ~~until the department begins issuing medical marijuana use~~
141 ~~registry identification cards.~~

142 (8) MEDICAL MARIJUANA TREATMENT CENTERS.—

143 (a) The department shall license medical marijuana
144 treatment centers to ensure reasonable statewide accessibility
145 and availability as necessary for qualified patients registered

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146 in the medical marijuana use registry and who are issued a
147 physician certification under this section.

148 1. As soon as practicable, but no later than July 3, 2017,
149 the department shall license as a medical marijuana treatment
150 center any entity that holds an active, unrestricted license to
151 cultivate, process, transport, and dispense low-THC cannabis,
152 medical cannabis, and cannabis delivery devices, under former s.
153 381.986, Florida Statutes 2016, before July 1, 2017, and which
154 meets the requirements of this section. In addition to the
155 authority granted under this section, these entities are
156 authorized to dispense low-THC cannabis, medical cannabis, and
157 cannabis delivery devices ordered pursuant to former s. 381.986,
158 Florida Statutes 2016, ~~which were entered into the compassionate~~
159 ~~use registry before July 1, 2017,~~ and are authorized to begin
160 dispensing marijuana under this section on July 3, 2017. The
161 department may grant variances from the representations made in
162 such an entity's original application for approval under former
163 s. 381.986, Florida Statutes 2014, pursuant to paragraph (e).

164 2. The department shall license as medical marijuana
165 treatment centers 10 applicants that meet the requirements of
166 this section, under the following parameters:

167 a. As soon as practicable, but no later than August 1,
168 2017, the department shall license any applicant whose
169 application was reviewed, evaluated, and scored by the
170 department and which was denied a dispensing organization
171 license by the department under former s. 381.986, Florida
172 Statutes 2014; which had one or more administrative or judicial
173 challenges pending as of January 1, 2017, or had a final ranking
174 within one point of the highest final ranking in its region

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175 under former s. 381.986, Florida Statutes 2014; which meets the
176 requirements of this section; and which provides documentation
177 to the department that it has the existing infrastructure and
178 technical and technological ability to begin cultivating
179 marijuana within 30 days after registration as a medical
180 marijuana treatment center.

181 b. As soon as practicable, the department shall license one
182 applicant that is a recognized class member of *Pigford v.*
183 *Glickman*, 185 F.R.D. 82 (D.D.C. 1999), or *In Re Black Farmers*
184 *Litig.*, 856 F. Supp. 2d 1 (D.D.C. 2011). An applicant licensed
185 under this sub-subparagraph is exempt from the requirement of
186 subparagraph (b)2. An applicant that applies for licensure under
187 this sub-subparagraph, pays its initial application fee, is
188 determined by the department through the application process to
189 qualify as a recognized class member, and is not awarded a
190 license under this sub-subparagraph may transfer its initial
191 application fee to one subsequent opportunity to apply for
192 licensure under subparagraph 4.

193 c. As soon as practicable, but no later than October 3,
194 2017, the department shall license applicants that meet the
195 requirements of this section in sufficient numbers to result in
196 10 total licenses issued under this subparagraph, while
197 accounting for the number of licenses issued under sub-
198 subparagraphs a. and b.

199 3. For up to two of the licenses issued under subparagraph
200 2., the department shall give preference to applicants that
201 demonstrate in their applications that they own one or more
202 facilities that are, or were, used for the canning,
203 concentrating, or otherwise processing of citrus fruit or citrus

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204 molasses and will use or convert the facility or facilities for
205 the processing of marijuana.

206 4. Within 6 months after the registration of 100,000 active
207 qualified patients in the medical marijuana use registry, the
208 department shall license four additional medical marijuana
209 treatment centers that meet the requirements of this section.
210 Thereafter, the department shall license four medical marijuana
211 treatment centers within 6 months after the registration of each
212 additional 100,000 active qualified patients in the medical
213 marijuana use registry that meet the requirements of this
214 section.

215 (11) PREEMPTION.—Regulation of cultivation, processing, and
216 delivery of marijuana by medical marijuana treatment centers is
217 preempted to the state except as provided in this subsection.

218 (a) A medical marijuana treatment center cultivating or
219 processing facility may not be located within 500 feet of the
220 real property that comprises a park as defined in s. 775.215(1),
221 a child care facility as defined in s. 402.302, a facility that
222 provides early learning services as specified in s. 1000.04(1),
223 or a public or private elementary school, middle school, or
224 secondary school. The subsequent establishment of any such park,
225 child care facility, early learning facility, or school after
226 the approval of the medical marijuana treatment center
227 cultivating or processing facility does not affect the continued
228 operation or location of the approved cultivating or processing
229 facility. A medical marijuana treatment center cultivating or
230 processing facility that was approved by the department before
231 July 1, 2026, is exempt from the distance restrictions from a
232 park, child care facility, or early learning facility.

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233 (c) A medical marijuana treatment center dispensing
234 facility may not be located within 500 feet of the real property
235 that comprises a park as defined in s. 775.215(1), a child care
236 facility as defined in s. 402.302, a facility that provides
237 early learning services as specified in s. 1000.04(1), or a
238 public or private elementary school, middle school, or secondary
239 school unless the county or municipality approves the location
240 through a formal proceeding open to the public at which the
241 county or municipality determines that the location promotes the
242 public health, safety, and general welfare of the community. The
243 subsequent establishment of any such park, child care facility,
244 early learning facility, or school after the approval of the
245 medical marijuana treatment center dispensing facility does not
246 affect the continued operation or location of the approved
247 dispensing facility. A medical marijuana treatment center
248 dispensing facility that was approved by the department before
249 July 1, 2026, is exempt from the distance restrictions from a
250 park, child care facility, or early learning facility.

251 Section 3. Paragraphs (a) and (j) of subsection (2) and
252 paragraphs (a) and (b) of subsection (7) of section 391.308,
253 Florida Statutes, are amended to read:

254 391.308 Early Steps Program.—The department shall implement
255 and administer part C of the federal Individuals with
256 Disabilities Education Act (IDEA), which shall be known as the
257 “Early Steps Program.”

258 (2) DUTIES OF THE DEPARTMENT.—The department shall:

259 (a) Annually prepare a grant application to the Federal
260 Government requesting the United States Department of Education
261 ~~for~~ funding for early intervention services for infants and

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262 toddlers with disabilities and their families pursuant to part C
263 of the federal Individuals with Disabilities Education Act.

264 (j) Establish procedures for dispute resolution and
265 mediation as outlined in part C of the federal Individuals with
266 Disabilities Education Act ~~Provide a mediation process and if~~
267 ~~necessary, an appeals process for applicants found ineligible~~
268 ~~for developmental evaluation or early intervention services or~~
269 ~~denied financial support for such services.~~

270 (7) TRANSITION TO EDUCATION.—

271 (a) The department shall establish statewide uniform
272 protocols and procedures for transition to a school district
273 program for children with disabilities or to another program as
274 part of an individual family support plan pursuant to part C of
275 the federal Individuals with Disabilities Education Act ~~At least~~
276 ~~90 days before a child reaches 3 years of age, the local program~~
277 ~~office shall initiate transition planning to ensure the child's~~
278 ~~successful transition from the Early Steps Program to a school~~
279 ~~district program for children with disabilities or to another~~
280 ~~program as part of an individual family support plan.~~

281 ~~(b) At least 90 days before a child reaches 3 years of age,~~
282 ~~the local program office shall:~~

283 ~~1. Notify the local school district in which the child~~
284 ~~resides and the Department of Education that the child may be~~
285 ~~eligible for special education or related services as determined~~
286 ~~by the local school district pursuant to ss. 1003.21 and~~
287 ~~1003.57, unless the child's parent or legal guardian has opted~~
288 ~~out of such notification; and~~

289 ~~2. Upon approval by the child's parent or legal guardian,~~
290 ~~convene a transition conference that includes participation of a~~

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291 ~~local school district representative and the parent or legal~~
292 ~~guardian to discuss options for and availability of services.~~

293 Section 4. Subsection (5) of section 391.3081, Florida
294 Statutes, is amended to read:

295 391.3081 Early Steps Extended Option.—

296 (5) TRANSITION TO EDUCATION.—The department shall establish
297 statewide uniform protocols and procedures for transition to a
298 school district program for children with disabilities or to
299 another program as part of an individual family support plan
300 pursuant to part C of the federal Individuals with Disabilities
301 Education Act.

302 ~~(a) At least 90 days before the beginning of the school~~
303 ~~year following the fourth birthday of a child enrolled in the~~
304 ~~Early Steps Extended Option, the local program office shall~~
305 ~~initiate transition planning to ensure the child's successful~~
306 ~~transition from the Early Steps Extended Option to a school~~
307 ~~district program under part B of the federal Individuals with~~
308 ~~Disabilities Education Act or to another program as part of an~~
309 ~~individual family support plan. Specifically, the local program~~
310 ~~office shall:~~

311 1. ~~Notify the Department of Education and the local school~~
312 ~~district in which the child resides that the eligible child is~~
313 ~~exiting the Early Steps Extended Option, unless the child's~~
314 ~~parent or legal guardian has opted out of such notification; and~~

315 2. ~~Upon approval by the child's parent or legal guardian,~~
316 ~~convene a transition conference that includes participation of a~~
317 ~~local school district representative and the parent or legal~~
318 ~~guardian to discuss options for and availability of services.~~

319 ~~(b) The local program office, in conjunction with the local~~

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320 ~~school district, shall modify a child's individual family~~
321 ~~support plan, or, if applicable, the local school district shall~~
322 ~~develop or review an individual education plan for the child~~
323 ~~pursuant to ss. 1003.57, 1003.571, and 1003.5715 which~~
324 ~~identifies special education or related services that the child~~
325 ~~will receive and the providers or agencies that will provide~~
326 ~~such services.~~

327 ~~(c) If a child is found to be no longer eligible for part B~~
328 ~~of the federal Individuals with Disabilities Education Act~~
329 ~~during the review of an individual education plan, the local~~
330 ~~program office and the local school district must provide the~~
331 ~~child's parent or legal guardian with written information on~~
332 ~~other available services or community resources.~~

333 Section 5. Present paragraphs (d) through (hh) of
334 subsection (5) of section 456.074, Florida Statutes, are
335 redesignated as paragraphs (e) through (ii), respectively, and a
336 new paragraph (d) is added to that subsection, to read:

337 456.074 Certain health care practitioners; immediate
338 suspension of license.—

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

345 (d) Section 782.04, relating to murder.

346 Section 6. Paragraph (f) of subsection (1) of section
347 1004.551, Florida Statutes, is amended to read:

348 1004.551 University of Florida Center for Autism and

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349 Neurodevelopment.—There is created at the University of Florida
350 the Center for Autism and Neurodevelopment.

351 (1) The center shall:

352 (f) Develop an autism micro-credential to provide
353 specialized training in supporting students with autism.

354 1. The micro-credential must be stackable with the autism
355 endorsement and be available to:

356 a. Instructional personnel as defined in s. 1012.01(2);

357 b. Prekindergarten instructors as specified in ss. 1002.55,
358 1002.61, and 1002.63; and

359 c. Child care personnel as defined in ss. 402.302(3) and
360 1002.88(1)(e).

361 d. Early intervention service providers credentialed
362 through the Early Steps Program.

363 2. The micro-credential must require participants to
364 demonstrate competency in:

365 a. Identifying behaviors associated with autism.

366 b. Supporting the learning environment in both general and
367 specialized classroom settings.

368 c. Promoting the use of assistive technologies.

369 d. Applying evidence-based instructional practices.

370 3. The micro-credential must:

371 a. Be provided at no cost to eligible participants.

372 b. Be competency-based, allowing participants to complete
373 the credentialing process either in person or online.

374 c. Permit participants to receive the micro-credential at
375 any time during training once competency is demonstrated.

376 4. Individuals eligible under subparagraph 1. who complete
377 the micro-credential are eligible for a one-time stipend, as

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378 determined in the General Appropriations Act. The center shall
379 administer stipends for the micro-credential.

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



The Florida Senate

Committee Agenda Request

To: Senator Colleen Burton, Chair
Committee on Health Policy

Subject: Committee Agenda Request

Date: January 5, 2026

I respectfully request that **Senate Bill #902**, relating to Department of Health, be placed on the:

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

A handwritten signature in black ink, appearing to read "Ileana Garcia".

Senator Ileana Garcia
Florida Senate, District 36

Feb. 11, 2026

Meeting Date

Health Policy

Committee

The Florida Senate
APPEARANCE RECORD

Deliver both copies of this form to
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Amendment

Tab 4

SB 902

Bill Number or Topic

020828

Amendment Barcode (if applicable)

Name

Joe Anne Hart

Phone

850.224.1089

Address

118 E. Jefferson Street

Street

Email

jahart@floridadental.org

City

Tallah

State

FL

Zip

32301

Speaking:

For

Against

Information

OR

Waive Speaking:

In Support

Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without
compensation or sponsorship.

I am a registered lobbyist,
representing:

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

Florida Dental Association

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

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

S-001 (08/10/2021)

The Florida Senate

APPEARANCE RECORD

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2/11/26
Meeting Date

Health Policy
Committee

902
Bill Number or Topic

674674 +
Amendment Barcode (if applicable)

Name Jennifer hang

Phone 813-919-5838

Address 1306 Wellwood Dr
Street

Email jhang@myfamilyfirstnc.com

Brandon FL 33510
City State Zip

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

PLEASE CHECK ONE OF THE FOLLOWING:

- I am appearing without compensation or sponsorship.
- I am a registered lobbyist, representing:
- I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

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

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2/11/26

Meeting Date

The Florida Senate APPEARANCE RECORD

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902

Bill Number or Topic

6074674

Amendment Barcode (if applicable)

Committee

Name

Monica Rodriguez

Phone

850 766-6287

Address

201 N Park Avenue

Email

monica@ballardpartners

Street

Tallahassee FL

City

State

Zip

Speaking:

For

Against

Information

OR

Waive Speaking:

In Support

Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without
compensation or sponsorship.

I am a registered lobbyist,
representing:

Epilepsy Alliance
of Florida

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

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

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APPEARANCE RECORD

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SB 902

Bill Number or Topic

674674

Amendment Barcode (if applicable)

2/11/26

Meeting Date

Health Policy

Committee

Name

Denise Bellville

Phone

850-222-8967

Address

817 N Gadsden St

Email

dbellville@homecarefla.org

Street

Tallahassee

FL

32303

City

State

Zip

Speaking:

For

Against

Information

OR

Waive Speaking:

In Support

Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

Home Care Association of Florida

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

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

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

Tab 11

The Florida Senate

APPEARANCE RECORD

SB 902

2/11/26

Meeting Date

Bill Number or Topic

Health Policy

Committee

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

Amendment Barcode (if applicable)

Name J.P. Bell (CDOT)

Phone

Address

Email John.bell@FLHealth.gov

Street

City

State

Zip

Speaking: [] For [] Against [] Information OR Waive Speaking: [x] In Support [] Against

PLEASE CHECK ONE OF THE FOLLOWING:

[] I am appearing without compensation or sponsorship.

[x] I am a registered lobbyist, representing: department of Health

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

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

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S-001 (08/10/2021)

The Florida Senate

APPEARANCE RECORD

SB 902

2/11/26

Meeting Date

Bill Number or Topic

Health policy

Committee

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

Amendment Barcode (if applicable)

Name melissa Jordan (DOH) Phone

Address Street

Email melissa.jordan@FLHealth.gov

Street

City

State

Zip

Speaking:

For

Against

Information

OR

Waive Speaking:

In Support

Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

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

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

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S-001 (08/10/2021)

The Florida Senate

APPEARANCE RECORD

Deliver both copies of this form to
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2/11/26
Meeting Date
Senate Health Policy
Committee

SB902 /
Bill Number or Topic
Amendment Barcode (if applicable)

Name Heather Pazanski Phone 772-538-7448

Address 1300 SW San Antonio Dr. Email heatherpazanski@gmail.com
Street

Palm City FL 34990
City State Zip

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

PLEASE CHECK ONE OF THE FOLLOWING:

- I am appearing without compensation or sponsorship.
- I am a registered lobbyist, representing:
- I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

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

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February 11, 2026

The Florida Senate
APPEARANCE RECORD

902

Meeting Date

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

Bill Number or Topic

Health Policy

Committee

Amendment Barcode (if applicable)

Name **Barney Bishop**

Phone **8505109922**

Address **1454 Vieux Carre Drive**

Email **Barney@BarneyBishop.com**

Street

Tallahassee

FL

32308

City

State

Zip

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

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

Florida Smart Justice Alliance

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

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

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The Florida Senate

APPEARANCE RECORD

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2/11/2026

Meeting Date

SB 902

Bill Number or Topic

Committee

Amendment Barcode (if applicable)

Name Brienna McLeod

Phone (516) 984-5354

Address

Email

Street

Tallahassee

FL

32301

City

State

Zip

Speaking: [] For [] Against [] Information OR Waive Speaking: [x] In Support [] Against

PLEASE CHECK ONE OF THE FOLLOWING:

[x] I am appearing without compensation or sponsorship.

[] I am a registered lobbyist, representing:

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

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

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S-001 (08/10/2021)

The Florida Senate

APPEARANCE RECORD

SB 902

02/11/26

Meeting Date

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

Bill Number or Topic

Senate Health Policy

Committee

Amendment Barcode (if applicable)

Name Jeffrey Sharkey

Phone 850-443-3355

Address 106 College Ave.

Email

Street

Tallahassee

FL

32301

City

State

Zip

Speaking: For Against Information OR Waive Speaking: In Support Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

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

Medical Marijuana Business Association of Florida

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

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S-001 (08/10/2021)

The Florida Senate

APPEARANCE RECORD

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2/11/26

Meeting Date

902 381.986

Bill Number or Topic

Health Policy

Committee

Amendment Barcode (if applicable)

Name Melissa Villar

Phone 856 354-1636

Address Po Box 11254

Street

Email melissa@NORML

Tallahassee FL 32302

City

State

Zip

Tallahassee.org

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

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

NORML
Tallahassee

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

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

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S-001 (08/10/2021)

The Florida Senate

APPEARANCE RECORD

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902

Bill Number or Topic

2/11/26

Meeting Date

Health Policy

Committee

Amendment Barcode (if applicable)

Name Jodi James

Phone 321 890 7302

Address 1385 Cypress Ave

Street

Email jodi@FLCAN.org

Mybourn FL 32935

City

State

Zip

Speaking: [] For [X] Against [] Information OR Waive Speaking: [] In Support [] Against

PLEASE CHECK ONE OF THE FOLLOWING:

[] I am appearing without compensation or sponsorship.

[X] I am a registered lobbyist, representing:

Florida Cannabis Action Network

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

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

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The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

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

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

BILL: CS/SB 196

INTRODUCER: Health Policy Committee and Senator Sharief and others

SUBJECT: Uterine Fibroid Research Database

DATE: February 12, 2026 **REVISED:** _____

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

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/SB 196 removes the prohibition against including personal identifying information in the uterine fibroid research database because, under current law, the Department of Health (DOH) is unable to effectively implement the legislative purpose of the uterine fibroid research database without this information being submitted to the database.

The bill provides that it will take effect on the same date that SB 864, or similar legislation, takes effect if enacted in the same legislative session or extension thereof.

II. Present Situation:

Uterine Fibroids¹

Uterine fibroids are tumors inside the uterus that grow on the muscular walls of the uterus. They are almost always benign (not cancerous). Fibroids can grow as a single tumor, or there can be multiple tumors, as small as an apple seed or as big as a grapefruit. Between 20 and 80 percent of women will have uterine fibroids before they turn 50. The DOH reports, “Black women are three times more likely to be diagnosed with fibroids than white women. They are also more likely to get them at a younger age and experience more severe symptoms.”

¹ Department of Health, *Diseases & Conditions: Uterine Fibroids*, available at <http://floridahealth.gov/diseases-and-conditions/disease/uterine-fibroids/> (last visited Feb. 2, 2026).

Most fibroids happen in women of reproductive age, and they can complicate getting or staying pregnant. The exact cause of uterine fibroids is unknown, but the hormones estrogen and progesterone play a role. Many women never have symptoms, but some do. Symptoms include abnormal bleeding, pelvic discomfort, pelvic pain, bladder problems, and bowel problems.

Fibroids may be treated depending on the impact they have on the affected woman's life. Treatment may include hormonal contraceptives or surgeries removing fibroids themselves (myomectomy) or the whole uterus (hysterectomy). Additionally, a uterine artery embolization (UAE) can be an alternative to major surgery for some women, stopping blood flow to the fibroids, which causes them to die (and shrink) over time.

Uterine Fibroid Research Database

In 2022, the Legislature created s. 381.9312, F.S., requiring the DOH to develop and maintain an electronic uterine fibroid research database to encourage research on the diagnosis and treatment of uterine fibroids and to ensure women are provided relevant information and health care necessary to prevent and treat uterine fibroids.² The statute requires the database to include, at a minimum, the incidence and prevalence of women diagnosed with uterine fibroids in the state, demographic attributes of women diagnosed with uterine fibroids, and treatments and procedures used by health care providers.³ Health care providers who diagnose or treat a woman with uterine fibroids must submit information to the DOH for inclusion in the database in a form and manner adopted by rule.⁴ No such rule has been adopted and the database remains only partially implemented.

Current law prohibits the database from including any personal identifying information of women diagnosed with or treated for uterine fibroids.⁵ As a result, the DOH cannot collect personal health information for purposes such as deduplication and matching.⁶ Without the ability to collect personal health information to deduplicate records and match individuals across submissions, the DOH indicates that accurately analyzing and understanding uterine fibroids in Florida's population is not achievable.⁷ The DOH cannot presently reliably determine the number of women with the condition or assess treatment outcomes.⁸

Notwithstanding the statutory restriction on personal identifying information in the database, the DOH reports it employs a defense-in-depth security approach with multiple security layers to protect the deidentified data in the uterine fibroid research database.⁹

² Section 381.9312(2)(a), F.S.

³ *Id.*

⁴ Section 381.9312(2)(b), F.S.

⁵ Section 381.9312(2)(c), F.S.

⁶ Department of Health, *HB 196 Legislative Bill Analysis* (received Jan. 28, 2026) (on file with the Senate Committee on Health Policy).

⁷ *Id.*

⁸ *Id.*

⁹ *Id.*

III. Effect of Proposed Changes:

Section 1 of the bill amends s. 381.9312, F.S., which currently establishes the uterine fibroid research database, to delete a prohibition on the inclusion of any personal identifying information of women diagnosed with or treated for uterine fibroids in the database.

Section 2 provides an effective date of the same date that SB 864 or similar legislation takes effect if such legislation is adopted in the same legislative session or an extension thereof and becomes a law. CS/SB 864 provides an effective date of July 1, 2026.

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

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None identified.

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

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

None.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends 381.9312 of the Florida Statutes.

Additional Information:

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

CS by Health Policy on February 11, 2026:

The CS provides an effective date contingent on SB 864 or similar legislation becoming a law. The CS deletes a provision in the underlying bill that would have required, by reference, the DOH to add uterine fibroids to the list of reportable diseases maintained under s. 381.0031(4), F.S.

- B. **Amendments:**

None.



514292

LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
02/12/2026	.	
	.	
	.	
	.	

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

Senate Amendment (with title amendment)

Delete lines 17 - 24

and insert:

~~(c) The database may not include any personal identifying information of women diagnosed with or treated for uterine fibroids.~~

Section 2. This act shall take effect on the same date that SB 864 or similar legislation takes effect, if such legislation is adopted in the same legislative session or an extension



514292

11 | thereof and becomes a law.

12 |

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

14 | And the title is amended as follows:

15 | Delete lines 3 - 8

16 | and insert:

17 | database; amending s. 381.9312, F.S.; deleting a
18 | prohibition on the inclusion of personal identifying
19 | information in the uterine fibroid research database;
20 | providing a contingent effective date.

By Senator Sharief

35-00600-26

2026196__

1 A bill to be entitled
2 An act relating to the uterine fibroid research
3 database; amending s. 381.9312, F.S.; requiring the
4 Department of Health to include uterine fibroids in a
5 specified list of diseases it issues; providing
6 applicability; deleting a prohibition on the inclusion
7 of personal identifying information in the database;
8 providing an effective date.

9
10 Be It Enacted by the Legislature of the State of Florida:

11
12 Section 1. Paragraph (c) of subsection (2) of section
13 381.9312, Florida Statutes, is amended to read:

14 381.9312 Uterine fibroid research database; education and
15 public awareness.—

16 (2) UTERINE FIBROID RESEARCH DATABASE.—

17 (c) The department shall include uterine fibroids in the
18 list of diseases issued under s. 381.0031(4) ~~The database may~~
19 ~~not include any personal identifying information of women~~
20 ~~diagnosed with or treated for uterine fibroids.~~

21
22 The information required to be included under this subsection is
23 subject to s. 381.0031.

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



The Florida Senate

Committee Agenda Request

To: Senator Colleen Burton, Chair
Committee on Health Policy

Subject: Committee Agenda Request

Date: November 4, 2025

I respectfully request that **Senate Bill # 196**, relating to Uterine Fibroid Research Database, be placed on the:

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

A handwritten signature in blue ink, appearing to read "B. Sharief", written over a horizontal line.

Senator Barbara Sharief
Florida Senate, District 35

The Florida Senate

APPEARANCE RECORD

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02/11/26

Meeting Date

SB 196

Bill Number or Topic

Health Policy

Committee

Amendment Barcode (if applicable)

Name Lillian Paulitz Phone

Address Street Email

Street

Fort Myers

City

State

33913

Zip

Speaking: [X] For [] Against [] Information OR Waive Speaking: [] In Support [] Against

PLEASE CHECK ONE OF THE FOLLOWING:

[X] I am appearing without compensation or sponsorship.

[] I am a registered lobbyist, representing:

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

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

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2/11/26

Meeting Date

The Florida Senate APPEARANCE RECORD

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SB196

Bill Number or Topic

Committee

Amendment Barcode (if applicable)

Name

Amelia Zehnder

Phone

Address

Street

Orlando

City

FL

State

32804

Zip

Email

Speaking:

For

Against

Information

OR

Waive Speaking:

In Support

Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without
compensation or sponsorship.

I am a registered lobbyist,
representing:

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

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S-001 (08/10/2021)

2-11-26

Meeting Date

The Florida Senate
APPEARANCE RECORD

SB196

Bill Number or Topic

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

Committee

Amendment Barcode (if applicable)

Name

Elly Kennedy

Phone

407-376-8308

Address

2517 Lake Wade Ct

Email

Kennedyellyson@gmail.com

Street

Orlando

FL

32806

City

State

Zip

Speaking:

For

Against

Information

OR

Waive Speaking:

In Support

Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without
compensation or sponsorship.

I am a registered lobbyist,
representing:

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

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S-001 (08/10/2021)

2/11/2026

Meeting Date

The Florida Senate
APPEARANCE RECORD

SB 196

Bill Number or Topic

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

Committee

Amendment Barcode (if applicable)

Name Loell White

Phone 407-487-9002

Address 2517 Lake Wade Ct.
Street

Email loell.k.white@gmail.com

Orlando FL 32806
City State Zip

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

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

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

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S-001 (08/10/2021)

02/11/2026

Meeting Date

The Florida Senate

APPEARANCE RECORD

SB 196

Bill Number or Topic

Health Policy

Committee

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Amendment Barcode (if applicable)

Name Brandi Cook

Phone (850) 570 7905

Address 2015 Gray Birch Way

Email brandicook24@yahoo.com

Street

Tallahassee FL 32308

City

State

Zip

Speaking: For Against Information OR Waive Speaking: In Support Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

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

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S-001 (08/10/2021)

The Florida Senate

APPEARANCE RECORD

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2/11/20

Meeting Date

196

Bill Number or Topic

Health Policy

Committee

Amendment Barcode (if applicable)

Name Amanda Just

Phone

Address

Email

Street

City

State

Zip

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

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

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

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S-001 (08/10/2021)

The Florida Senate
APPEARANCE RECORD

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SB 196

Bill Number or Topic

Amendment Barcode (if applicable)

2-11-26
Meeting Date
Health Policy
Committee
Name Lauren Ronson

Address _____ Phone _____
Street

Gainessville FL 32608
City State Zip

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

PLEASE CHECK ONE OF THE FOLLOWING:

- I am appearing without compensation or sponsorship.
- I am a registered lobbyist, representing:
- I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

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S-001 (08/10/2021)

The Florida Senate

APPEARANCE RECORD

Deliver both copies of this form to
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2/11/26

Meeting Date

SB-196

Bill Number or Topic

Health Policy

Committee

Amendment Barcode (if applicable)

Name Anna Jones

Phone

Address

Street

Email

Port St Lucie FL 34986

City

State

Zip

Speaking:

For

Against

Information

OR

Waive Speaking:

In Support

Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without
compensation or sponsorship.

I am a registered lobbyist,
representing:

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

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2/11/26

Meeting Date

HD

Committee

The Florida Senate APPEARANCE RECORD

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

SB 196

Bill Number or Topic

Amendment Barcode (if applicable)

Name Eme Gallagher

Phone _____

Address _____

Email _____

Street

Tampa

City

FL

State

33606

Zip

Speaking: For Against Information

OR

Waive Speaking: In Support Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

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

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S-001 (08/10/2021)

The Florida Senate
APPEARANCE RECORD

2/11/26

Meeting Date

SB 196

Bill Number or Topic

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

Committee

Amendment Barcode (if applicable)

Name Zachary Meyer

Phone _____

Address _____

Email _____

Street

Sanford

FL

32773

City

State

Zip

Speaking:

For

Against

Information

OR

Waive Speaking:

In Support

Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

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

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S-001 (08/10/2021)

The Florida Senate

APPEARANCE RECORD

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2.11.26

Meeting Date

SB 196

Bill Number or Topic

HD

Committee

Amendment Barcode (if applicable)

Name Paige Horton

Phone

Address

Street

Email

Tampa

City

FL

State

33619

Zip

Speaking: [] For [] Against [] Information OR Waive Speaking: [X] In Support [] Against

PLEASE CHECK ONE OF THE FOLLOWING:

[X] I am appearing without compensation or sponsorship.

[] I am a registered lobbyist, representing:

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

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The Florida Senate

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2/11/26

Meeting Date

196

Bill Number or Topic

Health Policy

Committee

Amendment Barcode (if applicable)

Name Kayne Gentile

Phone

Address

Email

Street

Punta Gorda

33951

City

State

Zip

Speaking:

For

Against

Information

OR

Waive Speaking:

In Support

Against

PLEASE CHECK ONE OF THE FOLLOWING:

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I am a registered lobbyist, representing:

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Meeting Date

SB 196

Bill Number or Topic

Health Policy

Committee

Amendment Barcode (if applicable)

Name Laura Rodriguez

Phone _____

Address _____

Email _____

Street

Miami Beach

City

State

33141

Zip

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

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

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

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Meeting Date

Health Policy

Committee

SB196

Bill Number or Topic

Amendment Barcode (if applicable)

Name Ariana Lippiello

Phone

Address

Street

Tampa

City

FL

State

33613

Zip

Email

Speaking:

For

Against

Information

OR

Waive Speaking:



In Support

Against

PLEASE CHECK ONE OF THE FOLLOWING:

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I am a registered lobbyist, representing:

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

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2/11/26 Meeting Date

SB 196 Bill Number or Topic

Health Policy Committee

Amendment Barcode (if applicable)

Name Nastasia Perez Phone

Address Street Email

Tampa FL 33617 City State Zip

Speaking: [] For [] Against [] Information OR Waive Speaking: [x] In Support [] Against

PLEASE CHECK ONE OF THE FOLLOWING:

- [x] I am appearing without compensation or sponsorship. [] I am a registered lobbyist, representing: [] I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

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Meeting Date

SB 196

Bill Number or Topic

Health Policy Committee

Committee

Amendment Barcode (if applicable)

Name Sophia Schwartz

Phone _____

Address _____

Email _____

Street

Venice

City

FL

State

34293

Zip

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

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

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

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S-001 (08/10/2021)

2/11/26

Meeting Date

The Florida Senate APPEARANCE RECORD

SB 196

Bill Number or Topic

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Senate Health Policy
Committee

Amendment Barcode (if applicable)

Name Janet Chaikin

Phone _____

Address _____

Email _____

Street

Delray Beach FL

City

State

Zip

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

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

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

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The Florida Senate

APPEARANCE RECORD

SB 196

Meeting Date

Bill Number or Topic

Senate Health Policy

Committee

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Amendment Barcode (if applicable)

Name

Mary Ann Cordray

Phone

Address

Street

St Augustine

City

State

32092

Zip

Email

Speaking:

For

Against

Information

OR

Waive Speaking:

In Support

Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without
compensation or sponsorship.

I am a registered lobbyist,
representing:

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

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Meeting Date

The Florida Senate APPEARANCE RECORD

SB 196

Bill Number or Topic

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Committee

Amendment Barcode (if applicable)

Name Maggie Layman

Phone _____

Address _____

Email _____

Street

Tallahassee FL 32304

City

State

Zip

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

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

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

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The Florida Senate

APPEARANCE RECORD

SB 196

2/12/26

Meeting Date

Bill Number or Topic

Health Policy

Committee

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Fay-den-how-ur

Amendment Barcode (if applicable)

Name

Christian Pfadenhauer

Phone

Address

Street

Email

City

State

Zip

32801

Speaking:

For

Against

Information

OR

Waive Speaking:

In Support

Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

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

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S-001 (08/10/2021)

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Meeting Date

The Florida Senate APPEARANCE RECORD

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SB 196

Bill Number or Topic

Committee

Amendment Barcode (if applicable)

Name

Elizabeth Drury

Phone

Address

Street

Hernandina Beach FL 32034

Email

City

State

Zip

Speaking:

For

Against

Information

OR

Waive Speaking:

In Support

Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without
compensation or sponsorship.

I am a registered lobbyist,
representing:

I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
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S-001 (08/10/2021)

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

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

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

BILL: SB 1574

INTRODUCER: Senators Bracy Davis and Sharief

SUBJECT: Newborn Screenings

DATE: February 10, 2026

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Looke	Brown	HP	Favorable
2.			AHS	
3.			FP	

I. Summary:

SB 1574 creates “Mattie’s Law.” The bill requires the Department of Health (DOH) to:

- Adopt rules that, beginning January 1, 2027, require each newborn be screened for biliary atresia (BA) using the blood specimen collected for newborn screenings.
- By October 1, 2026, implement a statewide public health education campaign to increase public awareness and understanding of BA and its associated risks.
- Consult with the Genetics and Newborn Screening Advisory Council before adopting rules regarding screening methods, follow-up procedures, and the inclusion of additional conditions in the screening program.

The bill also creates s. 395.3043, F.S., to require hospitals that provide birthing services to screen newborns for BA pursuant to the new requirement.

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

II. Present Situation:

Biliary Atresia

BA is a serious condition that is estimated to occur in one out of every 12,000 babies in the United States and in which a baby’s bile ducts are blocked and cannot send bile from their liver to their small intestine. Bile is a substance a baby’s liver produces that carries waste products to their intestines. Bile also helps a baby’s intestines digest and absorb vital nutrients. BA affects babies in their first few months of life and can quickly lead to severe liver damage without prompt treatment.

A slowdown or stalling of bile flow (cholestasis) affects a baby’s liver and all the organs and tissues surrounding it. Bile clogs up in a baby’s liver and causes scarring that can prevent the

baby's liver from working normally. Also, an afflicted baby's intestines cannot receive the bile needed to break down nutrients and support growth.¹

BA has a well-established treatment which can delay or even avoid the need for liver transplant. This treatment, Kasai portoenterostomy (KP), directly connects the intestines to the liver to restore bile flow. A critical factor predicting KP outcomes is the time at which the operation is performed. KPs performed before 30 to 45 days of life have the greatest chances of delaying or avoiding liver transplant. Unfortunately, in the United States, without screening, the average age at the time of KP is after 60 days of life and there have been no recent improvements.²

One screening strategy for BA is a two-stage screening that looks at serum bilirubin measurements. A study on four Houston, Texas, area hospitals over a 15-month period looked at bilirubin measurements in 11,636 infants and considered newborns to be positive if they had a direct or conjugated bilirubin concentration higher than the 95th percentile. In the second stage, an infant was considered to be positive if he or she had rising concentrations of bilirubin at or before the first well-child visited. Of the 11 infants that tested positive in both stages, two had BA. Of the two infants with BA, the KP was unable to be performed on one of them due to severe congenital heart disease. After the KP procedure, the other infant's bilirubin concentration normalized within three months and the patient survived, transplant-free past two years of age.³

Florida's Newborn Screening Program

Established in s. 383.14, F.S., Florida's Newborn Screening Program requires the DOH to promote the screening of all newborns born in Florida for metabolic, hereditary, and congenital disorders known to result in significant impairment of health or intellect, as screening programs accepted by current medical practice become available and practical in the judgment of the DOH. The primary method of screening is a blood sample which is collected on a specimen card and submitted to the State Public Health Laboratory for testing.⁴ The State Public Health Laboratory is required to send a written report with the results of the newborn screening to the submitting entity within five calendar days after receipt of the specimen.⁵ Currently, the screening program screens for 37 core conditions and may detect an additional 23 secondary conditions.⁶

III. Effect of Proposed Changes:

SB 1574 creates "Mattie's Law." The bill amends s. 383.14, F.S., to require the DOH to:

- Adopt rules that, beginning January 1, 2027, require each newborn be screened for BA using the blood specimen collected for newborn screenings.

¹ *Biliary Atresia*, Cleveland Clinic, last updated Aug. 9, 2023, available at <https://my.clevelandclinic.org/health/diseases/21076-biliary-atresia>, (last visited Feb. 5, 2026).

² Rabbani T, Guthery SL, Himes R, Shneider BL, Harpavat S. Newborn Screening for Biliary Atresia: a Review of Current Methods. *Curr Gastroenterol Rep.* 2021 Nov 24;23(12):28. doi: 10.1007/s11894-021-00825-2. PMID: 34817690; PMCID: PMC8651301.

³ Newborn Bilirubin Screening for Biliary Atresia, August 11, 2016, *N. Engl. J. Med.* 2016;375:605-606, VOL. 375 NO.6.

⁴ Rule 64C-7.002, F.A.C.

⁵ Rule 64C-7.005, F.A.C.

⁶ For a full list of conditions, see <https://floridanewbornscreening.com/conditions/core-secondary-conditions/>, (last visited Feb. 5, 2026).

- By October 1, 2026, implement a statewide public health education campaign to increase public awareness and understanding of BA and its associated risks. The campaign, at a minimum, must:
 - Educate new and expecting parents on the symptoms of BA and the importance of early diagnosis; and
 - Provide guidance to physicians, physician assistants, and nurses on strategies for identifying BA in infants and the risks of delayed treatment.
- Consult with the Genetics and Newborn Screening Advisory Council before adopting rules regarding screening methods, follow-up procedures, and the inclusion of additional conditions in the screening program.

The bill also creates s. 395.3043, F.S., to require hospitals that provide birthing services to screen newborns for BA pursuant to the new requirement.

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

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

None.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends section 383.14 of the Florida Statutes.

This bill creates section 395.3043 of the Florida Statutes.

IX. Additional Information:

A. Committee Substitute – Statement of Changes:

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

None.

B. Amendments:

None.

By Senator Bracy Davis

15-00087A-26

20261574__

1 A bill to be entitled
2 An act relating to newborn screenings; providing a
3 short title; amending s. 383.14, F.S.; revising
4 rulemaking procedures; requiring that newborns,
5 beginning on a specified date, be screened for biliary
6 atresia; requiring the Department of Health to consult
7 with the Genetics and Newborn Screening Advisory
8 Council before adopting certain rules; requiring the
9 department, by a specified date, to implement a
10 certain education campaign relating to biliary
11 atresia; creating s. 395.3043, F.S.; requiring
12 hospitals that provide birthing services to screen for
13 biliary atresia in a specified manner; providing an
14 effective date.

15
16 Be It Enacted by the Legislature of the State of Florida:

17
18 Section 1. This act may be cited as "Mattie's Law."

19 Section 2. Paragraph (a) of subsection (2) of section
20 383.14, Florida Statutes, is amended, paragraph (c) is added to
21 that subsection, and paragraph (i) is added to subsection (3) of
22 that section, to read:

23 383.14 Screening for metabolic disorders, other hereditary
24 and congenital disorders, and environmental risk factors.—

25 (2) RULES.—

26 (a) ~~After consultation with the Genetics and Newborn~~
27 ~~Screening Advisory Council,~~ The department shall adopt and
28 enforce rules requiring that every newborn in this state must
29 ~~shall~~:

15-00087A-26

20261574__

30 1. Before becoming 1 week of age, have a blood specimen
31 collected for newborn screenings;

32 2. Be tested for any condition included on the federal
33 Recommended Uniform Screening Panel which the council advises
34 the department should be included under the state's screening
35 program. After the council recommends that a condition be
36 included, the department shall submit a legislative budget
37 request to seek an appropriation to add testing of the condition
38 to the newborn screening program. The department shall expand
39 statewide screening of newborns to include screening for such
40 conditions within 18 months after the council renders such
41 advice, if a test approved by the United States Food and Drug
42 Administration or a test offered by an alternative vendor is
43 available. If such a test is not available within 18 months
44 after the council makes its recommendation, the department must
45 ~~shall~~ implement such screening as soon as a test offered by the
46 United States Food and Drug Administration or by an alternative
47 vendor is available;

48 3. At the appropriate age, be tested for such other
49 metabolic diseases and hereditary or congenital disorders as the
50 department may deem necessary; ~~and~~

51 4. Beginning January 1, 2027, be screened for biliary
52 atresia by testing the newborn's direct bilirubin levels using
53 the blood specimen collected for newborn screenings; and

54 5.4. Subject to legislative appropriation, beginning
55 January 1, 2027, be screened for Duchenne muscular dystrophy.

56 (c) The department shall consult with the Genetics and
57 Newborn Screening Advisory Council before adopting rules
58 regarding screening methods, follow-up procedures, and the

15-00087A-26

20261574__

59 inclusion of additional conditions in the screening program.

60 (3) DEPARTMENT OF HEALTH; POWERS AND DUTIES.—The department
61 shall administer and provide certain services to implement the
62 provisions of this section and shall:

63 (i) By October 1, 2026, implement a statewide public health
64 education campaign to increase public awareness and
65 understanding of biliary atresia and its associated risks. The
66 campaign shall, at a minimum:

67 1. Educate new and expecting parents on the symptoms of
68 biliary atresia and the importance of early diagnosis.

69 2. Provide guidance to health care providers licensed under
70 chapters 458, 459, and 464 on strategies for identifying biliary
71 atresia in infants and the risks of delayed treatment.

72
73 All provisions of this subsection must be coordinated with the
74 provisions and plans established under this chapter, chapter
75 411, and Pub. L. No. 99-457.

76 Section 3. Section 395.3043, Florida Statutes, is created
77 to read:

78 395.3043 Mandatory newborn screening for biliary atresia.—A
79 hospital that provides birthing services shall screen newborns
80 for biliary atresia as required in s. 383.14(2)(a)4.

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

The Florida Senate

Committee Agenda Request

To: Senator Colleen Burton, Chair
Committee on Health Policy

Subject: Committee Agenda Request

Date: January 20, 2026

I respectfully request that Senate Bill #1574 relating to Newborn Screenings, and cited as “Mattie’s Law,” be placed on the Health Policy Committee agenda.

SB 1574 makes important, lifesaving updates to Florida’s newborn screening program by requiring that newborns, beginning January 1, 2027, be screened for biliary atresia, a rare but serious liver disease where early detection is critical to survival and long-term health outcomes. The bill ensures screening is conducted using existing blood specimens and establishes clear implementation standards for hospitals that provide birthing services.

This bill is grounded in a medical reality: biliary atresia is often difficult to detect through visual observation alone, and delayed diagnosis can lead to irreversible liver damage, the need for transplant, or death. Early screening enables timely intervention, significantly improving treatment outcomes and reducing long-term health costs.

SB 1574 also strengthens oversight and public awareness by requiring the Department of Health to consult with the Genetics and Newborn Screening Advisory Council before adopting rules and implementing a statewide education campaign for parents and health care providers. By prioritizing early detection, informed care, and coordinated implementation, SB 1574 promotes healthier outcomes for Florida’s newborns and peace of mind for families.

Thank you for considering this request. If you have any questions, please do not hesitate to contact me at (321) 663-2057.



Senator Lavon Bracy Davis
Florida Senate, District 15

①

Tab 13

Feb 11, 2026

The Florida Senate APPEARANCE RECORD

SB 1574

Meeting Date

Bill Number or Topic

Health

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Committee

Amendment Barcode (if applicable)

Name Allison Beacham

Phone 407 373 4921

Address 13454 Bellaria Circle

Email allisonbeacham@yahoo.com

Street

Windermere FL

34786

City

State

Zip

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

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

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

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. 511.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

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S-001 (08/10/2021)

2

Feb 11, 2026

Meeting Date

Health

Committee

The Florida Senate

APPEARANCE RECORD

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SB 1574

Bill Number or Topic

Amendment Barcode (if applicable)

Name Michael Beacham

Phone 215 964 4343

Address 13454 Bellaria Circle

Email beacham9001@yahoo.com

Street

Windermere FL

34786

City

State

Zip

Speaking: [X] For [] Against [] Information OR Waive Speaking: [] In Support [] Against

PLEASE CHECK ONE OF THE FOLLOWING:

[X] I am appearing without compensation or sponsorship.

[] I am a registered lobbyist, representing:

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

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S-001 (08/10/2021)

2/11/26

Meeting Date

Health Policy

Committee

The Florida Senate APPEARANCE RECORD

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SB 1574 Newborn Screenings

Bill Number or Topic

Amendment Barcode (if applicable)

Name Vanessa Brice

Phone _____

Address 218 S. Monroe St.

Email _____

Street

Tallahassee, FL 32301

City

State

Zip

Speaking: For Against Information

OR

Waive Speaking: In Support Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

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

Florida Justice Association

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S-001 (08/10/2021)

The Florida Senate

APPEARANCE RECORD

SB 1574

02/11/2026

Meeting Date

Bill Number or Topic

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Health Policy

Committee

Amendment Barcode (if applicable)

Name Brandi Cook

Phone (850) 570 7905

Address 2015 Gray Birch Way

Street

Email brandi.cook24@yahoo.com

Tallahassee FL 32308

City

State

Zip

Speaking: For Against Information OR Waive Speaking: In Support Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

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

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

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

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

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

BILL: SB 878

INTRODUCER: Senator Yarborough

SUBJECT: Clinical Laboratory Personnel

DATE: February 10, 2026

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Smith	Brown	HP	Favorable
2.			AHS	
3.			RC	

I. Summary:

SB 878 requires the Department of Health (DOH) to deem applicants for licensure as a clinical laboratory technologist or technician as having satisfied Florida’s minimum licensure qualifications if the applicant meets specified federal Clinical Laboratory Improvement Amendments (CLIA) personnel qualification requirements for high complexity or moderate complexity testing. The bill eliminates state specific regulations for various specialty licensure categories.

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

II. Present Situation:

Florida Regulation of Clinical Laboratory Personnel

A clinical laboratory is a facility in which human specimen is tested to provide information or materials for use in the diagnosis, prevention, or treatment of a disease or the identification or assessment of a medical or physical condition. Services performed in clinical labs include the examination of:

- Fluids or other materials taken from the human body;
- Tissue taken from the human body; and
- Cells from individual tissues or fluid taken from the human body.¹

The DOH, through the Division of Medical Quality Assurance, and the Board of Clinical Laboratory Personnel (Board), regulates clinical laboratory personnel, trainees, and training programs under part I of ch. 483, F.S., ch. 456, F.S., and ch. 64B3-1 through 64B3-13, F.A.C.

¹ Section 483.803(2), F.S.

Florida licensure for clinical laboratory personnel is subdivided by both level of licensure and specialty of practice. Individuals may be licensed as a director, supervisor, technologist, technician, or public health laboratory scientist. In state fiscal year 2024-2025, Florida had 21,549 licensed clinical laboratory personnel, including 12,683 licensed technologists and 2,031 licensed technicians.² At each level, a licensee may hold one or more specialty licenses as provided in ch. 64B3-5, F.A.C.

Pursuant to ss. 483.809 and 483.823, F.S., the Board has adopted the minimum education, training, experience, and examination requirements for each level of licensure and for each specialty sought. Each licensure pathway requires national certification appropriate to the level of licensure and specialty area(s) of practice. The Board recognizes more than 40 certification types issued by 16 national certifying bodies.³

Florida is one of 10 states that require state licensure for clinical laboratory personnel.⁴ In the remaining states, personnel qualifications are generally determined by the laboratory director in accordance with federal Clinical Laboratory Improvement Amendments (CLIA) requirements or, when applicable, a state laboratory licensure program.

Rule 64B3-5.003(2), F.A.C., requires applicants for clinical laboratory technologist licensure to meet CLIA personnel qualification standards for high complexity testing.

Rule 64B3-5.004(2), F.A.C., requires applicants for clinical laboratory technician licensure to meet CLIA personnel qualification standards for moderate complexity testing; however, the rule also permits technicians who meet CLIA standards for high complexity testing to perform high complexity testing. The DOH does not track which technician licensees are authorized to perform high complexity testing. The Agency for Health Care Administration (AHCA) surveys federally certified clinical laboratories and verifies that personnel licensure is appropriate for the testing performed.⁵

Federal CLIA Oversight and Personnel Qualifications

The U.S. Centers for Medicare & Medicaid Services (CMS) regulates human laboratory testing, other than research testing, through the Clinical Laboratory Improvement Amendments (CLIA) certification program. Federal personnel standards applicable to individuals working in CLIA-certified laboratories are set forth in 42 C.F.R. part 493, subpart M.

Newly amended CLIA personnel standards that took effect in 2024⁶ provide that an individual performing high complexity testing, regardless of specialty, is deemed qualified if the individual meets one of several specified pathways, including being a licensed allopathic, osteopathic, or podiatric physician (M.D., D.O., or D.P.M.); holding a doctoral, master's, or bachelor's degree in chemical, biological, clinical, or medical laboratory science, or medical technology, from an accredited institution; holding an associate degree in laboratory science or medical laboratory

² Department of Health, *Senate Bill 878 Bill Analysis* (Dec. 15, 2025) (on file with the Senate Committee on Health Policy).

³ *Id.*

⁴ *Id.*

⁵ *Id.*

⁶ Clinical Laboratory Improvement Amendments of 1988 (CLIA) Fees; Histocompatibility, Personnel, and Alternative Sanctions for Certificate of Waiver Laboratories, 88 Fed. Reg. 89,976 (Dec. 28, 2023) (final rule) (effective Jan. 27, 2024).

technology from an accredited institution; completing an official U.S. military medical laboratory procedures training course of at least 50 weeks and holding the enlisted occupational specialty of Medical Laboratory Specialist (Laboratory Technician); or completing at least 60 semester hours (or equivalent) from an accredited institution with specified coursework in chemistry, biology, and laboratory sciences, together with completion of a laboratory training program and at least three months of work experience.⁷

With respect to moderate complexity testing, the amended regulations provide that an individual is deemed qualified if the individual meets the qualifications for high complexity testing; or has a high school diploma (or equivalent) and has successfully completed an official U.S. military medical laboratory procedures training course of at least 50 weeks and held the enlisted occupational specialty of Medical Laboratory Specialist (Laboratory Technician); or has a high school diploma (or equivalent) and documentation of laboratory training appropriate for the testing performed.

Florida licensure requirements exceed the federal CLIA baseline by basing qualifications on the specialty of testing performed, requiring national certification, and requiring applicants to have completed an approved training program or to demonstrate a specified amount of pertinent experience in one or more specialties.

III. Effect of Proposed Changes:

Section 1 of the bill amends s. 483.815, F.S., to require an applicant who qualifies under the new deeming pathways in Section 2 of the bill to provide proof of qualification, submit to the existing background screening requirement in s. 456.0135, F.S., and pay the fees already required under s. 483.807, F.S., to be eligible for licensure.

Section 2 of the bill amends s. 483.823, F.S., to create two deeming pathways for licensure. Under the bill:

- A technologist or technician applicant who satisfies 42 C.F.R. s. 493.1489 is deemed to have satisfied Florida's minimum qualifications to perform high complexity testing as a technologist or technician.
- A technician applicant who satisfies 42 C.F.R. s. 493.1423 is deemed to have satisfied Florida's minimum qualifications to perform moderate complexity testing as a technician.

Beginning July 1, 2026, the bill provides that new applicants would only need to demonstrate compliance with the applicable CLIA personnel standards to qualify for Florida licensure as a technologist or technician. Currently licensed technologists and technicians would be considered qualified under federal regulations because Florida licensure requirements already exceed the federal CLIA baseline.

The Board will need to update multiple rules to implement the bill using existing rulemaking authority under s. 483.805(4), F.S.

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

⁷ *Supra* note 3.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

The DOH anticipates a negative fiscal impact of \$55,680 in non-recurring contracted services funding to update the Licensing and Enforcement Information Database System and Online Service Portal (Versa Online) to modify the processing of all clinical laboratory applications.⁸

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

⁸ *Id.*

VIII. Statutes Affected:

This bill substantially amends sections 483.815 and 483.823 of the Florida Statutes.

IX. Additional Information:

A. Committee Substitute – Statement of Changes:

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

None.

B. Amendments:

None.

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

By Senator Yarborough

4-01276-26

2026878__

1 A bill to be entitled
2 An act relating to clinical laboratory personnel;
3 amending s. 483.815, F.S.; requiring that an applicant
4 who qualifies for licensure under specified provisions
5 provide proof of such qualification and pay the
6 required fees to be eligible for licensure; amending
7 s. 483.823, F.S.; requiring that applicants for
8 licensure as a technologist or technician who meet
9 specified criteria be deemed to have satisfied minimum
10 qualifications for licensure to perform high or
11 moderate complexity testing as a technologist or
12 technician, as applicable; providing an effective
13 date.

14
15 Be It Enacted by the Legislature of the State of Florida:

16
17 Section 1. Section 483.815, Florida Statutes, is amended to
18 read:

19 483.815 Application for clinical laboratory personnel
20 license.—

21 (1) An application for a clinical laboratory personnel
22 license must ~~shall~~ be made under oath on forms provided by the
23 department and must ~~shall~~ be accompanied by payment of fees as
24 provided by this part. Applicants for licensure must also submit
25 to background screening in accordance with s. 456.0135. A
26 license may be issued authorizing the performance of procedures
27 of one or more categories.

28 (2) An applicant who qualifies for licensure under s.
29 483.823(3) or (4) must provide proof of such qualification,

4-01276-26

2026878__

30 submit to background screening in accordance with s. 456.0135,
31 and pay the fees required under s. 483.807 to be eligible for
32 licensure.

33 Section 2. Subsections (3) and (4) are added to section
34 483.823, Florida Statutes, to read:

35 483.823 Qualifications of clinical laboratory personnel.—

36 (3) Except as otherwise provided in s. 483.812, a
37 technologist or technician applicant for licensure who satisfies
38 the requirements in 42 C.F.R. s. 493.1489 to perform high
39 complexity testing is deemed to have satisfied the minimum
40 qualifications for licensure under this part to perform high
41 complexity testing as a technologist or technician in this
42 state.

43 (4) Except as otherwise provided in s. 483.812, a
44 technician applicant for licensure who satisfies the
45 requirements in 42 C.F.R. s. 493.1423 to perform moderate
46 complexity testing is deemed to have satisfied the minimum
47 qualifications for licensure under this part to perform moderate
48 complexity testing as a technician in this state.

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



The Florida Senate

Committee Agenda Request

To: Senator Colleen Burton, Chair
Committee on Health Policy

Subject: Committee Agenda Request

Date: December 16, 2025

I respectfully request that **Senate Bill #878**, relating to Clinical Laboratory Personnel, be placed on the:

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



Senator Clay Yarborough
Florida Senate, District 4

The Florida Senate

APPEARANCE RECORD

SB 878

Bill Number or Topic

2/11

Meeting Date

HEALTH POLICY

Committee

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

Amendment Barcode (if applicable)

Name DOUG RUSSELL

Phone 850 445 0206

Address 9024 SHOAL CREEK DR

Email DRUSSELLTALLY@GMAIL.COM

Street

TALL

FL

32312

City

State

Zip

Speaking: For Against Information OR Waive Speaking: In Support Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

QUEST DIAGNOSTICS LAB

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

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

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

The Florida Senate

APPEARANCE RECORD

SB 878

2/11/2026

Meeting Date

Health Policy

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

Bill Number or Topic

Committee

Amendment Barcode (if applicable)

Name George Levesque

Phone 850-577-9090

Address 301 S. Bronough Street, Suite 600

Email George.Levesque@gray-robinson.com

Street

Tallahassee

FL

32301

City

State

Zip

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

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

Laboratory Corporation of America

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

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

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

S-001 (08/10/2021)

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

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

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

BILL: CS/SB 1092

INTRODUCER: Health Policy Committee and Senator Massullo

SUBJECT: Podiatric Medicine

DATE: February 12, 2026

REVISED: _____

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

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/SB 1092 limits the existing controlled substance prescribing continuing education requirement to podiatric physicians registered with the U.S. Drug Enforcement Administration and authorized to prescribe controlled substances, exempting podiatric physicians who do not prescribe controlled substances.

The bill authorizes podiatric physicians to perform stem cell therapies that have not been approved by the U.S. Food and Drug Administration (FDA) when used for orthopedic conditions, wound care, or pain management. The bill establishes standards for the manufacturing and storage of stem cells and requires a podiatric physician to obtain a signed informed consent form from a patient before administering any such therapy.

The bill requires that written notice be provided to a patient prior to the performance of stem cell therapy, disclosing that the therapy is not approved by the FDA. This disclosure must also be included in any advertisement for the therapy. The bill directs the Board of Podiatric Medicine to adopt rules to implement the bill.

The bill takes effect July 1, 2026.

II. Present Situation:

Podiatric Physicians

Podiatric physicians are licensed to practice podiatric medicine. Section 461.003, F.S., defines the “practice of podiatric medicine” to mean the diagnosis or medical, surgical, palliative, and mechanical treatment of ailments of the human foot and leg. Surgical treatment is anatomically limited to the area below the anterior tibial tubercle. The definition specifies that the practice includes amputation of the toes or other parts of the foot but does not include amputation of the foot or leg in its entirety.

Podiatrists are regulated by the Board of Podiatric Medicine (Board) within the Department of Health (DOH) under ch. 461, F.S., which establishes minimum requirements for the safe practice of podiatric medicine. At the end of state fiscal year 2024-2025, there were 1,589 in-state and 312 out-of-state podiatric physicians licensed by the state of Florida.¹

Licensed podiatrists are subject to discipline under ch. 456, F.S., and the podiatrist-specific grounds in ch. 461, F.S. The DOH and the Board may take action for rule violations, fraud, and other enumerated misconduct. The Board’s implementing rules are codified in Rule Chapter 64B18, F.A.C., addressing matters such as licensure and renewal, continuing medical education, advertising, and disciplinary grounds.

Prescribing Authority

Current law authorizes a podiatric physician to prescribe drugs that relate specifically to their authorized scope of practice within the definition of “practice of podiatric medicine.”² To become authorized to prescribe controlled substances to treat chronic nonmalignant pain, a podiatrist must designate himself or herself as a controlled substance prescribing practitioner on his or her practitioner profile and comply with all requirements specified in s. 456.44, F.S., and in rules established by the Board of Podiatric Medicine.³ Federal law requires a podiatrist to register with the U.S. Drug Enforcement Administration (DEA) before he or she may lawfully dispense⁴ a controlled substance.⁵

As a condition to receiving DEA registration, a podiatrist must complete at least eight hours of training on the treatment and management of patients with opioid or other substance use disorders, the safe pharmacological management of dental pain and screening, brief intervention,

¹ Division of Medical Quality Assurance, *Annual Report and Long-Range Plan: Fiscal Year 2024-2025*, at 29 <https://www.floridahealth.gov/wp-content/uploads/2026/01/2025.10.31.FY24-25MQAAR-FINAL1-1.pdf> (last visited Feb. 6, 2026).

² Section 461.003(5), F.S.

³ Section 456.44(2), F.S., Rule 64B18-23.002(2)(g), F.A.C.

⁴ Federal law relating to drug abuse prevention and control states that the term “dispense” means “to deliver a controlled substance to an ultimate user or research subject by, or pursuant to the lawful order of, a practitioner, including the prescribing and administering of a controlled substance and the packaging, labeling or compounding necessary to prepare the substance for such delivery. The term “dispenser” means a practitioner who so delivers a controlled substance to an ultimate user or research subject. 21 U.S.C. § 802(10).

⁵ 21 U.S.C. § 822(a)(2); 21 C.F.R. § 1301.11(a).

and referral for appropriate treatment of patients with or at risk of developing opioid or other substance use disorders.⁶

Federal law makes it unlawful for a registrant to dispense a controlled substance not authorized by his or DEA registration to another registrant or other authorized person.⁷ A registrant who engages in such unlawful practice is subject to a civil penalty of not more than \$25,000 and to criminal prosecution.⁸

Continuing Education Requirements

Current law requires podiatric physicians to complete 40 hours of continuing education (CE) as a part of the biennial licensure renewal process, and at least two of those hours must be on the safe and effective prescribing of controlled substances. All podiatrists, including those who are not authorized to prescribe controlled substances, are required to take the CE on safe and effective prescribing of controlled substances. The Board must approve the criteria for CE programs or courses.⁹

Overview of Stem Cells and Stem Cell Therapy

Stem cells are undifferentiated cells with the unique ability to develop into specialized cell types and to divide indefinitely under certain conditions.¹⁰ They are broadly classified as either embryonic or adult (somatic) stem cells. Embryonic stem cells, derived from early-stage embryos, are pluripotent and capable of differentiating into nearly all cell types in the human body. Adult stem cells are more limited in scope and typically generate only cell types consistent with their tissue of origin.

In 2007, researchers developed induced pluripotent stem cells (iPSCs), a type of adult stem cell reprogrammed to exhibit pluripotency.¹¹ These iPSCs have opened new frontiers in regenerative medicine by offering a potential alternative to the use of embryonic stem cells.

Stem cell therapy involves administering stem cells or derivatives to repair, replace, or regenerate human tissues. While hematopoietic stem cell transplants for blood disorders are established treatments, many other stem cell therapies remain experimental and are not approved by the FDA for routine clinical use.¹²

⁶ 21 U.S.C. § 823(m)(1).

⁷ 21 U.S.C. § 842(a)(2).

⁸ 21 U.S.C. § 842(c).

⁹ Section 461.007(3), F.S., and Rule 64B18-17, F.A.C. By rule, the Board approves of all CE programs sponsored or approved by the American Podiatric Medical Association, the Council on Podiatric Medical Education, the American Medical Association, the American Osteopathic Association, and the American Hospital Association. Rule 64B18-17.002(1), F.A.C.

¹⁰ Department of Health, Senate Bill 1617 *Legislative Analysis* (Mar. 19, 2025) (on file with the Senate Committee on Health Policy).

¹¹ *Id.*

¹² Harvard Stem Cell Institute, *Frequently Asked Questions: Stem Cell Therapies*, available at: <https://www.hsci.harvard.edu/faq/stem-cell-therapies> (last visited Feb. 4, 2026).

Federal Regulation of Human Cells, Tissues, and Cellular and Tissue-Based Products

The FDA regulates stem cell products that meet the definition of human cells, tissues, or cellular and tissue-based products (HCT/Ps) through its Center for Biologics Evaluation and Research (CBER).¹³ CBER's authority derives from the Public Health Service Act (42 U.S.C. § 264) and the Federal Food, Drug, and Cosmetic Act (21 U.S.C. §§ 301 et seq.). Applicable federal regulations are found primarily in 21 C.F.R., part 1271.

Products that meet all of the criteria under 21 C.F.R. § 1271.10 – commonly referred to as “361 HCT/Ps” – are subject to less stringent oversight. To qualify, the product must be:

- Minimally manipulated;
- Intended solely for homologous use;
- Not combined with another article (except for certain preservatives or water); and
- Either non-systemic and not dependent on the metabolic activity of living cells for its primary function, or used autologously or in a first- or second-degree blood relative.

Products that do not meet these criteria are classified as “351 HCT/Ps” and are regulated as biological drugs. These products require premarket approval through the FDA's Investigational New Drug (IND) and Biologics License Application (BLA) pathways, under 21 C.F.R., parts 312 and 600–680.

Enforcement and Oversight by FDA

The FDA requires establishments that manufacture or manipulate HCT/Ps to register with CBER and to comply with current Good Tissue Practices (cGTPs) under 21 C.F.R. part 1271, subpart D.¹⁴ These practices are designed to prevent the introduction or transmission of communicable diseases. The FDA conducts inspections, issues warning letters, and may pursue civil or criminal enforcement actions against facilities or providers offering unapproved or noncompliant stem cell therapies.

The FDA has issued warnings about the widespread marketing of unapproved regenerative medicine products, noting that approval is granted only after rigorous evaluation in clinical trials to ensure safety and efficacy.¹⁵ The FDA has received reports of serious adverse events associated with unapproved regenerative medicine therapies, including blindness, tumor formation, and infections.¹⁶ Consumers are advised to exercise caution and are encouraged to report any adverse effects or file complaints related to these products directly to the FDA.

¹³ U.S. Food & Drug Administration, *Center for Biologics Evaluation and Research (CBER)*, available at: <https://www.fda.gov/about-fda/fda-organization/center-biologics-evaluation-and-research-cber> (last visited Feb. 4, 2026).

¹⁴ See also U.S. Department of Health & Human Services, *Current Good Tissue Practice (CGTP) and Additional Requirements for Manufacturers of Human Cells, Tissues, and Cellular and Tissue-Based Products (HCT/Ps)*, available at: <https://www.hhs.gov/guidance/document/current-good-tissue-practice-cgtp-and-additional-requirements-manufacturers-human-cells> (last visited Feb. 6, 2026).

¹⁵ U.S. Food & Drug Administration, *Important Patient and Consumer Information About Regenerative Medicine Therapies*, available at: <https://www.fda.gov/vaccines-blood-biologics/consumers-biologics/important-patient-and-consumer-information-about-regenerative-medicine-therapies> (last visited Feb. 4, 2026).

¹⁶ *Id.*

Regulation by the Florida Boards of Medicine and Osteopathic Medicine

The Florida Board of Medicine (BOM), under the DOH, is responsible for licensing, regulating, and disciplining medical doctors, a.k.a. allopathic physicians, pursuant to ch. 458, F.S. The Board of Osteopathic Medicine (BOOM), pursuant to ch. 459, F.S., exercises the same authority for osteopathic physicians.

On July 1, 2025, a new law took effect authorizing allopathic and osteopathic physicians to perform stem cell therapies that have not been approved by the FDA when used for orthopedic conditions, wound care, or pain management.¹⁷ Sections 458.3245 and 459.0127, F.S., establish standards for the manufacturing and storage of stem cells and procedures for allopathic physician and osteopathic physicians, respectively, to perform stem cell therapy.

Allopathic and osteopathic physicians are exempt from the requirements in those sections if they perform stem cell therapy on behalf of an institution accredited by:

- The Foundation for the Accreditation of Cellular Therapy;
- The Blood and Marrow Transplant Clinical Trials Network;
- The Association for the Advancement of Blood and Biotherapies; or
- An entity with expertise in stem cell therapy as determined by the DOH.

The DOH reports that it does not have rulemaking authority or a panel of experts to determine additional entities with stem cell expertise.¹⁸ The 2025 law delegates rulemaking authority to the BOM and BOOM.¹⁹ The Boards have formed a workgroup to discuss if any additional entities with expertise should be identified. The workgroup will make a recommendation to the Boards for consideration of a proposed rule.

III. Effect of Proposed Changes:

Section 1 amends s. 461.007, F.S., to establish that only podiatric physicians who are registered with the DEA and who are authorized to prescribe controlled substances pursuant to 21 U.S.C. s. 822, are required to complete a minimum of two hours of continuing education related to the safe and effective prescribing of controlled substances as a condition of biennial licensure renewal. The bill eliminates the requirement for podiatric physicians who do not prescribe controlled substances to complete such training within the 40 hours of continuing education otherwise required for license renewal.

Section 2 creates s. 461.011, F.S., to authorize podiatric physicians to perform stem cell therapies that are not approved by the FDA and to impose requirements relating to the manufacture, use, notice, consent, and oversight of such therapies. This new section mirrors ss. 458.3245 and 459.0127, F.S., which provide the same authorization for allopathic and osteopathic physicians, with two exceptions. First, this bill does not include afterbirth placental perinatal stem cells within the definition of “stem cell therapy” and therefore the performance of stem cell therapy with those products is not authorized within this section for podiatric

¹⁷ Chapter 2025-185, Laws of Fla.

¹⁸ Department of Health, *Senate Bill 1092 Legislative Bill Analysis* (Jan. 15, 2026) (on file with the Senate Committee on Health Policy).

¹⁹ Sections 458.3245(10) and 459.0127(10), F.S.

physicians. Second, ss. 458.3245 and 459.0127, F.S., exempt allopathic and osteopathic physicians from the requirements of those sections if the physician who performs stem cell therapy under an employment or other contract on behalf of an institution verified or accredited by:

- The Foundation for the Accreditation of Cellular Therapy.
- The Blood and Marrow Transplant Clinical Trials Network.
- The Association for the Advancement of Blood and Biotherapies.
- *An entity with expertise in stem cell therapy as determined by the DOH.*

This bill omits the fourth bullet (above) and does not authorize the DOH to recognize an additional entity through which a podiatric physician would be exempt from the provisions of this new section.

Subsection (1) of that section provides legislative findings and intent, recognizing the potential of stem cell therapies to advance medical treatment and improve patient outcomes. This subsection emphasizes the importance of using ethically sourced stem cells and expresses the intent to prohibit the use of stem cells derived from aborted fetuses. Instead, the bill encourages the use of adult stem cells, umbilical cord blood, and other ethically obtained human cells, tissues, or cellular or tissue-based products.

Subsection (2) of that section defines key terms used throughout the section:

- “Human cells, tissues, or cellular or tissue-based products” articles containing or consisting of human cells or tissues that are intended for implantation, transplantation, infusion, or transfer into a human recipient. The subsection also lists exclusions from that definition, including vascularized human organs, whole blood and blood derivatives, secreted or extracted products (except semen, which is a human cell, tissue, or cellular-based tissue product under the bill), certain minimally manipulated bone marrow products, ancillary products used in manufacturing, non-human-derived tissues, in vitro diagnostic products, and blood vessels recovered with organs for transplantation.
- “Minimally manipulated” is defined in two parts: for structural tissue, it means processing that does not alter the original relevant characteristics of the tissue relating to reconstruction, repair, or replacement; for cells or nonstructural tissues, it means processing that does not alter the relevant biological characteristics of the cells or tissues.
- “Physician” is defined as a podiatric physician licensed under ch. 461, F.S., acting within the scope of his or her employment.
- “Stem cell therapy” is defined as a treatment involving the use of human cells, tissues, or cellular or tissue-based products, which complies with the regulatory requirements provided in this section, and explicitly excludes any treatment or research using cells or tissues derived from a fetus or embryo following an abortion.

Subsection (3) of that section authorizes podiatric physicians to perform stem cell therapy not approved by the FDA, if the therapy is used for treatment or procedures within the scope of the physician’s practice and is limited to the fields of orthopedics, wound care, or pain management.

Subsection (3) also establishes requirements relating to the source and handling of stem cells used in such therapy. Stem cells used by a physician must be obtained from a facility that is

registered and regulated by the FDA and that is certified or accredited by the National Marrow Donor Program, the World Marrow Donor Association, the Association for the Advancement of Blood and Biotherapies, or the American Association of Tissue Banks. In addition, the stem cells must be included in a post-thaw viability analysis report for the product lot, which must be provided to the physician before use with a patient, and the stem cells must contain viable or live cells as demonstrated by that analysis.

Subsection (4) of that section requires podiatric physicians to obtain products from facilities that comply with applicable current good manufacturing practices for the collection, removal, processing, implantation, and transfer of stem cells or stem cell-containing products. These practices must be consistent with the requirements of the federal Food, Drug, and Cosmetic Act and relevant regulations under 21 C.F.R., part 1271.

Subsection (5) of that section requires a podiatric physician to include a specific written notice in any form of advertisement. The notice must state that he or she performs one or more stem cell therapies that have not yet been approved by the FDA and encourages patients to consult with their primary care provider before undergoing any such therapy. The notice must be legible and in a type size no smaller than the largest type size used in the advertisement.

Subsection (6) of that section requires a podiatric physician who conducts stem cell therapy pursuant to this section to obtain a signed consent form from the patient before performing the therapy. The consent form must be signed by the patient or, if the patient is not legally competent, the patient's representative, and must state, in language the patient or representative may reasonably be expected to understand: the nature and character of the proposed treatment; that the proposed stem cell therapy has not yet been approved by the FDA; the anticipated results of the proposed treatment; the recognized serious possible risks, complications, and anticipated benefits involved in the treatment and in recognized possible alternative forms of treatment, including nontreatment; and that the patient is encouraged to consult with his or her primary care provider before undergoing any stem cell therapy.

Subsection (7) of that section exempts two categories of podiatric physicians from the requirements of this section. The first exemption applies to a podiatric physician who has obtained FDA approval for an investigational new drug or device for the use of human cells, tissues, or cellular or tissue-based products. The second exemption applies to a podiatric physician who performs stem cell therapy under an employment or other contract on behalf of an institution that is certified by one of the following organizations: the Foundation for the Accreditation of Cellular Therapy; the Blood and Marrow Transplant Clinical Trials Network; or the Association for the Advancement of Blood and Biotherapies.

Subsection (8) of that section provides that a violation of any provision in the section may subject the podiatric physician to disciplinary action by the Board of Podiatric Medicine.

Subsection (9) of that section provides that a podiatric physician who willfully performs or procures the performance of stem cell therapy using cells or tissues derived from an aborted fetus, or who willfully sells, manufactures, distributes, or transfers any computer product created using human cells, tissues, or cellular or tissue-based products, commits a third-degree felony. In

addition to criminal penalties, such conduct constitutes grounds for disciplinary action under ch. 461, F.S., and s. 456.072, F.S.

Subsection (10) of that section requires the Board of Podiatric Medicine to adopt rules to implement this section.

The bill authorizes podiatric physicians to administer stem cell therapies that have not been approved by the FDA. This action may expose podiatric physicians to federal regulatory enforcement. If a physician or supplier administers or distributes stem cell products in violation of FDA requirements, the FDA may take a range of enforcement actions, including issuing warning letters, initiating civil or criminal proceedings in coordination with the U.S. Department of Justice, seeking injunctions to prevent continued noncompliance, and disqualifying parties from participating in clinical investigations. In addition, the FDA has authority to issue orders for the retention, recall, destruction, or cessation of manufacturing of human cells, tissues, or cellular- and tissue-based products (HCT/Ps) when it has reasonable grounds to believe the products were manufactured in violation of applicable regulations.

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

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

The bill would have an indeterminate yet negative fiscal impact on state expenditures. The DOH will incur nonrecurring costs associated with rulemaking and updating systems. These costs can likely be absorbed within existing resources.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends section 461.007 of the Florida Statutes.

This bill creates section 461.011 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 February 11, 2026:

The CS:

- Narrows the scope of the bill to authorize podiatrists to perform stem cell therapies only if such therapies are limited to the use of “human cells, tissues, or cellular or tissue-based products,” as that term is defined in the bill. In so doing, the CS removes the underlying bill’s authorization for the use of afterbirth placental perinatal stem cells.
- Applies the practitioner title “podiatric physician” throughout the bill consistent with the use of that title throughout ch. 461, F.S.
- Deletes a provision in the underlying bill which would have authorized the DOH to recognize certain accredited entities.

B. Amendments:

None.



455614

LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
02/12/2026	.	
	.	
	.	
	.	

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

Senate Amendment

Delete lines 87 - 216
and insert:

(c) "Stem cell therapy" means a treatment involving the use of human cells, tissues, or cellular or tissue-based products which complies with the regulatory requirements provided in this section. The term does not include treatment or research using human cells or tissues that were derived from a fetus or an embryo after an abortion.



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11 (3) (a) A podiatric physician may perform stem cell therapy
12 that is not approved by the United States Food and Drug
13 Administration if such therapy is used for treatment or
14 procedures that are within the scope of practice for such
15 podiatric physician and the therapies are related to
16 orthopedics, wound care, or pain management.

17 (b) To ensure that the retrieval, manufacture, storage, and
18 use of stem cells used for therapies conducted under this
19 section meet the highest standards, any stem cells used by a
20 podiatric physician for therapy provided under this section must
21 meet all of the following conditions:

22 1. Be retrieved, manufactured, and stored in a facility
23 that is registered and regulated by the United States Food and
24 Drug Administration.

25 2. Be retrieved, manufactured, and stored in a facility
26 that is certified or accredited by one of the following
27 entities:

28 a. The National Marrow Donor Program.

29 b. The World Marrow Donor Association.

30 c. The Association for the Advancement of Blood and
31 Biotherapies.

32 d. The American Association of Tissue Banks.

33 3. Contain viable or live cells upon post-thaw analysis and
34 be included in a post-thaw viability analysis report for the
35 product lot which will be sent to the podiatric physician before
36 use with the podiatric physician's patient.

37 (c) A podiatric physician performing stem cell therapy may
38 obtain stem cells for therapies from a facility engaging in the
39 retrieval, manufacture, or storage of stem cells intended for



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40 human use under this section only if the facility maintains
41 valid certification or accreditation as required by this
42 subsection. Any contract or other agreement by which a podiatric
43 physician obtains stem cells for therapies from such a facility
44 must include the following:

45 1. A requirement that the facility provide all of the
46 following information to the podiatric physician:

47 a. The name and address of the facility.

48 b. The certifying or accrediting organization.

49 c. The type and scope of certification or accreditation.

50 d. The effective and expiration dates of the certification
51 or accreditation.

52 e. Any limitations or conditions imposed by the certifying
53 or accrediting organization.

54 2. A requirement that the facility notify the podiatric
55 physician within 30 days after any change in certification or
56 accreditation status, including renewal, suspension, revocation,
57 or expiration.

58 (4) In the performance of any procedure using or purporting
59 to use stem cells or products containing stem cells, the
60 podiatric physician shall use stem cell therapy products
61 obtained from facilities that adhere to the applicable current
62 good manufacturing practices for the collection, removal,
63 processing, implantation, and transfer of stem cells, or
64 products containing stem cells, pursuant to the Federal Food,
65 Drug, and Cosmetic Act, 21 U.S.C. ss. 301 et seq.; 52 Stat. 1040
66 et seq.; and 21 C.F.R. part 1271, Human Cells, Tissues, and
67 Cellular and Tissue-Based Products.

68 (5) (a) A podiatric physician who conducts stem cell therapy



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69 pursuant to this section shall include the following in any form
70 of advertisement:

71
72 THIS NOTICE MUST BE PROVIDED TO YOU UNDER FLORIDA LAW.
73 This podiatric physician performs one or more stem
74 cell therapies that have not yet been approved by the
75 United States Food and Drug Administration. You are
76 encouraged to consult with your primary care provider
77 before undergoing any stem cell therapy.

78
79 (b) The notice required under paragraph (a) must be clearly
80 legible and in a type size no smaller than the largest type size
81 used in the advertisement.

82 (6) (a) A podiatric physician who conducts stem cell therapy
83 pursuant to this section shall obtain a signed consent form from
84 the patient before performing the stem cell therapy.

85 (b) The consent form must be signed by the patient or, if
86 the patient is not legally competent, the patient's
87 representative and must state all of the following in language
88 the patient or his or her representative may reasonably be
89 expected to understand:

90 1. The nature and character of the proposed treatment.

91 2. That the proposed stem cell therapy has not yet been
92 approved by the United States Food and Drug Administration.

93 3. The anticipated results of the proposed treatment.

94 4. The recognized serious possible risks, complications,
95 and anticipated benefits involved in the treatment and in the
96 recognized possible alternative forms of treatment, including
97 nontreatment.



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98 5. That the patient is encouraged to consult with his or
99 her primary care provider before undergoing any stem cell
100 therapy.

101 (7) This section does not apply to the following:

102 (a) A podiatric physician who has obtained approval for an
103 investigational new drug or device from the United States Food
104 and Drug Administration for the use of human cells, tissues, or
105 cellular or tissue-based products; or

106 (b) A podiatric physician who performs stem cell therapy
107 under an employment or other contract on behalf of an
108 institution certified or accredited by any of the following:

109 1. The Foundation for the Accreditation of Cellular
110 Therapy.

111 2. The Blood and Marrow Transplant Clinical Trials Network.

112 3. The Association for the Advancement of Blood and
113 Biotherapies.

114 (8) A violation of this section may subject the podiatric
115 physician to disciplinary action by the board.

116 (9) A podiatric physician who willfully performs, or
117 actively participates in, the following commits a felony of the
118 third degree, punishable as provided in s. 775.082, s. 775.083,
119 or s. 775.084, and is subject to disciplinary action under this
120 chapter and s. 456.072:

121 (a) Treatment or research using human cells or tissues
122 derived from a fetus or an embryo after an abortion; or

123 (b) The sale, manufacture, or distribution of computer
124 products created using human cells, tissues, or cellular or
125 tissue-based products.

126 (10) The board may adopt rules necessary to implement this



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127 section.

128 Section 3. This act shall take effect upon becoming a law.

By Senator Massullo

11-00695-26

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1 A bill to be entitled
2 An act relating to podiatric medicine; amending s.
3 461.007, F.S.; requiring certain podiatric physicians,
4 instead of all podiatric physicians, to complete
5 specified continuing education; creating s. 461.011,
6 F.S.; providing legislative findings and intent;
7 defining terms; authorizing podiatric physicians to
8 perform stem cell therapy not approved by the United
9 States Food and Drug Administration under certain
10 circumstances; specifying requirements for the stem
11 cells that may be used by such podiatric physicians;
12 requiring podiatric physicians who perform such
13 therapies to use stem cell therapy products obtained
14 from facilities that adhere to applicable current good
15 manufacturing practices; requiring podiatric
16 physicians to include a specified notice in any form
17 of advertisement; specifying requirements for such
18 notice; requiring podiatric physicians to obtain a
19 signed consent form from the patient or his or her
20 representative before performing such stem cell
21 therapy; specifying requirements for the consent form;
22 providing applicability; providing for disciplinary
23 action; providing criminal penalties; authorizing the
24 Board of Podiatric Medicine to adopt rules; providing
25 an effective date.

26
27 Be It Enacted by the Legislature of the State of Florida:

28
29 Section 1. Subsection (3) of section 461.007, Florida

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30 Statutes, is amended to read:

31 461.007 Renewal of license.-

32 (3) The board may by rule prescribe continuing education,
33 not to exceed 40 hours biennially, as a condition for renewal of
34 a license, with a minimum of 2 hours of continuing education
35 related to the safe and effective prescribing of controlled
36 substances for licensees who are registered with the United
37 States Drug Enforcement Administration and authorized to
38 prescribe controlled substance pursuant to 21 U.S.C. s. 822. The
39 criteria for such programs or courses shall be approved by the
40 board.

41 Section 2. Section 461.011, Florida Statutes, is created to
42 read:

43 461.011 Stem cell therapy.-

44 (1) The Legislature recognizes the significant potential of
45 stem cell therapies in advancing medical treatments and
46 improving patient outcomes and further recognizes the need to
47 ensure that such therapies are provided using stem cells
48 obtained in an ethical manner that does not involve stem cells
49 derived from aborted fetuses. It is the intent of the
50 Legislature to foster medical innovation while upholding ethical
51 standards that respect the sanctity of life. By encouraging the
52 use of stem cell sources such as adult stem cells, umbilical
53 cord blood, and other ethically obtained human cells, tissues,
54 or cellular or tissue-based products, the state will advance
55 regenerative medicine in a manner consistent with the values of
56 this state.

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

58 (a) "Human cells, tissues, or cellular or tissue-based

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59 products” means articles containing or consisting of human cells
60 or tissues that are intended for implantation, transplantation,
61 infusion, or transfer into a human recipient. The term does not
62 include:

- 63 1. Vascularized human organs for transplantation;
- 64 2. Whole blood or blood components or blood derivative
65 products;
- 66 3. Secreted or extracted human products, such as milk,
67 collagen, and cell factors, other than semen;
- 68 4. Minimally manipulated bone marrow for homologous use and
69 not combined with another article other than water,
70 crystalloids, or a sterilizing, preserving, or storage agent, if
71 the addition of the agent does not raise new clinical safety
72 concerns with respect to the bone marrow;
- 73 5. Ancillary products used in the manufacture of human
74 cells, tissues, or cellular or tissue-based products;
- 75 6. Cells, tissues, and organs derived from animals;
- 76 7. In vitro diagnostic products; or
- 77 8. Blood vessels recovered with an organ which are intended
78 for use in organ transplantation and labeled “For use in organ
79 transplantation only.”

80 (b) “Minimally manipulated” means:

- 81 1. For structural tissue, processing that does not alter
82 the original relevant characteristics of the tissue relating to
83 the tissue’s utility for reconstruction, repair, or replacement.
- 84 2. For cells or nonstructural tissues, processing that does
85 not alter the relevant biological characteristics of cells or
86 tissues.

87 (c) “Physician” means a podiatric physician licensed under

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88 this chapter acting in the course and scope of his or her
89 employment.

90 (d) "Stem cell therapy" means a treatment involving the use
91 of afterbirth placental perinatal stem cells, or human cells,
92 tissues, or cellular or tissue-based products, which complies
93 with the regulatory requirements provided in this section. The
94 term does not include treatment or research using human cells or
95 tissues that were derived from a fetus or an embryo after an
96 abortion.

97 (3) (a) A physician may perform stem cell therapy that is
98 not approved by the United States Food and Drug Administration
99 if such therapy is used for treatment or procedures that are
100 within the scope of practice for such physician and the
101 therapies are related to orthopedics, wound care, or pain
102 management.

103 (b) To ensure that the retrieval, manufacture, storage, and
104 use of stem cells used for therapies conducted under this
105 section meet the highest standards, any stem cells used by a
106 physician for therapy provided under this section must meet all
107 of the following conditions:

108 1. Be retrieved, manufactured, and stored in a facility
109 that is registered and regulated by the United States Food and
110 Drug Administration.

111 2. Be retrieved, manufactured, and stored in a facility
112 that is certified or accredited by one of the following
113 entities:

114 a. The National Marrow Donor Program.

115 b. The World Marrow Donor Association.

116 c. The Association for the Advancement of Blood and

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117 Biotherapies.

118 d. The American Association of Tissue Banks.

119 3. Contain viable or live cells upon post-thaw analysis and
120 be included in a post-thaw viability analysis report for the
121 product lot which will be sent to the physician before use with
122 the physician's patient.

123 (c) A physician performing stem cell therapy may not obtain
124 stem cells for therapies from a facility engaging in the
125 retrieval, manufacture, or storage of stem cells intended for
126 human use under this section unless the facility maintains valid
127 certification or accreditation as required by this subsection.
128 Any contract or other agreement by which a physician obtains
129 stem cells for therapies from such a facility must include the
130 following:

131 1. A requirement that the facility provide all of the
132 following information to the physician:

133 a. The name and address of the facility.

134 b. The certifying or accrediting organization.

135 c. The type and scope of certification or accreditation.

136 d. The effective and expiration dates of the certification
137 or accreditation.

138 e. Any limitations or conditions imposed by the certifying
139 or accrediting organization.

140 2. A requirement that the facility notify the physician
141 within 30 days after any change in certification or
142 accreditation status, including renewal, suspension, revocation,
143 or expiration.

144 (4) In the performance of any procedure using or purporting
145 to use stem cells or products containing stem cells, the

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146 physician shall use stem cell therapy products obtained from
147 facilities that adhere to the applicable current good
148 manufacturing practices for the collection, removal, processing,
149 implantation, and transfer of stem cells, or products containing
150 stem cells, pursuant to the Federal Food, Drug, and Cosmetic
151 Act, 21 U.S.C. ss. 301 et seq.; 52 Stat. 1040 et seq.; and 21
152 C.F.R. part 1271, Human Cells, Tissues, and Cellular and Tissue-
153 Based Products.

154 (5) (a) A physician who conducts stem cell therapy pursuant
155 to this section shall include the following in any form of
156 advertisement:

157
158 THIS NOTICE MUST BE PROVIDED TO YOU UNDER FLORIDA LAW.
159 This physician performs one or more stem cell
160 therapies that have not yet been approved by the
161 United States Food and Drug Administration. You are
162 encouraged to consult with your primary care provider
163 before undergoing any stem cell therapy.

164
165 (b) The notice required under paragraph (a) must be clearly
166 legible and in a type size no smaller than the largest type size
167 used in the advertisement.

168 (6) (a) A physician who conducts stem cell therapy pursuant
169 to this section shall obtain a signed consent form from the
170 patient before performing the stem cell therapy.

171 (b) The consent form must be signed by the patient or, if
172 the patient is not legally competent, the patient's
173 representative and must state all of the following in language
174 the patient or his or her representative may reasonably be

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175 expected to understand:

176 1. The nature and character of the proposed treatment.

177 2. That the proposed stem cell therapy has not yet been
178 approved by the United States Food and Drug Administration.

179 3. The anticipated results of the proposed treatment.

180 4. The recognized serious possible risks, complications,
181 and anticipated benefits involved in the treatment and in the
182 recognized possible alternative forms of treatment, including
183 nontreatment.

184 5. That the patient is encouraged to consult with his or
185 her primary care provider before undergoing any stem cell
186 therapy.

187 (7) This section does not apply to the following:

188 (a) A physician who has obtained approval for an
189 investigational new drug or device from the United States Food
190 and Drug Administration for the use of human cells, tissues, or
191 cellular or tissue-based products; or

192 (b) A physician who performs stem cell therapy under an
193 employment or other contract on behalf of an institution
194 certified or accredited by any of the following:

195 1. The Foundation for the Accreditation of Cellular
196 Therapy.

197 2. The Blood and Marrow Transplant Clinical Trials Network.

198 3. The Association for the Advancement of Blood and
199 Biotherapies.

200 4. An entity with expertise in stem cell therapy as
201 determined by the department.

202 (8) A violation of this section may subject the physician
203 to disciplinary action by the board.

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204 (9) A physician who willfully performs, or actively
205 participates in, the following commits a felony of the third
206 degree, punishable as provided in s. 775.082, s. 775.083, or s.
207 775.084, and is subject to disciplinary action under this
208 chapter and s. 456.072:

209 (a) Treatment or research using human cells or tissues
210 derived from a fetus or an embryo after an abortion; or

211 (b) The sale, manufacture, or distribution of computer
212 products created using human cells, tissues, or cellular or
213 tissue-based products.

214 (10) The board may adopt rules necessary to implement this
215 section.

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



The Florida Senate

Committee Agenda Request

To: Senator Colleen Burton, Chair
Committee on Health Policy

Subject: Committee Agenda Request

Date: January 14, 2026

I respectfully request that **Senate Bill #1092**, relating to Podiatric Medicine, be placed on the:

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

Thanks

A handwritten signature in black ink, appearing to read "Ralph E. Massullo, Jr.", written over a horizontal line.

Senator Ralph E. Massullo, Jr.
Florida Senate, District 11

Tab 15

The Florida Senate

APPEARANCE RECORD

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

SB 1092

Bill Number or Topic

455614

Amendment Barcode (if applicable)

① 211126

Meeting Date

Health Policy

Committee

Name Dr. John Goggin DPM

Phone (772) 461-4400

Address 2209 25th Street

Street

Email doc302@yahoo.com

Fort Pierce

City

FL

State

34947

Zip

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

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

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

Atlantic Podiatry

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

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

S-001 (08/10/2021)

2021/11/26
Meeting Date

The Florida Senate
APPEARANCE RECORD

SB 1092
Bill Number or Topic

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

Health Policy
Committee

455614
Amendment Barcode (if applicable)

Name Chris Hansen

Phone 850/251-2672

Address 201 E. Park Ave, 5th Floor
Street

Email Chansen@ballardpartners.com

Tallahassee FL 32301
City State Zip

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

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

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

Florida Podiatric Medical Association (FPMA)

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

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

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

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

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

BILL: CS/SB 1032

INTRODUCER: Health Policy Committee and Senator Calatayud

SUBJECT: Medical Marijuana

DATE: February 12, 2026

REVISED: _____

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

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/SB 1032 amends s. 381.986, F.S., to increase the time before a qualified patient is required to see his or her physician to be recertified to use medical marijuana from 30 weeks to 52 weeks and to increase the corresponding number of supplies of marijuana that a physician may certify a patient to receive to comply with this change. Additionally, the bill provides that any veteran who was honorably discharged from the United States Armed Forces may be charged a fee no greater than \$15 for the issuance, replacement, or renewal of an ID card.

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

II. Present Situation:

Medical Marijuana Use Certification and Registry Identification Cards

In order to be able to legally access and use medical marijuana in Florida, a qualified patient¹ must be certified to use medical marijuana by a qualified physician,² be added to the medical marijuana use registry (registry) by that physician, and be issued an ID card. A qualified physician is authorized to certify a qualified patient to use medical marijuana after examining the patient in person and meeting other criteria established in s. 381.986(4), F.S. A qualified physician may only certify a patient to obtain up to three 70-day supplies of marijuana or

¹ Defined in s. 381.986(1)(m), F.S.

² Defined in s. 381.986(1)(n), F.S.

six 35-day supplies of marijuana in a form for smoking at a time unless the qualified physician requests and receives an exception for that patient from the Department of Health (DOH).³ Additionally, a qualified physician is also required to evaluate and re-certify the qualified patient for the use of medical marijuana at least once every 30 weeks.⁴

After a qualified physician issues a certification to a qualified patient, that physician is required to enter the contents of the certification into the registry⁵ and then the qualified patient must apply to the DOH to be issued an ID card. Section 381.986(7), F.S., establishes requirements for ID cards including that ID cards must be renewed annually. Additionally, the DOH is authorized to charge a reasonable fee for the issuance, replacement, and renewal of ID cards, \$10 of which must be allocated to the Division of Research at Florida Agricultural and Mechanical University (FAMU) per ID card issued.⁶

Currently, the DOH charges \$75 for issuing or renewing an ID card and \$15 dollars to replace an ID card.⁷ Currently, the registry contains 932,747 patients with active ID cards, and the time required for processing an ID card application is five days with an additional five days for the printing of the ID card.⁸

III. Effect of Proposed Changes:

CS/SB 1032 amends s. 381.986, F.S., to:

- Increase the time before a qualified patient is required to see his or her physician to be re-certified to use medical marijuana from 30 weeks (approximately seven months) to 52 weeks (one year);
- Increase the number of 70-day supplies of non-smokable marijuana that a qualified physician may certify a qualified patient to receive, from three to five, which would mean a patient would not need a new certification of such supplies for up to 350 days (which is 15 days shy of a year); and
- Increase the number of 35-day supplies of smokable marijuana that a qualified physician may certify a qualified patient to receive, from six to 10, which would mean a patient would not need a new certification of such supplies for up to 350 days.

Additionally, the bill provides that any veteran who was honorably discharged from the United States Armed Forces may be charged a fee no greater than \$15 for the issuance, replacement, or renewal of an ID card.

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

³ Section 381.986(4)(f), F.S.

⁴ Section 381.986(4)(g), F.S.

⁵ Section 381.986(4)(a)7.a., F.S.

⁶ Section 381.986(7)(d), F.S. This statute provides that the \$10 per card that is allocated to FAMU is for the purpose of educating minorities about marijuana for medical use and the impact of the unlawful use of marijuana on minority communities. No other purpose is provided.

⁷ Office of Medical Marijuana Use, *MMUR Identification Cards*, available at: <https://knowthefactsmmj.com/patients/cards/#requirements>, (last visited Feb. 6, 2026).

⁸ Office of Medical Marijuana Use, *Weekly Update for January 30, 2026*, available at: https://knowthefactsmmj.com/wp-content/uploads/ommu_updates/2026/013026-OMMU-Update.pdf, (last visited Feb. 6, 2026)

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

CS/SB 1032 may have an indeterminate positive fiscal impact on qualified patients who may visit a qualified physician at a reduced frequency, every year rather than every 30 weeks, to be re-certified. Additionally, CS/SB 1032 may have a further positive fiscal impact on honorably discharged veterans whose ID card fees are capped at \$15 under the bill.⁹

C. Government Sector Impact:

Impact to the DOH

CS/SB 1032 will likely have a negative fiscal impact on the DOH related to the reduced fee for ID cards for honorably discharged veterans. The current license fee for issuance and renewals is \$75 with an estimated 70,000 veterans holding active ID cards.¹⁰ CS/SB 1032 provides that an honorably discharged veteran may not be charged more than \$15 for the issuance of an ID card. The state's Revenue Estimating Conference reviewed SB 974 which also caps the ID card fees for such veterans at \$15 and

⁹ The current ID card fee is \$75 for issuance and renewal but could be increased or decreased by DOH under current law, and that authority is not amended by the bill.

¹⁰ Revenue Estimating Conference Report on SB 974, Jan. 9, 2026, starting on p. 135, available at: <https://edr.state.fl.us/Content/conferences/revenueimpact/archives/2026/pdf/page171-185.pdf> (last visited Feb. 12, 2026).

determined that the DOH would likely experience a negative impact of approximately \$6 million annually between general revenue and trust funds.¹¹

Impact to FAMU

Current law allows the DOH to charge a reasonable fee for the issuance, renewal, and replacement of ID cards and requires the DOH to allocate \$10 of the ID card fee to the Division of Research at FAMU.¹² The amount allocated to FAMU is set at \$10 regardless of the fee amount charged by the DOH. Therefore, it is likely that \$10 of the \$15 fee allowed to be charged to honorably discharged veterans under the bill will be allocated to FAMU and, as such, FAMU is likely to experience no fiscal impact from the bill.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends section 381.986 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 February 11, 2026:

The CS:

- Removes the underlying bill's provision for a medical marijuana ID card to have a two-year lifespan, thereby maintaining the one-year lifespan found in current law.
- Extends the duration of a physician certification of a patient to receive medical marijuana from 30 weeks (as under current law) to one year. The underlying bill would have extended the duration to two years.
- Increases the number of 70-day supplies of non-smokable medical marijuana that a physician may certify a patient to receive, from three 70-day supplies (as under current law) to five 70-day supplies (almost one year's worth). The underlying bill would have increased the number of such supplies to 10 (almost two years' worth).
- Increases the number of 35-day supplies of smokable medical marijuana that a physician may certify a patient to receive, from six 35-day supplies (as under current law) to ten 35-day supplies (almost one year's worth). The underlying bill would have increased the number of such supplies to 20 (almost two years' worth).

¹¹ *Id.*

¹² *Supra* note 6.

- Allows the DOH to charge no more than \$15 to honorably discharged veterans for the issuance and renewing of ID cards rather than exempting such veterans from ID card fees altogether as in the underlying bill.

B. Amendments:

None.

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



956808

LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
02/12/2026	.	
	.	
	.	
	.	

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

Senate Amendment (with title amendment)

Delete everything after the enacting clause
and insert:

Section 1. Paragraphs (f) and (g) of subsection (4) and
paragraph (d) of subsection (7) of section 381.986, Florida
Statutes, are amended to read:

381.986 Medical use of marijuana.—

(4) PHYSICIAN CERTIFICATION.—

(f) A qualified physician may not issue a physician



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11 certification for more than five ~~three~~ 70-day supply limits of
12 marijuana or more than ten ~~six~~ 35-day supply limits of marijuana
13 in a form for smoking. The department shall quantify by rule a
14 daily dose amount with equivalent dose amounts for each
15 allowable form of marijuana dispensed by a medical marijuana
16 treatment center. The department shall use the daily dose amount
17 to calculate a 70-day supply.

18 1. A qualified physician may request an exception to the
19 daily dose amount limit, the 35-day supply limit of marijuana in
20 a form for smoking, and the 4-ounce possession limit of
21 marijuana in a form for smoking established in paragraph
22 (14) (a). The request must ~~shall~~ be made electronically on a form
23 adopted by the department in rule and must include, at a
24 minimum:

25 a. The qualified patient's qualifying medical condition.

26 b. The dosage and route of administration that was
27 insufficient to provide relief to the qualified patient.

28 c. A description of how the patient will benefit from an
29 increased amount.

30 d. The minimum daily dose amount of marijuana that would be
31 sufficient for the treatment of the qualified patient's
32 qualifying medical condition.

33 2. A qualified physician must provide the qualified
34 patient's records upon the request of the department.

35 3. The department shall approve or disapprove the request
36 within 14 days after receipt of the complete documentation
37 required by this paragraph. The request is ~~shall be~~ deemed
38 approved if the department fails to act within this time period.

39 (g) A qualified physician must evaluate an existing



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40 qualified patient at least once every 52 ~~30~~ weeks before issuing
41 a new physician certification. A qualified physician who has
42 issued a certification to the patient after conducting an in-
43 person physical examination as defined in subparagraph (a)1. may
44 conduct the evaluation through telehealth as defined in s.

45 456.47. A physician must:

46 1. Determine whether ~~if~~ the patient still meets the
47 requirements to be issued a physician certification under
48 paragraph (a).

49 2. Identify and document in the qualified patient's medical
50 records whether the qualified patient experienced either of the
51 following related to the medical use of marijuana:

52 a. An adverse drug interaction with any prescription or
53 nonprescription medication; or

54 b. A reduction in the use of, or dependence on, other types
55 of controlled substances as defined in s. 893.02.

56 3. Submit a report with the findings required pursuant to
57 subparagraph 2. to the department. The department shall submit
58 such reports to the Consortium for Medical Marijuana Clinical
59 Outcomes Research established pursuant to s. 1004.4351.

60 (7) IDENTIFICATION CARDS.—

61 (d) Applications for identification cards must be submitted
62 on a form prescribed by the department. The department may
63 charge a reasonable fee associated with the issuance,
64 replacement, and renewal of identification cards. The fee for
65 any veteran who was honorably discharged from the United States
66 Armed Forces may not exceed \$15. The department shall allocate
67 \$10 of the identification card fee to the Division of Research
68 at Florida Agricultural and Mechanical University for the



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69 purpose of educating minorities about marijuana for medical use
70 and the impact of the unlawful use of marijuana on minority
71 communities. The department shall contract with a third-party
72 vendor to issue identification cards. The vendor selected by the
73 department must have experience performing similar functions for
74 other state agencies.

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

76

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

78 And the title is amended as follows:

79 Delete everything before the enacting clause
80 and insert:

81

A bill to be entitled

82 An act relating to medical marijuana; amending s.
83 381.986, F.S.; increasing the number of supply limits
84 of marijuana which a qualified physician may issue in
85 a single physician certification for the medical use
86 of marijuana; revising the frequency with which
87 qualified physicians must evaluate existing qualified
88 patients for a physician certification for the medical
89 use of marijuana; providing that the fee associated
90 with identification cards for certain veterans of the
91 United States Armed Forces may not exceed a specified
92 amount; providing an effective date.

By Senator Calatayud

38-00755A-26

20261032__

1 A bill to be entitled
2 An act relating to medical marijuana; amending s.
3 381.986, F.S.; increasing the number of supply limits
4 of marijuana which a qualified physician may issue in
5 a single physician certification for the medical use
6 of marijuana; revising the frequency with which
7 qualified physicians must evaluate existing qualified
8 patients for a physician certification for the medical
9 use of marijuana; revising the frequency with which
10 qualified patient and caregiver identification cards
11 must be renewed, from annually to biennially;
12 requiring the Department of Health to waive all fees
13 associated with identification cards for certain
14 veterans of the United States Armed Forces; providing
15 an effective date.

16
17 Be It Enacted by the Legislature of the State of Florida:

18
19 Section 1. Paragraphs (f) and (g) of subsection (4) and
20 paragraphs (a) and (d) of subsection (7) of section 381.986,
21 Florida Statutes, are amended to read:

22 381.986 Medical use of marijuana.—

23 (4) PHYSICIAN CERTIFICATION.—

24 (f) A qualified physician may not issue a physician
25 certification for more than ten ~~three~~ 70-day supply limits of
26 marijuana or more than twenty ~~six~~ 35-day supply limits of
27 marijuana in a form for smoking. The department shall quantify
28 by rule a daily dose amount with equivalent dose amounts for
29 each allowable form of marijuana dispensed by a medical

38-00755A-26

20261032__

30 marijuana treatment center. The department shall use the daily
31 dose amount to calculate a 70-day supply.

32 1. A qualified physician may request an exception to the
33 daily dose amount limit, the 35-day supply limit of marijuana in
34 a form for smoking, and the 4-ounce possession limit of
35 marijuana in a form for smoking established in paragraph
36 (14) (a). The request must ~~shall~~ be made electronically on a form
37 adopted by the department in rule and must include, at a
38 minimum:

39 a. The qualified patient's qualifying medical condition.

40 b. The dosage and route of administration that was
41 insufficient to provide relief to the qualified patient.

42 c. A description of how the patient will benefit from an
43 increased amount.

44 d. The minimum daily dose amount of marijuana that would be
45 sufficient for the treatment of the qualified patient's
46 qualifying medical condition.

47 2. A qualified physician must provide the qualified
48 patient's records upon the request of the department.

49 3. The department shall approve or disapprove the request
50 within 14 days after receipt of the complete documentation
51 required by this paragraph. The request is ~~shall be~~ deemed
52 approved if the department fails to act within this time period.

53 (g) A qualified physician must evaluate an existing
54 qualified patient at least once every 104 ~~30~~ weeks before
55 issuing a new physician certification. A qualified physician who
56 has issued a certification to the patient after conducting an
57 in-person physical examination as defined in subparagraph (a)1.
58 may conduct the evaluation through telehealth as defined in s.

38-00755A-26

20261032__

59 456.47. A physician must:

60 1. Determine whether ~~if~~ the patient still meets the
61 requirements to be issued a physician certification under
62 paragraph (a).

63 2. Identify and document in the qualified patient's medical
64 records whether the qualified patient experienced either of the
65 following related to the medical use of marijuana:

66 a. An adverse drug interaction with any prescription or
67 nonprescription medication; or

68 b. A reduction in the use of, or dependence on, other types
69 of controlled substances as defined in s. 893.02.

70 3. Submit a report with the findings required pursuant to
71 subparagraph 2. to the department. The department shall submit
72 such reports to the Consortium for Medical Marijuana Clinical
73 Outcomes Research established pursuant to s. 1004.4351.

74 (7) IDENTIFICATION CARDS.—

75 (a) The department shall issue medical marijuana use
76 registry identification cards for qualified patients and
77 caregivers who are residents of this state, which must be
78 renewed biennially ~~annually~~. The identification cards must be
79 resistant to counterfeiting and tampering and must include, at a
80 minimum, the following:

81 1. The name, address, and date of birth of the qualified
82 patient or caregiver.

83 2. A full-face, passport-type, color photograph of the
84 qualified patient or caregiver taken within the 90 days
85 immediately preceding registration or the Florida driver license
86 or Florida identification card photograph of the qualified
87 patient or caregiver obtained directly from the Department of

38-00755A-26

20261032__

88 Highway Safety and Motor Vehicles.

89 3. Identification as a qualified patient or a caregiver.

90 4. The unique numeric identifier used for the qualified
91 patient in the medical marijuana use registry.

92 5. For a caregiver, the name and unique numeric identifier
93 of the caregiver and the qualified patient or patients that the
94 caregiver is assisting.

95 6. The expiration date of the identification card.

96 (d) Applications for identification cards must be submitted
97 on a form prescribed by the department. The department may
98 charge a reasonable fee associated with the issuance,
99 replacement, and renewal of identification cards. However, the
100 department shall waive all such fees for any veteran who was
101 honorably discharged from the United States Armed Forces. The
102 department shall allocate \$10 of the identification card fee to
103 the Division of Research at Florida Agricultural and Mechanical
104 University for the purpose of educating minorities about
105 marijuana for medical use and the impact of the unlawful use of
106 marijuana on minority communities. The department shall contract
107 with a third-party vendor to issue identification cards. The
108 vendor selected by the department must have experience
109 performing similar functions for other state agencies.

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



The Florida Senate

Committee Agenda Request

To: Senator Colleen Burton, Chair
Committee on Health Policy

Subject: Committee Agenda Request

Date: January 13, 2026

I respectfully request that **Senate Bill #1032**, relating to Medical Marijuana, be placed on the:

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

A handwritten signature in black ink that reads "Alexis Calatayud".

Senator Alexis Calatayud
Florida Senate, District 38

Tab 16

2/11/26

The Florida Senate APPEARANCE RECORD

1032

Meeting Date

Bill Number or Topic

Health Policy
Committee

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

Amendment Barcode (if applicable)

Name Melissa Villar

Phone (850) 354-1636

Address Po Box 11254

Email Melissa@NORMLTallahassee.org

Street

Tallahassee FL 32302

City

State

Zip

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

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

NORML - Tallahassee

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

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

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

S-001 (08/10/2021)

February 11, 2026

Meeting Date

Health Policy

Committee

The Florida Senate
APPEARANCE RECORD

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Senate professional staff conducting the meeting

1032

Bill Number or Topic

Amendment Barcode (if applicable)

Name **Barney Bishop**

Phone **8505109922**

Address **1454 Vieux Carre Drive**

Email **Barney@BarneyBishop.com**

Street

Tallahassee

FL

32308

City

State

Zip

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

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

Florida Smart Justice Alliance

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

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

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

S-001 (08/10/2021)

The Florida Senate

APPEARANCE RECORD

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

02/14/2026

Meeting Date

SB 1032

Bill Number or Topic

Senate Health Policy
Committee

Amendment Barcode (if applicable)

Name Jeffrey Sharkey

Phone 850-443-3355

Address 106 college Ave.
Street

Email Jeffreyshark@gmail.com

Tallahassee FL 32301
City State Zip

Speaking: For Against Information OR Waive Speaking: In Support Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

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

Medical Marijuana
Business association of Florida

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

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

S-001 (08/10/2021)

The Florida Senate

APPEARANCE RECORD

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

2/11/26

Meeting Date

1032

Bill Number or Topic

Health Policy
Committee

Amendment Barcode (if applicable)

Name Jodi James

Phone 321 890 7302

Address 1385 Cypress Ave
Street

Email jodi@FLCAN.ORG

Melbourne FL 32935
City State Zip

Speaking: For Against Information OR Waive Speaking: In Support Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

Florida Cannabis Action Network

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

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

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

S-001 (08/10/2021)

The Florida Senate

APPEARANCE RECORD

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

Meeting Date Feb 11, 2026

Bill Number or Topic 1032

Committee Health Policy

Amendment Barcode (if applicable)

Name Patricia Farley

Phone 321-794-1955

Address 101 BayView Drive

Email pfarley-101@hotmail.com

City Indian Harbour Beach FL Zip 32937

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

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

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

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

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

The Florida Senate

APPEARANCE RECORD

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

2/11/26

Meeting Date

SB-1032

Bill Number or Topic

Health Policy

Committee

Amendment Barcode (if applicable)

Name Anna Jones

Phone

Address

Street

Email

Port St Lucie FL

City

State

34986

Zip

Speaking: For Against Information

OR

Waive Speaking: In Support Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

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

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

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

S-001 (08/10/2021)

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

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

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

BILL: SB 1684

INTRODUCER: Senator Calatayud

SUBJECT: Parkinson's Disease Registry

DATE: February 10, 2026

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Brown	Brown	HP	Favorable
2.			AHS	
3.			FP	

I. Summary:

SB 1684 amends s. 1004.4352, F.S., to require the Department of Health (DOH), subject to a specific appropriation, to contract with the Consortium for Parkinson's Disease Research, housed at the University of South Florida (USF) under the Parkinson's Disease Research Act of 2025, for the establishment and maintenance of a Parkinson's Disease Registry to ensure that the Parkinson's disease data submitted by physicians for inclusion in the registry is maintained and available for research to advance therapies, improve patient outcomes, and find potential cures for Parkinson's disease.

The bill also requires that, beginning January 1, 2027, each allopathic or osteopathic physician licensed in Florida who diagnoses or treats a patient with Parkinson's disease must report to the registry information specified under DOH rule which indicates patient demographics, diagnosis, stage of disease, medical history, laboratory data, the methods of diagnosis or treatment, and any other information the Parkinson's Disease Research Board recommends for inclusion in the registry. The bill creates disclosure requirements pertaining to the registry and the ability for patients to opt-out of having their personal identifying information included in the registry.¹

The bill creates reporting requirements relating to the registry and provides physicians with immunity from certain liabilities for having submitted information to the registry as required by the bill.

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

¹ SB 1684 is linked to SB 1686. The latter bill provides that all records and personal identifying information of persons diagnosed with or treated for Parkinson's disease which is submitted to the registry under SB 1684 are confidential and exempt from public records requirements.

II. Present Situation:

Parkinson's Disease

Parkinson's disease is a movement disorder of the nervous system² that worsens over time. Although Parkinson's disease cannot be cured, medications may help control and improve symptoms.³

Parkinson's disease is very common overall, ranking second among age-related degenerative brain diseases. It is also the most common motor (movement-related) brain disease. Experts estimate that it affects at least one percent of people over the age of 60 worldwide.⁴

Parkinson's disease is not fatal, but the symptoms and effects are often contributing factors to death. The average life expectancy for Parkinson's disease in 1967 was a little under 10 years after a patient's diagnosis. Since then, that expectancy has increased by about 55 percent, rising to more than 14.5 years. That, combined with the fact that Parkinson's diagnosis is much more likely after age 60, means this condition does not often affect the life expectancy by more than a few years.⁵

Parkinson's Disease Symptoms & Complications

Parkinson's disease symptoms can be different for everyone. Early symptoms may be mild and may go unnoticed. Symptoms often begin on one side of the body, then affect both sides as the disease progresses. Symptoms are usually worse on one side than the other.⁶

Parkinson's disease symptoms may include:⁷

- Tremors – Rhythmic shaking that usually begins in the hands or fingers. Sometimes a tremor begins in the foot or jaw, or an individual may rub their thumb and forefinger back and forth, also known as a pill-rolling tremor. The hand may tremble when at rest or when under stress. Some individuals notice less shaking when doing some sort of task or moving around.
- Bradykinesia (slow movement) – Parkinson's disease may slow movement, making simple tasks more difficult. It can be challenging to get out of a chair, shower, or get dressed. The disease may cause less facial expression and make it difficult to blink.
- Rigid muscles – Parkinson's disease can cause stiff muscles in any part of the body. Muscles may feel tense and painful, and arm movements may become short and jerky.

² The nervous system is a network of nerve cells that controls many parts of the body, including movement. See Mayo Clinic, *Parkinson's Disease*, available at <https://www.mayoclinic.org/diseases-conditions/parkinsons-disease/symptoms-causes/syc-20376055#:~:text=Parkinson's%20disease%20is%20a%20movement,a%20foot%20or%20the%20jaw>. (last visited Feb. 6, 2026).

³ Mayo Clinic, *Parkinson's Disease*, available at <https://www.mayoclinic.org/diseases-conditions/parkinsons-disease/symptoms-causes/syc-20376055#:~:text=Parkinson's%20disease%20is%20a%20movement,a%20foot%20or%20the%20jaw>. (last visited Feb. 6, 2026).

⁴ Cleveland Clinic, *Parkinson's Disease*, available at <https://my.clevelandclinic.org/health/diseases/8525-parkinsons-disease-an-overview#symptoms-and-causes> (last visited Feb. 6, 2026).

⁵ *Id.*

⁶ *Supra* note 2.

⁷ *Id.*

- Poor posture and balance – Parkinson’s disease may cause posture to become stooped, and an individual may experience falls or problems with balance.
- Loss of automatic movements – Parkinson’s disease may lessen an individual’s ability to make certain movements that typically are accomplished without thinking, including blinking, smiling, or swinging arms while walking.
- Speech changes – The disease may result in soft or quick speech, slurring, or hesitation prior to speaking. Speech may become flat or monotone, without typical speech patterns.
- Writing changes – Trouble writing and writing that appears cramped and small are a sign of the disease.
- Nonmotor symptoms – These may include depression; anxiety; constipation; sleep problems, including acting out dreams; the need to urinate often; trouble smelling; problems thinking and with memory; feeling very tired; blood pressure changes; and pain or cramps in muscles and joints.

Individuals with Parkinson’s disease may have treatable complications, including:⁸

- Trouble thinking clearly – Parkinson’s disease can affect memory, language, and reasoning skills. The disease can also lead to dementia or other conditions that affect thinking. These complications usually occur later in the disease’s progression, and typically medications have only a modest benefit in managing symptoms.
- Emotional changes and depression – Some people feel irritable and concerned early in the course of Parkinson’s disease, experiencing depression and anxiety. Medications and other treatments can assist with these changes.
- Trouble swallowing and chewing – Late-stage Parkinson’s disease affects the muscles in the mouth causing trouble swallowing and chewing, which can lead to a nutrient deficiency. The collection of food or saliva in the mouth can also pose a choking hazard or cause drooling.
- Sleep problems and sleep disorders – Individuals with Parkinson’s disease may wake often during the night, have nightmares, and fall asleep during the day.
- Rapid eye movement sleep behavior disorder – This involves acting out dreams, and medications and other therapies may help improve sleep.

Causes of Parkinson’s Disease

Parkinson’s disease causes a specific area of the brain, the basal ganglia,⁹ to deteriorate. As this area deteriorates, the ability to control the areas regulated by this portion of the brain decreases. Researchers have uncovered that Parkinson’s disease causes a major shift in brain chemistry.¹⁰

⁸ Mayo Clinic, *Parkinson’s Disease*, available at <https://www.mayoclinic.org/diseases-conditions/parkinsons-disease/symptoms-causes/syc-20376055#:~:text=Parkinson’s%20disease%20is%20a%20movement,a%20foot%20or%20the%20jaw>. (last visited Feb. 6, 2026).

⁹ The basal ganglia are a cluster of nuclei found deep to the neocortex of the brain. It has a multitude of functions associated with reward and cognition but is primarily involved in motor control. In particular, the basal ganglia are considered to be a gate-keeping mechanism for the initiation of motor movement, effectively choosing which actions to allow and which actions to inhibit. See National Institutes of Health, National Library of Medicine, National Center for Biotechnology Information, *Neuroanatomy, Basal Ganglia*, available at <https://www.ncbi.nlm.nih.gov/books/NBK537141/#:~:text=The%20basal%20ganglia%20is%20a,primarily%20involved%20i%20motor%20control>. (last visited Feb. 6, 2026).

¹⁰ Cleveland Clinic, *Parkinson’s Disease*, available at <https://my.clevelandclinic.org/health/diseases/8525-parkinsons-disease-an-overview#symptoms-and-causes> (last visited Feb. 6, 2026).

Under normal circumstances, the brain uses chemicals known as neurotransmitters to control how brain cells (neurons) communicate with each other. With Parkinson's disease, an individual does not have enough dopamine, one of the most important neurotransmitters.¹¹

When the brain sends activation signals telling the muscles to move, it fine-tunes the movements using cells that require dopamine. A lack of dopamine causes slowed movements and tremors, symptoms of Parkinson's disease.¹²

As Parkinson's disease progresses, the symptoms expand and intensify. Later stages of the disease often affect brain functions, causing dementia-like symptoms and depression.¹³

The cause of Parkinson's disease is unknown, but several factors seem to play a role, including:¹⁴

- Genes – Specific genetic changes are linked to Parkinson's disease, but these are rare unless many family members have been diagnosed with the disease.
- Environmental factors – Exposure to certain toxins or other environmental factors may increase the risk of later Parkinson's disease.

Many changes occur in the brains of individuals with Parkinson's disease. Researchers are studying the changes which include:¹⁵

- The presence of Lewy bodies – Clumps of proteins in the brain, called Lewy bodies, are associated with Parkinson's disease and researchers believe these proteins hold an important clue to the cause of the disease.
- Alpha-synuclein found within Lewy bodies – Alpha-synuclein is a protein found in all Lewy bodies. It occurs in a clumped form that cells cannot break down. This is currently an important focus among Parkinson's disease researchers. Alpha-synuclein has been found in the spinal fluid of individuals who later have Parkinson's disease.
- Altered mitochondria – Mitochondria are powerhouse compartments inside cells that create most of the body's energy. Changes to mitochondria can cause cell damage and are often observed in the brains of individuals with Parkinson's disease.

Parkinson's Disease Risk Factors

Risk factors for Parkinson's disease include:¹⁶

- Age – The risk of Parkinson's disease increases with age. Usually, it starts around age 50 or older. The average age of onset is around age 70. Parkinson's disease can occur in younger adults, but it is rare. When individuals younger than age 50 are diagnosed with the disease, it is known as early-onset Parkinson's disease.

¹¹ Cleveland Clinic, *Parkinson's Disease*, available at <https://my.clevelandclinic.org/health/diseases/8525-parkinsons-disease-an-overview#symptoms-and-causes> (last visited Feb. 6, 2026).

¹² *Id.*

¹³ *Id.*

¹⁴ Mayo Clinic, *Parkinson's Disease*, available at <https://www.mayoclinic.org/diseases-conditions/parkinsons-disease/symptoms-causes/syc-20376055#:~:text=Parkinson's%20disease%20is%20a%20movement,a%20foot%20or%20the%20jaw>. (last visited Feb. 6, 2026).

¹⁵ *Id.*

¹⁶ *Id.*

- Genetics – The risk of developing Parkinson’s Disease increases if one or more first-degree relatives, such as parents or siblings, have been diagnosed with the disease. However, familial Parkinson’s disease is only attributed to about 10 percent of all cases.¹⁷
- Sex – Men are more likely to develop Parkinson’s disease than women.
- Exposure to toxins – Ongoing exposure to herbicides and pesticides may slightly increase the risk of developing Parkinson’s disease.

Parkinson’s Disease Prevention

Since the cause of Parkinson’s disease is unknown, there are no proven ways to prevent it. However, research shows that some factors may help protect against it, including:¹⁸

- Exercise – Aerobic exercise has been linked to a lower risk of Parkinson’s disease.
- Caffeine – Some studies show a link between drinking caffeinated beverages, such as coffee and green tea, may lower the risk of developing Parkinson’s disease.
- Medicines – Some medications, such as ibuprofen and statins,¹⁹ have been linked to a lower risk of the disease.

Parkinson’s Disease Diagnosis and Tests

A biomarker is a biological molecule found in blood, other body fluids, or tissues that are a sign of a normal or abnormal process, or of a condition or disease. A biomarker may be used to see how well the body responds to a treatment for a disease or condition.²⁰

Biomarker testing is a method to look for genes, proteins, and other substances (biomarkers or tumor markers) that can provide information about cancer and other conditions. Biomarkers are substances in the body that can give researchers and doctors information about a person’s health. For example, high cholesterol is a biomarker of heart disease. Currently, the use of biomarkers is in the beginning stages to help diagnose Parkinson’s disease.²¹

Diagnosing Parkinson’s disease is mostly a clinical process, meaning it relies heavily on a health care provider examining the symptoms, asking questions, and reviewing medical history. Some diagnostic and lab tests are possible, but these are usually needed to rule out other conditions or certain causes; however, most lab tests are not necessary unless the patient is unresponsive to treatment for Parkinson’s disease, which can indicate another condition.²²

¹⁷ Cleveland Clinic, *Parkinson’s Disease*, available at <https://my.clevelandclinic.org/health/diseases/8525-parkinsons-disease-an-overview#symptoms-and-causes> (last visited Feb. 6, 2026).

¹⁸ *Id.*

¹⁹ Statins are drugs that can lower cholesterol. See Mayo Clinic, *Statins: Are these cholesterol-lowering drugs right for you?*, available at <https://www.mayoclinic.org/diseases-conditions/high-blood-cholesterol/in-depth/statins/art-20045772#:~:text=Statins%20are%20drugs%20that%20can,of%20heart%20disease%20and%20stroke>. (last visited Feb. 6, 2026).

²⁰ National Institutes of Health, National Cancer Institute, *Biomarker Testing for Cancer Treatment*, available at <https://www.cancer.gov/about-cancer/treatment/types/biomarker-testing-cancer-treatment> (last visited Feb. 6, 2026).

²¹ Parkinson’s Foundation, *Parkinson’s Biomarkers*, available at <https://www.parkinson.org/understanding-parkinsons/getting-diagnosed/biomarkers> (last visited Feb. 6, 2026).

²² Cleveland Clinic, *Parkinson’s Disease*, available at <https://my.clevelandclinic.org/health/diseases/8525-parkinsons-disease-an-overview#symptoms-and-causes> (last visited Feb. 6, 2026).

When health care providers suspect Parkinson's disease or need to rule out other conditions, various imaging and diagnostic tests are possible, including:²³

- Blood tests;
- Computed tomography (CT) scans;²⁴
- Genetic testing;
- Magnetic resonance imaging (MRI);²⁵ and
- Positron emission tomography (PET) scans.²⁶

Researchers have found ways to test for possible indicators of Parkinson's disease. Both of these tests involve the alpha-synuclein protein; however, these tests only serve to provide information that can help a provider in making a diagnosis.²⁷

- Spinal tap – Looks for misfolded alpha-synuclein proteins in cerebrospinal fluid, which is the fluid that surrounds the brain and spinal cord. This test involves a spinal tap (lumbar puncture), where a health care provider inserts a needle into the spinal canal to collect cerebrospinal fluid for testing.
- Skin biopsy – Another possible test involving a biopsy of surface nerve tissue. A biopsy includes collecting a small sample of the skin, including the nerves in the skin. The samples come from a spot on the back and two spots on the leg. Analyzing the samples can help determine if the alpha-synuclein protein has a certain kind of malfunction that could increase the risk of developing Parkinson's disease.

Parkinson's Disease Management and Treatment

For now, Parkinson's disease is not curable, but there are multiple ways to manage its symptoms. The treatments can also vary from person to person, depending on the specific symptoms and how well certain treatments work. Medications are the primary way to treat this condition.²⁸

²³ Cleveland Clinic, *Parkinson's Disease*, available at <https://my.clevelandclinic.org/health/diseases/8525-parkinsons-disease-an-overview#symptoms-and-causes> (last visited Feb. 6, 2026).

²⁴ A CT scan is a type of imaging that uses X-ray techniques to create detailed images of the body. It then uses a computer to create cross-sectional images, also called slices, of the bones, blood vessels, and soft tissues inside the body. CT scan images show more detail than plain X-rays do. See Mayo Clinic, *CT Scan*, available at <https://www.mayoclinic.org/tests-procedures/ct-scan/about/pac-20393675> (last visited Feb. 6, 2026).

²⁵ An MRI is a noninvasive medical imaging test that produces detailed images of almost every internal structure in the human body, including the organs, bones, muscles, and blood vessels. MRI scanners create images of the body using a large magnet and radio waves. No ionizing radiation is produced during an MRI exam, unlike X-rays. These images give a physician important information in diagnosing a medical condition and planning a course of treatment. See Johns Hopkins Medicine, *Magnetic Resonance Imaging (MRI)*, available at <https://www.hopkinsmedicine.org/health/treatment-tests-and-therapies/magnetic-resonance-imaging-mri#:~:text=Magnetic%20resonance%20imaging%2C%20or%20MRI,large%20magnet%20and%20radio%20waves>. (last visited Feb. 6, 2026).

²⁶ A PET scan is an imaging test that can help reveal the metabolic or biochemical function of tissues and organs. The PET scan uses a radioactive drug called a tracer to show both typical and atypical metabolic activity. A PET scan can often detect the atypical metabolism of the tracer in diseases before the disease shows up on other imaging tests, such as a CT and an MRI. See Mayo Clinic, *Positron emission tomography scan*, available at <https://www.mayoclinic.org/tests-procedures/pet-scan/about/pac-20385078> (last visited Feb. 6, 2026).

²⁷ Cleveland Clinic, *Parkinson's Disease*, available at <https://my.clevelandclinic.org/health/diseases/8525-parkinsons-disease-an-overview#symptoms-and-causes> (last visited Feb. 6, 2026).

²⁸ Cleveland Clinic, *Parkinson's Disease*, available at <https://my.clevelandclinic.org/health/diseases/8525-parkinsons-disease-an-overview#symptoms-and-causes> (last visited Feb. 6, 2026).

A secondary treatment option is surgery to implant a device that will deliver a mild electrical current to part of the brain (deep brain stimulation).²⁹ There are also experimental options, such as stem cell-based treatments, however, availability often varies, and many are not an option for individuals with Parkinson's disease.³⁰

Medications that do one or more of the following are used to treat Parkinson's disease:³¹

- Adding dopamine – Medications like levodopa³² can increase the available levels of dopamine in the brain. This medication is almost always effective, and when it does not work, that is usually a sign of some other form of parkinsonism³³ rather than Parkinson's disease. Long-term use of levodopa eventually leads to side effects that make it less effective.
- Stimulating dopamine – Dopamine agonists are medications that have a dopamine-like effect. Dopamine is a neurotransmitter, causing cells to act in a certain way when a dopamine molecule latches onto them. Dopamine agonists can latch on and cause cells to behave the same way. These are more common in younger patients to delay starting levodopa.
- Dopamine metabolism blockers – The body has natural processes to break down neurotransmitters like dopamine. Medications that block the body from breaking down dopamine allow more dopamine to remain available to the brain. These medications are especially useful early on and can also help when combined with levodopa in later stages of Parkinson's disease.
- Levodopa metabolism inhibitors – These medications slow down how the body processes levodopa, helping it last longer. These medications may need careful use as they can have toxic effects and damage the liver. They are most often used to help as levodopa becomes less effective.
- Adenosine blockers – Medications that block how certain cells use adenosine (a molecule used in various forms throughout the body) can have a supportive effect when used alongside levodopa.

²⁹ In years past, surgery was an option to intentionally damage and scar a part of the brain that was malfunctioning because of Parkinson's disease. Today, that same effect is possible using deep-brain stimulation, which uses an implanted device to deliver a mild electrical current to those same areas. The major advantage is that deep-brain stimulation is reversible, while intentional scarring damage is not. This treatment approach is almost always an option in later stages of Parkinson's disease when levodopa therapy becomes less effective, and in people who have a tremor that does not seem to respond to the usual medications. See Cleveland Clinic, *Parkinson's Disease*, available at <https://my.clevelandclinic.org/health/diseases/8525-parkinsons-disease-an-overview#symptoms-and-causes> (last visited Feb. 6, 2026).

³⁰ Stem cell transplants add new dopamine-using neurons into the brain to take over for damaged ones. Neuron-repair treatments try to repair damaged neurons and encourage new neurons to form. Gene therapies and gene-targeted treatments target specific mutations that cause Parkinson's disease. Some also boost the effectiveness of levodopa or other treatments. See Cleveland Clinic, *Parkinson's Disease*, available at <https://my.clevelandclinic.org/health/diseases/8525-parkinsons-disease-an-overview#symptoms-and-causes> (last visited Feb. 6, 2026).

³¹ *Supra* note 27.

³² Levodopa is the precursor to dopamine. Most commonly, clinicians use levodopa as a dopamine replacement agent for the treatment of Parkinson's disease. It is most effectively used to control bradykinetic symptoms apparent in Parkinson's disease. Levodopa is typically prescribed to a patient with Parkinson's disease once symptoms become more difficult to control with other anti-parkinsonism drugs. See National Institutes of Health, National Library of Medicine, National Center for Biotechnology Information, *Levodopa (L-Dopa)*, available at <https://www.ncbi.nlm.nih.gov/books/NBK482140/#:~:text=Levodopa%20is%20the%20precursor%20to,symptoms%20apparent%20in%20Parkinson%20disease>. (last visited Feb. 6, 2026).

³³ "Parkinsonism" is an umbrella term that describes Parkinson's disease and conditions with similar symptoms. It can refer not only to Parkinson's disease but also to other conditions like multiple system atrophy or corticobasal degeneration. See Cleveland Clinic, *Parkinson's Disease*, available at <https://my.clevelandclinic.org/health/diseases/8525-parkinsons-disease-an-overview#symptoms-and-causes> (last visited Feb. 6, 2026).

- Other medications are used to treat specific symptoms of Parkinson’s disease.

Parkinson’s Disease Research in Florida

The Parkinson’s Foundation designates the nation’s top medical centers with specialized teams focused on Parkinson’s disease clinical research and care as “Centers of Excellence.”³⁴ Florida is home to three Parkinson’s disease Centers of Excellence, including the Parkinson’s Disease & Movement Disorders Center³⁵ at USF, the University of Florida’s Movement Disorders and Neurorestoration Program,^{36, 37} and the University of Miami’s Miller School of Medicine.³⁸ Comparatively, California is home to five Centers of Excellence, New York is home to four, and Texas is home to one.³⁹

Parkinson’s Disease Research Act

In 2025, the Legislature enacted CS/CS/HB 1545, Engrossed 1,⁴⁰ which may be cited as the Parkinson’s Disease Research Act (the Act), thereby creating s. 1004.4353, F.S., in the Early Learning-20 Education Code, to establish within USF the Florida Institute for Parkinson’s Disease (Institute) as a statewide resource for Parkinson’s disease research and clinical care. The purpose of the Institute is to find a cure for Parkinson’s disease and to improve the quality of life and health outcomes for those affected by Parkinson’s disease by advancing knowledge, diagnosis, and treatment of Parkinson’s disease through research, clinical care, education, and advocacy.

The Act also created s. 1004.4352, F.S., to establish the Consortium for Parkinson’s Disease Research (Consortium) within USF to consist of public and private universities and academic medical centers.⁴¹ The purpose of the Consortium is to conduct rigorous scientific research and disseminate such research. The Parkinson’s Disease Research Board (Board) was also created under the Act to direct the operations of the Consortium.

³⁴ Parkinson’s Foundation, *Global Care Network*, available at <https://www.parkinson.org/living-with-parkinsons/finding-care/global-care-network> (last visited Feb. 6, 2026).

³⁵ The USF’s Parkinson’s Disease & Movement Disorders Center is the only center in Florida primarily focused on Parkinson’s disease research and treatment. The center currently offers multiple clinical trials to improve symptoms of early untreated Parkinson’s disease, test innovative treatments, and study the disease’s causes and progression. See USF Health, *Parkinson’s Disease & Movement Disorders Center*, available at <https://health.usf.edu/care/neurology/services-specialties/parkinsons> (last visited Feb. 6, 2026).

³⁶ The University of Florida’s (UF’s) Movement Disorders and Neurorestoration Program operates within the UF’s Norman Fixel Institute for Neurological Diseases and studies a variety of neurological disorders, including amyotrophic later sclerosis (ALS), dementia, Alzheimer’s disease, and Parkinson’s disease. See UFHealth, *About*, available at <https://movementdisorders.ufhealth.org/about/> (last visited Feb. 6, 2026).

³⁷ The Program’s Parkinson’s disease research focuses on cognitive behavior and emotion, speech production, breathing and swallowing dysfunction, and development of deep brain stimulation. See UFHealth, *Clinical Research*, available at <https://movementdisorders.ufhealth.org/research/clinical-research/> (last visited Apr. 3, 2025).

³⁸ Parkinson’s Foundation, *Florida Chapter*, available at <https://www.parkinson.org/florida/florida-chapter#florida-chapter> (last visited Feb. 6, 2026).

³⁹ Parkinson’s Foundation, *Global Care Network*, available at <https://www.parkinson.org/living-with-parkinsons/finding-care/global-care-network> (last visited Feb. 6, 2026).

⁴⁰ Chapter 2025-188, Laws of Florida.

⁴¹ USF has housed the Consortium at the USF Morsani College of Medicine, according to the “inaugural” report, dated Oct. 15, 2025, submitted as required by s. 1004.4352(4)(e), F.S. (On file with the Senate Committee on Health Policy.)

The Act requires the Board to be composed of members representing each participating university or academic medical center,⁴² appointed by the president or chief executive officer of each participant. Board members must have experience in a variety of scientific fields, including, but not limited to, neurology, psychology, nutrition, and genetics. Members are to be appointed to four-year terms and may be reappointed to serve additional terms. The Board chair is to be elected by the Board from among its members to serve a two-year term. The Board must meet at least semiannually at the call of the chair or, in his or her absence or incapacity, the vice chair.⁴³ Four members constitute a quorum. A majority vote of the members present is required for all actions of the Board. The Board may prescribe, amend, or repeal a charter governing the manner in which it conducts its business. A Board member serves without compensation but is entitled to receive reimbursement for travel expenses by the Consortium or the organization he or she represents.

The Act requires the Consortium to be administered by a director, appointed by and to serve at the pleasure of the Board. The director must, subject to the approval of the Board:

- Propose a budget for the Consortium.
- Foster the collaboration of scientists, researchers, and other appropriate personnel in accordance with the Consortium's charter.
- Engage individuals in public and private university and academic medical center programs relevant to the Consortium's work to participate in the Consortium.
- Identify and prioritize the research to be conducted by the Consortium.
- Prepare a plan for Parkinson's disease research for submission to the Board.
- Apply for grants to obtain funding for research conducted by the Consortium.
- Perform other duties as determined by the Board.

The Act requires the Board to adopt the plan for Parkinson's disease research annually and to award funds to members of the Consortium to perform research consistent with the plan. The Board must issue a report to the Governor, the President of the Senate, and the Speaker of the House of Representatives on research projects, research findings, community outreach initiatives, and future plans for the Consortium by October 15 of each year.

Implementation of the Act's provisions relating to the Consortium and the Board is subject to legislative appropriation for such purpose contained in the annual General Appropriations Act (GAA). The GAA for the current state fiscal year did not include a specific appropriation for the Consortium or the Board.

⁴² *Id.* The Oct. 15, 2025, report proposes that the Board be composed of representatives of the USF Morsani College of Medicine, the University of Miami's Miller School of Medicine, the University of Florida's College of Medicine, the Michael J. Fox Foundation for Parkinson's Research, the Parkinson's Foundation, and a patient/family member representative.

⁴³ *Id.* The Oct. 15, 2025, report indicates that the Consortium will hold an initial meeting in February or March 2026 to nominate Board members, review a proposed mission and vision, and gather input on the highest research priorities, and that the first meeting of the Board may be scheduled for the summer of 2026 to formalize a call for research proposals pending future appropriations.

III. Effect of Proposed Changes:

Section 1 of the bill amends s. 1004.4352, F.S., in the Early Learning-20 Education Code, to require the Department of Health (DOH), subject to a specific appropriation, to contract with the Consortium to establish and maintain a Parkinson's Disease Registry to ensure that the Parkinson's disease data submitted by physicians for inclusion in the registry (see below) is maintained and available for research to advance therapies, improve patient outcomes, and find potential cures for Parkinson's disease. The bill provides that the contract must require the Consortium to use a nationally recognized platform to collect data from physicians.

The bill also amends the Education Code to require that, beginning January 1, 2027, each allopathic physician licensed under ch. 458, F.S., or osteopathic physician licensed under ch. 459, F.S., who diagnoses or treats a patient with Parkinson's disease must report to the registry information, specified under DOH rule, which indicates patient demographics, diagnosis, stage of disease, medical history, laboratory data, the methods of diagnosis or treatment, and any other information the Board recommends for inclusion in the registry. The bill requires the DOH, when adopting such rules, to consult with the Board, the Board of Medicine, and the Board of Osteopathic Medicine.

The bill requires a physician who diagnoses a patient with Parkinson's disease to notify the patient, orally and in writing, about the registry and the required reporting. If a patient does not want his or her personal identifying data to be included in the registry, the physician must certify in writing that the patient has been notified about the registry, provided information about the operation of the registry, and afforded the opportunity to ask questions, but wishes to opt-out of the registry. If a patient opts-out, only deidentified personal health information relating to that patient may be submitted for inclusion in the registry.

The bill requires the Board to provide quarterly reports to the DOH on the data collected and requires the DOH, starting January 1, 2028, and annually thereafter, to submit a report to the Governor and the Legislature's presiding officers detailing the following:

- The incidence and prevalence of Parkinson's disease in this state, by county.
- Demographic information, including, but not limited to, patients' age, sex, and race.
- Any recommendations from the Board for legislative changes necessary for improving operation of the registry.

The bill requires the DOH to publish on its website information on Parkinson's disease, including ongoing research, available resources for persons diagnosed with Parkinson's disease, and the annual report described above.

The bill provides that a physician who, in good faith, complies with the bill's requirements is not liable for damages and may not be subject to disciplinary action solely for having submitted information to the registry as required by the bill.

Section 2 provides an effective date of 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:

The Florida Constitution provides that the Legislature creates the policies and laws of the state⁴⁴ and the executive branch executes the laws⁴⁵ and policies established by the Legislature. The Legislature is permitted to transfer subordinate functions “to permit administration of legislative policy *by an agency* with the expertise and flexibility to deal with complex and fluid conditions.” (Emphasis added.)

However, the Legislature “may not delegate the power to enact a law or the right to exercise unrestricted discretion in applying the law.”⁴⁶ The Florida Supreme Court has found that “statutes granting power to the executive branch ‘must clearly announce adequate standards to guide ... in the execution of the powers delegated. The statute must so clearly define the power delegated that the [executive] is precluded from acting through whim, *showing favoritism, or exercising unbridled discretion.*’ ”⁴⁷ (Emphasis added.)

Under Florida’s Administrative Procedure Act (APA), an agency must have both a general and a specific grant of rulemaking authority from the Legislature.⁴⁸ The general grant of rulemaking authority is usually broad, while the specific grant of rulemaking authority must provide specific standards and guidelines the agency must implement through rulemaking.⁴⁹ Additionally, administrative bodies or commissions, unless

⁴⁴ Article III, section 1 of the State Constitution vests the “legislative power of the state” in the Legislature. Legislative power is further explained by the courts in *O.M. v. Dep’t of Children & Families*, 404 So. 3d 547, 552 (Fla. 3d DCA 2025); *Webb v. Hill*, 75 So. 2d 596, 605 (Fla. 1954); *State v. Barquet*, 262 So. 2d 431, 433 (Fla. 1972).

⁴⁵ The executive branch ensures that the “laws be faithfully executed, commission all officers of the state and counties, and transact all necessary business with the officers of government.” FLA. CONST. art. IV, s. 4.

⁴⁶ *Bush v. Schiavo*, 885 So. 2d 321 (Fla. 2004).

⁴⁷ *Id.*

⁴⁸ Sections 120.52(8) and 120.536(1), F.S.

⁴⁹ *Sloban v. Florida Board of Pharmacy*, 982 So. 2d 26, 29-30 (Fla. 1st DCA 2008); *Board of Trustees of the Internal Improvement Trust Fund v. Day Cruise Association, Inc.*, 794 So. 2d 696, 704 (Fla. 1st DCA 2001).

specifically created in the Constitution, are creatures of statute and derive only the powers specified therein.⁵⁰

SB 1684, on lines 52-62, directs certain licensed physicians to report to the Parkinson's Disease Registry information specified by DOH rule, and the rule is to include a list of items. The final item in the list is "any other information [the Parkinson's Disease Research Board] recommends for inclusion in the registry."

Under that language, the bill may be interpreted to require the DOH to adopt a rule requiring affected physicians to report any data that the Parkinson's Disease Research Board decides to recommend. Such a provision could be viewed as violating the State Constitution's requirement that a statute must so clearly define the power delegated to an Executive Branch agency that the agency is precluded from acting through whim, showing favoritism, or exercising unbridled discretion.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None identified.

B. Private Sector Impact:

SB 1684 provides for the creation and maintenance of the Parkinson's Disease Registry if the Legislature provides an appropriation for that purpose. If such funds are appropriated:

- The bill's requirement for certain licensed physicians to report information to the registry could create some level of cost for those physicians since they will have to devote their time or their staff's time to fulfilling that required duty.
- The Consortium for Parkinson's Disease Research, through its contract with the DOH that is required under the bill, may incur costs associated with creating and maintaining the registry.

C. Government Sector Impact:

If funding is appropriated and the Parkinson's Disease Registry is created and implemented, the DOH, through its contract with the Consortium that is required under the bill, may incur costs associated with creating and maintaining the registry. The DOH has not provided an estimate of the bill's operational or fiscal impact on the department, as of this writing.

VI. Technical Deficiencies:

None.

⁵⁰ *Grove Isle, Ltd. v. State Dept of Environmental Regulation*, 454 So. 2d 571 (Fla. 1st DCA 1984). See also, *WHS Trucking LLC v. Reemployment Assistance Appeals Comm'n*, 183 So. 3d 460 (Fla. 1st DCA 2016).

VII. Related Issues:

The bill creates several statutory requirements for allopathic and osteopathic physicians, as well as liability protections for those physicians, within the Early Learning-20 Education Code. Such provisions relating to health care practitioners are typically housed within the practitioners' respective practice acts.

VIII. Statutes Affected:

This bill substantially amends section 1004.4352 of the Florida Statutes.

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

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

None.

B. Amendments:

None.

By Senator Calatayud

38-01287-26

20261684__

1 A bill to be entitled
2 An act relating to the Parkinson's Disease Registry;
3 amending s. 1004.4352, F.S.; defining the term
4 "department"; subject to a specific appropriation,
5 requiring the Department of Health to contract with
6 the Consortium for Parkinson's Disease Research within
7 the University of South Florida for a specified
8 purpose; requiring the department contract with the
9 consortium to require use of a nationally recognized
10 platform to collect data for the registry; beginning
11 on a specified date, requiring physicians who diagnose
12 or treat a patient with Parkinson's disease to report
13 specified information to the registry; requiring the
14 department to adopt certain rules in consultation with
15 the Parkinson's Disease Research Board, the Board of
16 Medicine, and the Board of Osteopathic Medicine;
17 requiring physicians to notify patients orally and in
18 writing of specified information before submitting
19 reports to the registry; providing procedures for a
20 patient to opt out of the registry; requiring the
21 Parkinson's Disease Research Board to submit quarterly
22 reports to the department; requiring the department to
23 submit annual reports to the Governor and the
24 Legislature; providing requirements for the reports;
25 requiring the department to publish certain
26 information and the annual reports on its website;
27 providing physicians immunity from liability and
28 disciplinary action under certain circumstances;
29 providing an effective date.

38-01287-26

20261684__

30
31 Be It Enacted by the Legislature of the State of Florida:

32
33 Section 1. Subsection (3) of section 1004.4352, Florida
34 Statutes, is amended, and subsection (5) is added to that
35 section, to read:

36 1004.4352 Parkinson's disease research.—

37 (3) DEFINITIONS.—As used in this section, the term:

38 (a) "Board" means the Parkinson's Disease Research Board.

39 (b) "Consortium" means the Consortium for Parkinson's
40 Disease Research.

41 (c) "Department" means the Department of Health.

42 (5) PARKINSON'S DISEASE REGISTRY.—Subject to a specific
43 appropriation, the department shall contract with the consortium
44 to establish and maintain a Parkinson's Disease Registry to
45 ensure that the Parkinson's disease data required to be
46 submitted under paragraph (a) is maintained and available for
47 use for research to advance therapies, improve patient outcomes,
48 and find potential cures for the disease. The department
49 contract must require the consortium to use a nationally
50 recognized platform to collect data from physicians as required
51 in paragraph (a).

52 (a) Beginning January 1, 2027, each physician licensed
53 under chapter 458 or chapter 459 who diagnoses or treats a
54 patient with Parkinson's disease shall report to the registry
55 information specified by the department, by rule, which
56 indicates patient demographics, diagnosis, stage of disease,
57 medical history, any laboratory data, the methods of diagnosis
58 or treatment used, and any other information the board

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59 recommends for inclusion in the registry. In adopting rules
60 under this paragraph, the department shall consult with the
61 board, the Board of Medicine, and the Board of Osteopathic
62 Medicine.

63 (b) A physician who diagnoses a patient with Parkinson's
64 disease shall notify the patient orally and in writing about the
65 registry and the required reporting under this subsection. If a
66 patient does not want his or her personal identifying
67 information included in the registry, the physician must certify
68 in writing that the patient has been notified of the registry,
69 provided information about the operation of the registry, and
70 afforded the opportunity to ask questions, but wishes to opt out
71 of the registry. If a patient opts out of the registry, only
72 deidentified personal health information may be submitted for
73 inclusion in the registry.

74 (c) The board shall provide quarterly reports to the
75 department on the data collected. By January 1, 2028, and
76 annually thereafter, the department shall submit a report to the
77 Governor, the President of the Senate, and the Speaker of the
78 House of Representatives detailing all of the following:

79 1. The incidence and prevalence of Parkinson's disease in
80 this state, by county.

81 2. Demographic information, including, but not limited to,
82 patients' age, sex, and race.

83 3. Any recommendations from the board for legislative
84 changes necessary for improving operation of the registry.

85 (d) The department shall publish on its website information
86 on Parkinson's disease, including ongoing research, available
87 resources for persons diagnosed with Parkinson's disease, and

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88 the annual report prepared under paragraph (c).

89 (e) A physician who in good faith complies with the
90 requirements of this subsection is not liable for damages and
91 may not be subject to disciplinary action for the sole reason of
92 having submitted information to the registry as required under
93 paragraph (a).

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



The Florida Senate

Committee Agenda Request

To: Senator Colleen Burton, Chair
Committee on Health Policy

Subject: Committee Agenda Request

Date: January 20, 2026

I respectfully request that **Senate Bill #1684**, relating to Parkinson's Disease Registry, be placed on the:

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

A handwritten signature in black ink that reads "Alexis Calatayud".

Senator Alexis Calatayud
Florida Senate, District 38

Tab 17

The Florida Senate

APPEARANCE RECORD

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

1684

Bill Number or Topic

2/11/20
Meeting Date

Health Policy
Committee

Amendment Barcode (if applicable)

Name Lauren HARTMANN@USF

Phone 727-743-0228

Address 4202 E Fowler Ave
Street

Email

TAMPA
City

FL
State

33620
Zip

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

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

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

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

S-001 (08/10/2021)

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

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

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

BILL: CS/SB 1686

INTRODUCER: Health Policy Committee and Senator Calatayud

SUBJECT: Public Records/Parkinson's Disease Registry

DATE: February 12, 2026

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	<u>Brown</u>	<u>Brown</u>	<u>HP</u>	<u>Fav/CS</u>
2.	_____	_____	<u>AHS</u>	_____
3.	_____	_____	<u>FP</u>	_____

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/SB 1686 provides that all records and personal identifying information relating to persons diagnosed with or treated for Parkinson's disease which are submitted to the Parkinson's Disease Registry under statutory provisions to be created under SB 1684, are confidential and exempt from the public records requirements of s. 119.07(1), F.S., and s. 24(a), Article I of the State Constitution, with exceptions.

The bill provides legislative findings that the public records exemption it creates is a public necessity. The bill specifies that its provisions are subject to the Open Government Sunset Review Act in accordance with s. 119.15, F.S., and that such provisions shall stand repealed on Oct. 2, 2031, unless reviewed and saved from repeal through reenactment by the Legislature.

The bill provides that it takes effect on the same date that SB 1684, or other similar legislation, takes effect if such legislation is adopted in the same legislative session or extension thereof.

II. Present Situation:

Access to Public Records - Generally

The State Constitution provides that the public has the right to inspect or copy records made or received in connection with official governmental business.¹ The right to inspect or copy applies

¹ FLA. CONST. art. I, s. 24(a).

to the official business of any public body, officer, or employee of the state, including all three branches of state government, local governmental entities, and any person acting on behalf of the government.²

Additional requirements and exemptions related to public records are found in various statutes and rules, depending on the branch of government involved. For instance, s. 11.0431, F.S., provides public access requirements for legislative records. Relevant exemptions are codified in s. 11.0431(2)-(3), F.S., and adopted in the rules of each house of the legislature.³ Florida Rule of Judicial Administration 2.420 governs public access to judicial branch records.⁴ Lastly, ch. 119, F.S., known as the Public Records Act, provides requirements for public records held by executive agencies.

Executive Agency Records – The Public Records Act

The Public Records Act provides that all state, county, and municipal records are open for personal inspection and copying by any person, and that providing access to public records is a duty of each agency.⁵

Section 119.011(12), F.S., defines “public records” to include:

[a]ll documents, papers, letters, maps, books, tapes, photographs, films, sound recordings, data processing software, or other material, regardless of the physical form, characteristics, or means of transmission, made or received pursuant to law or ordinance or in connections with the transaction of official business by any agency.

The Florida Supreme Court has interpreted this definition to encompass all materials made or received by an agency in connection with official business that are used to “perpetuate, communicate, or formalize knowledge of some type.”⁶

The Florida Statutes specify conditions under which public access to public records must be provided. The Public Records Act guarantees every person’s right to inspect and copy any public record at any reasonable time, under reasonable conditions, and under supervision by the custodian of the public record.⁷ A violation of the Public Records Act may result in civil or criminal liability.⁸

² *Id.* See also, *Sarasota Citizens for Responsible Gov’t v. City of Sarasota*, 48 So. 3d 755, 762-763 (Fla. 2010).

³ See Rule 1.48, *Rules and Manual of the Florida Senate*, (2022-2024) and Rule 14.1, *Rules of the Florida House of Representatives*, Edition 2, (2022-2024).

⁴ *State v. Wooten*, 260 So. 3d 1060 (Fla. 4th DCA 2018).

⁵ Section 119.01(1), F.S. Section 119.011(2), F.S., defines “agency” as “any state, county, district, authority, or municipal officer, department, division, board, bureau, commission, or other separate unit of government created or established by law including, for the purposes of this chapter, the Commission on Ethics, the Public Service Commission, and the Office of Public Counsel, and any other public or private agency, person, partnership, corporation, or business entity acting on behalf of any public agency.”

⁶ *Shevin v. Byron, Harless, Schaffer, Reid and Assoc., Inc.*, 379 So. 2d 633, 640 (Fla. 1980).

⁷ Section 119.07(1)(a), F.S.

⁸ Section 119.10, F.S. Public records laws are found throughout the Florida Statutes, as are the penalties for violating those laws.

The Legislature may exempt public records from public access requirements by passing a general law by a two-thirds vote of both the House and the Senate.⁹ The exemption must state with specificity the public necessity justifying the exemption and must be no broader than necessary to accomplish the stated purpose of the exemption.¹⁰

General exemptions from the public records requirements are contained in the Public Records Act.¹¹ Specific exemptions often are placed in the substantive statutes relating to a particular agency or program.¹²

When creating a public records exemption, the Legislature may provide that a record is “exempt” or “confidential and exempt.” There is a difference between records the Legislature has determined to be exempt from the Public Records Act and those which the Legislature has determined to be exempt from the Public Records Act *and confidential*.¹³ Records designated as “confidential and exempt” are not subject to inspection by the public and may only be released under the circumstances defined by statute.¹⁴ Records designated as “exempt” may be released at the discretion of the records custodian under certain circumstances.¹⁵

Open Government Sunset Review Act

The provisions of s. 119.15, F.S., known as the Open Government Sunset Review Act¹⁶ (the Act), prescribe a legislative review process for newly created or substantially amended¹⁷ public records or open meetings exemptions, with specified exceptions.¹⁸ The Act requires the repeal of such exemption on October 2 of the fifth year after its creation or substantial amendment, unless the Legislature reenacts the exemption.¹⁹

The Act provides that a public records or open meetings exemption may be created or maintained only if it serves an identifiable public purpose and is no broader than is necessary.²⁰ An exemption serves an identifiable purpose if the Legislature finds that the purpose of the

⁹ FLA. CONST. art. I, s. 24(c).

¹⁰ *Id. See, e.g., Halifax Hosp. Medical Center v. News-Journal Corp.*, 724 So. 2d 567 (Fla. 1999) (holding that a public meetings exemption was unconstitutional because the statement of public necessity did not define important terms and did not justify the breadth of the exemption); *Baker County Press, Inc. v. Baker County Medical Services, Inc.*, 870 So. 2d 189 (Fla. 1st DCA 2004) (holding that a statutory provision written to bring another party within an existing public records exemption is unconstitutional without a public necessity statement).

¹¹ *See, e.g., s. 119.071(1)(a), F.S.* (exempting from public disclosure examination questions and answer sheets of examinations administered by a governmental agency for the purpose of licensure).

¹² *See, e.g., s. 213.053(2)(a), F.S.* (exempting from public disclosure information contained in tax returns received by the Department of Revenue).

¹³ *WFTV, Inc. v. The Sch. Bd. of Seminole County*, 874 So. 2d 48, 53 (Fla. 5th DCA 2004).

¹⁴ *Id.*

¹⁵ *Williams v. City of Minneola*, 575 So. 2d 683 (Fla. 5th DCA 1991).

¹⁶ Section 119.15, F.S.

¹⁷ An exemption is considered to be substantially amended if it is expanded to include more records or information or to include meetings as well as records. Section 119.15(4)(b), F.S.

¹⁸ Section 119.15(2)(a) and (b), F.S., provides that exemptions required by federal law or applicable solely to the Legislature or the State Court System are not subject to the Open Government Sunset Review Act.

¹⁹ Section 119.15(3), F.S.

²⁰ Section 119.15(6)(b), F.S.

exemption outweighs open government policy and cannot be accomplished without the exemption, and it meets one of the following purposes:

- It allows the state or its political subdivisions to effectively and efficiently administer a governmental program, and administration would be significantly impaired without the exemption;²¹
- It protects sensitive, personal information, the release of which would be defamatory, cause unwarranted damage to the good name or reputation of the individual, or would jeopardize the individual's safety. If this public purpose is cited as the basis of an exemption, however, only personal identifying information is exempt;²² or
- It protects information of a confidential nature concerning entities, such as trade or business secrets.²³

The Act also requires specified questions to be considered during the review process.²⁴ In examining an exemption, the Act directs the Legislature to question the purpose and necessity of reenacting the exemption.

If the exemption is continued and expanded, then a public necessity statement and a two-thirds vote for passage are again required.²⁵ If the exemption is continued without substantive changes or if the exemption is continued and narrowed, then a public necessity statement and a two-thirds vote for passage are *not* required. If the Legislature allows an exemption to expire, the previously exempt records will remain exempt unless otherwise provided by law.²⁶

Parkinson's Disease Research Act

In 2025, the Legislature enacted CS/CS/HB 1545, Engrossed 1,²⁷ which may be cited as the Parkinson's Disease Research Act, thereby creating s. 1004.4353, F.S., to establish within the University of South Florida (USF) the Florida Institute for Parkinson's Disease (Institute) as a statewide resource for Parkinson's disease research and clinical care. The purpose of the Institute is to find a cure for Parkinson's disease and to improve the quality of life and health outcomes for those affected by Parkinson's disease by advancing knowledge, diagnosis, and treatment of Parkinson's disease through research, clinical care, education, and advocacy.

The 2025 law also created s. 1004.4352, F.S., to establish the Consortium for Parkinson's Disease Research (Consortium) within USF to consist of public and private universities and

²¹ Section 119.15(6)(b)1., F.S.

²² Section 119.15(6)(b)2., F.S.

²³ Section 119.15(6)(b)3., F.S.

²⁴ Section 119.15(6)(a), F.S. The specified questions are:

- What specific records or meetings are affected by the exemption?
- Whom does the exemption uniquely affect, as opposed to the general public?
- What is the identifiable public purpose or goal of the exemption?
- Can the information contained in the records or discussed in the meeting be readily obtained by alternative means? If so, how?
- Is the record or meeting protected by another exemption?
- Are there multiple exemptions for the same type of record or meeting that it would be appropriate to merge?

²⁵ See generally s. 119.15, F.S.

²⁶ Section 119.15(7), F.S.

²⁷ Chapter 2025-188, Laws of Florida.

academic medical centers. The purpose of the Consortium is to conduct rigorous scientific research and disseminate such research.

SB 1684, if enacted, will amend s. 1004.4352, F.S., to require the Department of Health (DOH), subject to a specific appropriation, to contract with the Consortium to establish and maintain a Parkinson's Disease Registry to ensure that the Parkinson's disease data submitted for inclusion in the registry is maintained and available for research to advance therapies, improve patient outcomes, and find potential cures for Parkinson's disease.

See the staff analysis of SB 1684 for more details about the Parkinson's Disease Research Act and the proposed Parkinson's Disease Registry.

III. Effect of Proposed Changes:

CS/SB 1686 provides that all records and personal identifying information relating to persons diagnosed with or treated for Parkinson's disease which are submitted to the Parkinson's Disease Registry under statutory provisions to be created under SB 1684, are confidential and exempt from the public records requirements of s. 119.07(1), F.S., and s. 24(a), Article I of the State Constitution, with the following exceptions:

- Release of such registry data may be made with the written consent of persons to whom the information applies.
- The DOH or the Consortium may contact individuals for the purpose of epidemiological investigation and monitoring, provided information that is confidential under the bill is not further disclosed.
- The DOH may enter into a data-sharing agreement with any other governmental agency or entity for the purpose of medical or scientific research, provided such governmental agency or entity does not further disclose information that is confidential under the bill.

The bill provides legislative findings that the public records exemption it creates is a public necessity. The bill specifies that its provisions are subject to the Open Government Sunset Review Act in accordance with s. 119.15, F.S., and that such provisions shall stand repealed on Oct. 2, 2031, unless reviewed and saved from repeal through reenactment by the Legislature.

The bill provides that it takes effect on the same date that SB 1684, or other similar legislation, takes effect if such legislation is adopted in the same legislative session or extension thereof.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

Not applicable. The mandate restrictions do not apply because the bill does not require counties and municipalities to spend funds, reduce counties or municipalities' ability to raise revenue, or reduce the percentage of state tax shared with counties and municipalities.

B. Public Records/Open Meetings Issues:**Vote Requirement**

Article I, s. 24(c) of the State Constitution requires a two-thirds vote of the members present and voting for final passage of a bill creating or expanding an exemption to the public records disclosure requirements. This bill enacts a new exemption for certain records and personal identifying information relating to persons diagnosed with or treated for Parkinson's disease which is submitted to the Parkinson's Disease Registry and, thus, the bill requires a two-thirds vote of each house of the Legislature to be enacted.

Public Necessity Statement

Article I, s. 24(c) of the State Constitution requires a bill creating or expanding an exemption to the public records disclosure requirements to state with specificity the public necessity justifying the exemption. Section 2 of the bill contains a statement of public necessity for the exemption which provides that the DOH and the Consortium are unable to effectively implement the legislative purpose of the Parkinson's Disease Registry without access to these records and information, which include personal medical information, the disclosure of which would violate federal patient privacy laws. The statement further provides a legislative finding that it is a public necessity to make such records and information held by the DOH confidential and exempt to protect the privacy rights of persons diagnosed with and treated for Parkinson's disease in this state and to promote the effective administration of the department's epidemiological research and tracking activities.

Breadth of Exemption

Article I, section 24(c) of the State Constitution requires an exemption to the public records disclosure requirements to be no broader than necessary to accomplish the stated purpose of the law. The purpose of the proposed law is to protect personal medical information, the disclosure of which would violate federal patient privacy laws. This bill exempts records and personal identifying information relating to persons diagnosed with or treated for Parkinson's disease which is submitted to the Parkinson's Disease Registry. The records exempted in the bill are narrowly tailored to the most relevant information for accomplishing the bill's stated goals. Thus, the exemption does not appear to be broader than necessary to accomplish the purpose of the law.

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.

B. Private Sector Impact:

The private sector may be subject to the cost associated with an agency's review and potential redactions of exempt records in response to a public records request.

C. Government Sector Impact:

The DOH has not provided an estimate of the bill's fiscal or operational impacts on the department, as of this writing.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends section 1004.4352 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 February 11, 2026:

The CS correctly links the bill to SB 1684 by specifying that the bill takes effect on the same date that SB 1684, or other similar legislation, takes effect if such legislation is adopted in the same legislative session or extension thereof.

B. Amendments:

None.



438984

LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
02/12/2026	.	
	.	
	.	
	.	

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

Senate Amendment (with directory amendment)

Delete line 69

and insert:

SB 1684 or similar legislation takes effect, if such legislation

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

And the directory clause is amended as follows:

Delete line 13

and insert:



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11 | section 1004.4352, Florida Statutes, as created by SB 1684, 2026

By Senator Calatayud

38-01487-26

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1 A bill to be entitled
2 An act relating to public records; amending s.
3 1004.4352, F.S.; providing an exemption from public
4 records requirements for certain records and personal
5 identifying information submitted to the Parkinson's
6 Disease Registry; providing for future legislative
7 review and repeal; providing a statement of public
8 necessity; providing a contingent effective date.
9

10 Be It Enacted by the Legislature of the State of Florida:
11

12 Section 1. Paragraph (f) is added to subsection (5) of
13 section 1004.4352, Florida Statutes, as created by SB __, 2026
14 Regular Session, to read:

15 1004.4352 Parkinson's disease research.—

16 (5) PARKINSON'S DISEASE REGISTRY.—Subject to a specific
17 appropriation, the department shall contract with the consortium
18 to establish and maintain a Parkinson's Disease Registry to
19 ensure that the Parkinson's disease data required to be
20 submitted under paragraph (a) is maintained and available for
21 use for research to advance therapies, improve patient outcomes,
22 and find potential cures for the disease. The department
23 contract must require the consortium to use a nationally
24 recognized platform to collect data from physicians as required
25 in paragraph (a).

26 (f) All records and personal identifying information
27 relating to persons diagnosed with or treated for Parkinson's
28 disease which is submitted to the registry under this subsection
29 are confidential and exempt from s. 119.07(1) and s. 24(a), Art.

38-01487-26

20261686__

30 I of the State Constitution, except that:

31 1. Release may be made with the written consent of persons
32 to whom the information applies.

33 2. The department or the consortium may contact individuals
34 for the purpose of epidemiological investigation and monitoring,
35 provided information that is confidential under this subsection
36 is not further disclosed.

37 3. The department may enter into a data-sharing agreement
38 with any other governmental agency or entity for the purpose of
39 medical or scientific research, provided such governmental
40 agency or entity does not further disclose information that is
41 confidential under this subsection.

42
43 This paragraph is subject to the Open Government Sunset Review
44 Act in accordance with s. 119.15 and shall stand repealed on
45 October 2, 2031, unless reviewed and saved from repeal through
46 reenactment by the Legislature.

47 Section 2. The Legislature finds that it is a public
48 necessity that all records and personal identifying information
49 relating to persons diagnosed with or treated for Parkinson's
50 disease which is submitted to the Parkinson's Disease Registry
51 pursuant to s. 1004.4352(5), Florida Statutes, be made
52 confidential and exempt from s. 119.07(1), Florida Statutes, and
53 s. 24(a), Article I of the State Constitution. The Department of
54 Health and the University of South Florida's Consortium for
55 Parkinson's Disease Research are unable to effectively implement
56 the legislative purpose of the Parkinson's Disease Registry,
57 created under s. s. 1004.4352(5), Florida Statutes, without
58 access to these records and information, which include personal

38-01487-26

20261686__

59 medical information, the disclosure of which would violate
60 federal patient privacy laws, including the Health Insurance
61 Portability and Accountability Act of 1996. Therefore, the
62 Legislature finds that it is a public necessity to make such
63 records and information held by the department confidential and
64 exempt to protect the privacy rights of persons diagnosed with
65 and treated for Parkinson's disease in this state and promote
66 the effective administration of the department's epidemiological
67 research and tracking activities.

68 Section 3. This act shall take effect on the same date that
69 SB ___ or similar legislation takes effect, if such legislation
70 is adopted in the same legislative session or an extension
71 thereof and becomes a law.



The Florida Senate

Committee Agenda Request

To: Senator Colleen Burton, Chair
Committee on Health Policy

Subject: Committee Agenda Request

Date: January 20, 2026

I respectfully request that **Senate Bill #1686**, relating to Public Records/Parkinson's Disease Registry, be placed on the:

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

A handwritten signature in cursive script that reads "Alexis Calatayud".

Senator Alexis Calatayud
Florida Senate, District 38

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

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

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

BILL: CS/SB 1760

INTRODUCER: Health Policy Committee and Senator Brodeur and others

SUBJECT: Health Care Coverage

DATE: February 12, 2026 REVISED: 02/13/26 02/16/26 _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	<u>Rainer/Johnson</u>	<u>Brown</u>	<u>HP</u>	<u>Fav/CS</u>
2.	_____	_____	<u>AP</u>	_____

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/SB 1760 amends numerous Florida Statutes relating to state oversight of health care insurance coverage, both in commercial health insurance and Medicaid.

Effective upon the bill becoming a law, the bill establishes the Joint Legislative Committee on Medicaid Oversight to ensure the state Medicaid program is operating in accordance with the Legislature’s intent and to promote transparency and efficiency in government spending. The bill creates a statutory definition for the term “Joint Legislative Committee on Medicaid Oversight” to specify a committee designated by joint rule of the Legislature, by the presiding officer of either house of the Legislature, or by agreement between the presiding officers.

The bill requires the committee to identify and recommend policies and authorizes the committee to submit periodic reports, including recommendations, to the Legislature on issues related to the state Medicaid program and any affiliated programs.

The bill also creates additional Medicaid managed care plan reporting requirements for purposes of capitation rate setting and disclosure of financial relationships with affiliated entities.

The bill requires that a contract between the Agency for Health Care Administration (AHCA) and a Medicaid managed care plan must require that any third party administrative entity contracted by the plan must adhere to all pertinent requirements of the Medicaid program placed on the plan under the plan’s contract with the AHCA.

The bill provides that payments made by a Medicaid managed care plan to affiliated entities in excess of market rates are excluded as an allowable expense when the AHCA calculates such plan's achieved savings rebate (ASR). Effective January 1, 2027, the bill revises ASR statutes to alter the amount of profit that a managed care plan may retain versus how much of such profit must be shared with the state.

The bill amends statutes relating to Medicaid managed care plan medical loss ratios (MLR) to correct a reference to federal regulations and to specify that MLRs must be calculated for each plan separately for each component of Statewide Medicaid Managed Care and for each plan in the aggregate. The AHCA must calculate such MLRs quarterly and annually and report to the Governor and the Legislature no later than six months after the end of each such period.

The bill amends the Insurance Code relating to the oversight of pharmacy benefit managers (PBMs), which are regulated by the Office of Insurance Regulation (OIR). The bill creates numerous prohibitions against PBM behavior relating to contracting with and reimbursing pharmacies. The bill also prohibits a PBM from maintaining any ownership or investment interest in, or sharing common ownership with, an affiliated manufacturer, as that term is defined by the bill.

The bill provides an effective date of July 1, 2026, with exceptions as otherwise provided.

II. Present Situation:

Joint Legislative Committees

A joint legislative committee is composed of members of the Senate and the House of Representatives, appointed by their respective presiding officers, to oversee a specified legislative function. Joint legislative committees and other joint units of the Legislature are governed by joint rules of the Senate and the House. The joint rules are adopted in the organizational session for each legislative term.¹

For the current legislative term (2024-2026), the joint rules provide for the following standing Joint Committees:

- Administrative Procedures Committee.
- Committee on Public Counsel Oversight.
- Legislative Auditing Committee.²

¹ Fla. Const. Art. III, § 3. For the current Legislative term of 2024-2026, the organizational session was held, in Nov. 2024, and concurrent resolution SRC 2 - Org was adopted as the Joint Rules.

² Joint Rule 4.1.

The current joint rules contain the governance and membership requirements for all Joint Committees.³ Procedures,⁴ powers,⁵ and administration⁶ for the Joint Committees are also set out. The joint also provide for special powers and duties for each standing Joint Committee.⁷

Legislative committees are also described in ch. 11, F.S. Any standing or select committees formed by the Legislature are not executive agencies.⁸ The committees are entitled to all appropriations made by the Legislature.⁹ Standing and select legislative committees are given testimony, subpoena, and document production powers.¹⁰ All joint committees are ultimately governed by joint rules of Senate and House of Representatives.¹¹

The Auditor General

Florida's Auditor General is a constitutional and legislative officer. Article III, s. 2, of the Florida Constitution provides that "The legislature shall appoint an auditor to serve at its pleasure who shall audit public records and perform related duties as prescribed by law or concurrent resolution." As a certified public accountant, and the state's independent auditor, the auditor general is responsible for providing unbiased, timely, and relevant information that the Legislature, citizens of the state of Florida, public entity management, and other stakeholders can use to promote government accountability and stewardship, as well as improve government operations.¹² Chapter 11, F.S., establishes the general authority and duties of the auditor general.¹³

Medicaid Managed Care

Services under the Florida Medicaid program can either be provided under Statewide Medicaid Managed Care (SMMC) or the fee-for-service (FFS) delivery systems.¹⁴ Health care services within SMMC are managed by contracted managed care plans. A Medicaid recipient generally must enroll in the SMMC and can choose a managed care plan available in his or her area of the state.¹⁵ If a recipient is required to choose a plan but fails to, he or she is auto-assigned to one.

Certain recipients are not required to enroll in a managed care plan but may choose to. Such recipients are those receiving prescribed pediatric extended care (PPEC) services, recipients enrolled in the iBudget waiver or in an iBudget waiver pre-enrollment category,¹⁶ recipients with

³ Joint Rules 4.1(3) and (4).

⁴ Joint Rule 4.2.

⁵ Joint Rule 4.3.

⁶ Joint Rule 4.4.

⁷ Joint Rules 4.5 through 4.7.

⁸ Section 11.135, F.S.

⁹ *Id.*

¹⁰ Section 11.143, F.S.

¹¹ Section 11.147(2), F.S.

¹² Florida Auditor General, *About the Florida Auditor General*, available at: <https://flauditor.gov/pages/aboutus.html> (last visited Feb. 16, 2026).

¹³ Sections 11.42 through 11.47, F.S.

¹⁴ Agency for Health Care Administration, *A Snapshot of Statewide Medicaid Managed Care 3.0*, available at: https://ahca.myflorida.com/content/download/25049/file/SMMC_Snapshot.pdf (last visited Feb. 4, 2026).

¹⁵ Section 409.969, F.S.

¹⁶ See ss. 393.0662 and 393.0663, F.S., for statutory provisions relating to iBudget.

non-Medicare credible coverage,¹⁷ recipients in residential treatment facilities, and persons eligible for refugee assistance.¹⁸ Other recipients are excluded from SMMC. They are women who are eligible only for family planning services, women who are eligible only for breast and cervical cancer services, persons enrolled in the Medically Needy program, and persons who are eligible for emergency Medicaid for aliens.¹⁹

Florida's Medicaid program, as of December 31, 2025, had 3,951,918 enrollees.²⁰ The enrollment for SMMC was 2,868,228, and enrollment in FFS was 1,079,806.²¹

Under either FFS or the SMMC, a recipient is entitled to all medical benefits provided by the State Plan.²² The SMMC has four programs for providing those service:

- Managed Medical Assistance (MMA).
- Long-Term Care Managed Care (LTCMC).
- The Prepaid Dental Program.
- The pilot program for individuals with developmental disabilities.

MMA also provides for specialty plans to be provided in MMA.²³ Specialty plans are designed for specific populations.²⁴ There are currently specialty products for HIV/AIDS, serious mental illness, and child welfare.²⁵ Furthermore, SMMC provides for specialized care coordination and expanded benefits.²⁶

Florida's Medicaid program, as of December 2025, is estimated to spend approximately \$37.5 billion for state fiscal year 2025-26. Expenditures as of December 2025 for SMMC in state fiscal year 2025-2026 are estimated to be approximately \$27.3 billion. Expenditures for FFS are estimated to be approximately \$10.2 billion for state fiscal year 2025-2026.²⁷

¹⁷ Agency for Health Care Administration, *Statewide Medicaid Managed Care (SMMC) New Program Highlight: Managed Medical Assistance v. Fee-For-Service*, available at:

<https://ahca.myflorida.com/content/download/25693/file/Managed%20Medical%20Assistance%20Plan%20vs%20Fee-for-Service.pdf> (last visited Feb. 4, 2026).

¹⁸ Section 409.972, F.S.

¹⁹ Section 409.965, F.S.

²⁰ Agency for Health Care Administration, *Medicaid Monthly Enrollment Report*, available at:

<https://ahca.myflorida.com/medicaid/medicaid-finance-and-analytics/medicaid-data-analytics/medicaid-monthly-enrollment-report> (last visited Feb. 8, 2026).

²¹ *Id.*

²² Agency for Health Care Administration, *supra* note 17.

²³ Section 409.974(3), F.S. *Also see:* Agency for Health Care Administration, *A Snapshot of the Florida Statewide Medicaid Managed Care Program*, available at:

https://ahca.myflorida.com/content/download/9126/file/SMMC_Snapshot.pdf?version=1 (last visited Feb. 4, 2026).

²⁴ *Id.*

²⁵ Agency for Health Care Administration, *supra* note 14.

²⁶ Agency for Health Care Administration, *Statewide Medicaid Managed Care 3.0 Overview*, available at:

https://ahca.myflorida.com/content/download/25090/file/Statewide%20Medicaid%20Managed%20Care%20Full%20Deck_05212025%20.pdf (last visited Feb. 4, 2026).

²⁷ Social Services Estimating Conference, *December 2025 Forecast, Medicaid Distribution: Managed Care and Fee for Service*, December 22, 2025, available at: <https://edr.state.fl.us/Content/conferences/medicaid/index.cfm> (last visited Feb. 4, 2026).

Encounter Data

Encounter data is recognized as essential for developing capitation rates for risk based managed care programs.²⁸ Pursuant to actuarial standards, encounter data is defined as “Information about an interaction between a provider of health care services and a member that is documented through the submission of a claim to a managed care organization (MCO) and shared between the MCO and the state Medicaid agency.”²⁹ Encounter data is fundamental to measuring the required activities requested of managed care programs and for helping to determine capitation rates, risk adjustment, quality measurement, value-based purchasing, program integrity, and policy development.³⁰

Providing validated encounter data to the U.S. Centers for Medicare & Medicaid Services (CMS) is a basic requirement for a state’s implementation of Medicaid managed care. Failure to provide accurate and complete data can result in a state’s federal financial participation (FFP) being reduced or otherwise impacted.³¹ Florida statutes require Medicaid managed care plans to report encounter data to the AHCA’s Medicaid Encounter Data System.³² The AHCA annually performs an Encounter Data Validation Data Validation Study.³³

The collection of encounter data may be affected when a managed care plan compensates providers with a capitated payment or other value-based compensation, which may or may not result in a claim for payment. Another complication may result when a provider subcontracts all or a portion of the delivery of health care benefits. There are also issues on how denied claims are treated for purposes of reporting encounter data.³⁴ Without a built-in payment incentive for providers, encounter data completeness can be compromised.^{35, 36}

Achieved Savings Rebate

In 2011, with the implementation of SMMC, Florida Medicaid adopted an achieved savings rebate (ASR) mechanism for profit-sharing.³⁷ The ASR system has remained largely unchanged

²⁸ Cunningham, Houchens and Lewis, *Encounter Data Standards: Implications for State Medicaid Agencies and Managed Care Entities from Final Medicaid Managed Care Rule*, Milliman, May 1, 2016, available at: <https://www.milliman.com/en/insight/encounter-data-standards-implications-for-state-medicare-agencies-and-managed-care-entiti> (last visited Feb. 4, 2026).

²⁹ Actuarial Standards Board, *Actuarial Standard of Practice No. 49, Medicaid Managed Care Capitation Rate Development and Certification (adopted March, 2015)*, p. 2, available at: <http://www.actuarialstandardsboard.org/asops/mc-49-managed-care-capitation-rate-development-and-certification/#22-base-data> (last visited Feb. 4, 2026).

³⁰ Cunningham, Houchens and Lewis, *supra* note 28.

³¹ 42 C.F.R. § 438.818

³² Section 409.967(2)(e), F.S.

³³ Agency for Health Care Administration, *Encounter Data Validation Studies*, available at: <https://ahca.myflorida.com/medicaid/medicaid-quality-activities-and-projects/encounter-data-validation-studies> (last visited Feb. 4, 2026).

³⁴ *Id.* at 13 and 15.

³⁵ *Id.* at A-10.

³⁶ Manatt Health, *What’s the Matter with Encounter Data? Common Issues and Actionable State Strategies for Improving a Critical Data Resource*, presentation to National Association of Health Data Organization, 35th Annual Conference, August 17, 2020, available at: https://www.nahdo.org/sites/default/files/2020-08/103-68%20Kevin%20McAvey%20What_s%20the%20Matter%20with%20Encounter%20Data_NAHDO%20Presentation_Aug%2016%202020.PDF (last visited Feb. 8, 2026).

³⁷ Chapter 2011-134, Laws of Florida, pp. 12-17.

since then, except for a change in 2023 which recognized the need to return to the federal government a portion of the state's recoveries from the shared savings, based on the federal match percentage. There was also a change in 2025 as to the auditing requirements by which the AHCA could notify the ASR auditor of deficiencies in the report and have them corrected before the audit is finalized.³⁸

The ASR process begins with each Medicaid managed care plan submitting to the AHCA by June 1 its audited financial statement for the preceding calendar year.³⁹ The AHCA contracts with an independent auditor which does a compliance audit of the various components of each plan's audited statement and which is used in calculating each calendar year's ASR for that plan.⁴⁰ Upon issuance of the compliance audit and the calculation of the ASR, the AHCA approves the report and it becomes final. A managed care plan is then required to pay any portion of its profit that must be shared with the state, if any, within 30 of the report being final.⁴¹

The portion of a managed care plan's profit that must be shared with the state is calculated by determining pretax income as a percentage of revenues and applying the following income sharing ratios:

- One hundred percent of income up to and including five percent of revenue is to be retained by the plan.
- Fifty percent of income above five percent and up to ten percent is to be retained by the plan with the other 50 percent refunded to the state and adjusted for the federal match percentage.
- One hundred percent of income above 10 percent of revenue must be refunded to the state and adjusted for the federal match percentage.⁴²

It is possible for the plan to retain an additional one percent of profit. To achieve this additional retention, the plan must meet quality objectives developed by the AHCA. The quality objectives are focused on complex, chronic health conditions which are associated with high-cost medical treatments.⁴³ The current SMMC contract contains a program for quality incentives based on eight measures.⁴⁴ In addition to this ASR bonus, a plan can receive a preference in auto-assignment of recipients⁴⁵ and payments from a two-percent financial withhold from the capitation rate, upon meeting such quality measures.⁴⁶

Medical Loss Ratios (MLR)

Medical loss ratio calculation and reporting are requirements of the federal government for Medicaid managed care programs.⁴⁷ The numerator of the ratio is all incurred claims,

³⁸ Chapter 2025-204, Laws of Florida, p. 26.

³⁹ Section 409.967(3)(a), F.S.

⁴⁰ Section 409.967(3)(b) and (c), F.S.

⁴¹ Section 409.967(3)(h), F.S.

⁴² Section 409.967(3)(f), F.S.

⁴³ Section 409.967(3)(g), F.S.

⁴⁴ Agency for Health Care Administration Model Contract, FPXXX, Attachment II, Update Oct. 1, 2025, p. 22-23, available at: <https://ahca.myflorida.com/content/download/27248/file/Attachment%20II-%20-%20Core%20Contract%20Provisions%20Oct%202025.pdf> (last visited Feb. 5, 2026).

⁴⁵ *Id.* at p. 23, authorized under s. 409.977(1), F.S.

⁴⁶ *Id.* at p. 23.

⁴⁷ MACPAC, *Medical Loss Ratios in Medicaid Managed Care, Issue Brief*, January 2022, available at:

expenditures that improve health quality, fraud prevention activities,⁴⁸ and amounts paid to providers under state-directed payments.⁴⁹ Deducted from incurred claims are overpayment recoveries from network providers and any prescription drug rebates received and accrued by a managed care plan.⁵⁰

The denominator is adjusted premium revenue received by the plan.⁵¹ Capitation payments for required services under the contract is the largest component of premium revenue. Revenue does not include incentive payments and pass-through payments. Federal, state, and local taxes and licensing and regulatory fees are deducted from adjusted premium revenue.⁵²

CMS requires that a state must have oversight of a managed care plan's MLR reporting.⁵³ In addition, when calculating a plan's capitation rate, there are various MLR-related standards that must be included to meet the required "actuarial soundness" standard.⁵⁴ However, states are not required to, but may, implement a minimum MLR.⁵⁵ A state can apply a required MLR in the aggregate or to different populations or a portion of the contract.⁵⁶

CMS has been regularly publishing MLR reports.⁵⁷ The AHCA has been collecting the required reports from the health plans and submitting them to CMS by its Financial Monitoring section.⁵⁸ The AHCA, in the standard contract with the health plans, requires them to prepare, deliver, and retain copies of the requisite federal MLR report for their particular plan.⁵⁹

Section 409.967(4), F.S., authorizes the AHCA to calculate MLRs for SMMC managed care plans if required to do so as a condition of a Medicaid waiver. The statute requires that the

<https://www.macpac.gov/wp-content/uploads/2022/01/Medical-loss-ratio-issue-brief-January-2022.pdf> (last visited Feb. 5, 2026).

⁴⁸ 42 C.F.R. § 438.8(e)

⁴⁹ 42 C.F.R. § 438.8(e)(2)(iii)(C)

⁵⁰ Prescription drug rebates must be deducted if received by the health plan directly or a pharmacy benefit manager. *See*: MACPAC, *supra* note 47 at p. 8.

⁵¹ *Id.* at p. 3.

⁵² *Id.*

⁵³ Centers for Medicare & Medicaid Services, *CMCS Informational Bulletin, Medicaid Managed Care Frequently Asked Questions (FAQs) – Medical Loss Ratio*, June 5, 2020, available at: https://www.medicaid.gov/sites/default/files/Federal-Policy-Guidance/Downloads/cib060520_new.pdf (last visited Feb. 5, 2026).

⁵⁴ 42 C.F.R. § 438.4(b)(9) and 42 C.F.R. § 439(5)(b)(5)

⁵⁵ Centers for Medicare & Medicaid Services, *supra* note 53 at Q.2.

⁵⁶ 42 C.F.R. § 439.8(i)

⁵⁷ Centers for Medicare & Medicaid Services, *MLR Summary Reports*, available at:

<https://data.medicaid.gov/dataset/743f9f04-4473-41e2-9da2-9a89db65ee55#data-table> (last visited Feb. 5, 2026).

⁵⁸ Agency for Health Care Administration, *Financial Monitoring*, available at:

<https://ahca.myflorida.com/medicaid/medicaid-finance-and-analytics/medicaid-program-finance/financial-monitoring> (last visited Feb. 5, 2026).

⁵⁹ Agency for Health Care Administration, *supra* note 44 at pp. 137, 143, 258. The reporting seems to be done in the context of the ASR reporting and calculation. Agency for Health Care Administration, Plan Communication, RCN 2024-03, Re: Achieved Savings Rebate (ASR) Financial Report – Medical Loss Ratio Comparison, (April 17, 2024), available at: https://ahca.myflorida.com/content/download/27209/file/RCN%202024-03%20ASR%20Financial%20Template%20-%20MLR%20Comparison_04.17.2024.pdf (last visited Feb. 6, 2026).

method for calculating MLRs must classify expenditures in a manner consistent with 45 C.F.R. part 158,⁶⁰ except that:

- Funds provided by the managed care plans to graduate medical education institutions to underwrite the costs of residency positions must be classified as MLR medical expenditures, provided the funding is sufficient to sustain the positions for the number of years necessary to complete the residency requirements and the residency positions funded by the plans are active providers of care to Medicaid and uninsured patients; and
- Before final determination of the MLR for any period, a managed care plan may contribute to a designated state trust fund for the purpose of supporting Medicaid and indigent care and have the contribution counted as an MLR medical expenditure for the period.

According to the AHCA, federal CMS has not approved the two MLR exceptions listed above for Florida's waiver that authorizes SMMC. Therefore, those exceptions for MLR expenditures have never been implemented.⁶¹

Reporting of Administrative Subcontractors and Affiliates

As part of its contracts with Medicaid health plans, the AHCA obligates the plans to a list of reports which must be submitted electronically, either on a monthly, quarterly, or annual basis.⁶² There are 28 reports on the contract list.⁶³ The AHCA maintains a website that contains instructions, templates, and submission directions.⁶⁴ The AHCA also regularly sends communications to the health plans as to technical details, changes, or corrections to reporting.⁶⁵

One of the reports requires Medicaid managed care plans to disclose and file their administrative subcontractors and affiliates.⁶⁶ This report is to be filed quarterly.⁶⁷ The report is publicly available.⁶⁸ In the instructions for the report, the following definition of "affiliate" is used:

⁶⁰ This portion of the Code of Federal Regulations was adopted to implement MLR requirements for health insurance issuers under the Public Health Service Act in order to address the treatment of "mini-med" and expatriate policies under these regulations for years after 2011; modify the way the regulations treat ICD-10 conversion costs; change the rules on deducting community benefit expenditures; and revise the rules governing the distribution of rebates by issuers in group markets. *See*: The Federal Register, *Medical Loss Ratio Requirements Under the Patient Protection and Affordable Care Act*, available at: <https://www.federalregister.gov/documents/2011/12/07/2011-31289/medical-loss-ratio-requirements-under-the-patient-protection-and-affordable-care-act> (last visited Feb. 9, 2026).

⁶¹ Email from staff of the Agency for Health Care Administration to staff of the Senate Committee on Health Policy, (Feb. 9, 2026), (on file with the Senate Health Policy Committee).

⁶² Agency for Health Care Administration, *supra* note 44 at p. 228-229.

⁶³ *Id.* at p. 229-230.

⁶⁴ Agency for Health Care Administration, *2025-2030 Medicaid Managed Care Plan Report Guide*, available at: <https://ahca.myflorida.com/site/medicaid/statewide-medicaid-managed-care/reports-guides/2025-2030-medicaid-managed-care-plan-report-guide> (last visited Feb. 6, 2026).

⁶⁵ Agency for Health Care Administration, *Agency Communications to SMMC Plans, Effective 2018-2024*, available at: <https://ahca.myflorida.com/medicaid/statewide-medicaid-managed-care/agency-communications-to-smmc-plans-effective-2018-2024> (last visited Feb. 6, 2026).

⁶⁶ Agency for Health Care Administration, *supra* note 44 at pp. 212 and 229.

⁶⁷ *Id.* at p. 229.

⁶⁸ Agency for Health Care Administration, *Administrative Subcontractors and Affiliates Report*, 4th quarter of 2025, available at: https://ahca.myflorida.com/content/download/28160/file/Administrative_Subcontractors_and_Affiliates_Report_Cumulative_Q4%202025%20PDF.pdf (last visited Feb. 8, 2026).

For purposes of this report, “affiliate” or “affiliated person” means:

- (1) Any person or entity who directly or indirectly manages, controls, or oversees the operation of the Managed Care Plan, regardless of whether such person or entity is a partner, shareholder, owner, officer, director, agent, or employee of the entity;
- (2) Any person or entity who has a financial relationship with the Managed Care Plan as defined by 42 CFR 438.320(1); and/or
- (3) An individual or entity who meets the definition of an affiliate as defined in 48 CFR 19.101.⁶⁹

The report is described as informational only.⁷⁰ If a subcontractor or affiliate has been reported on the provider network file, then it is not to be included in this report.⁷¹ The report requires the managed care plans to describe the payment methodology to such subcontractors or affiliates.⁷²

Under federal regulations, there is a definition of “financial relationship” as follows:

Financial relationship means—

- (1) A direct or indirect ownership or investment interest (including an option or nonvested interest) in any entity. This direct or indirect interest may be in the form of equity, debt, or other means, and includes any indirect ownership or investment interest no matter how many levels removed from a direct interest; or
- (2) A compensation arrangement with an entity.⁷³

This definition is applicable to 42 C.F.R. part 438, which is the section of the federal regulations applicable to managed care contracting for state Medicaid programs.

Federal law requires the AHCA to obtain disclosure from any person or entity who, directly or indirectly, has a controlling interest or ownership interest in the managed care entity. Any entity that provides services under the managed care contract and who has a controlling interest or ownership interest in the managed care entity, or with which the managed care entity has a controlling interest or ownership interest, must be disclosed.⁷⁴ The relationship is traced through spouse, parent, child, or sibling.⁷⁵ The threshold for reporting an ownership interest is five percent or greater.⁷⁶ The disclosures are to be made upon:

- The entity submitting a proposal during the procurement process,
- The entity executing a contract with the state,
- Renewal or extension of the contract, and

⁶⁹ Agency for Health Care Administration, *SMMC Managed Care Report Guide Administrative Subcontractor and Affiliates Report Summary*, Feb. 1, 2025, at p. 1, note.2, available at: https://ahca.myflorida.com/content/download/25779/file/AdministrativeSubcontractorsandAffiliatesReportSummary_2.1.2025.pdf (last visited Feb. 6, 2026).

⁷⁰ *Id.* at p.1.

⁷¹ *Id.*

⁷² *Id.* at p. 3.

⁷³ 42 C.F.R. § 438.320

⁷⁴ 42 C.F.R. § 455.104. This section likewise applies to providers in FFS and SMMC. *See also* 42 C.F.R. § 438.608(c)(2).

⁷⁵ 42 C.F.R. § 455.104(b)(2)

⁷⁶ *Id.*

- Within 35 days of a change of ownership.⁷⁷

A managed care plan that fails to make such disclosures can cause the state to lose the federal financial participation paid to that health plan.⁷⁸

Section 409.966(3)(b), F.S., provides a definition of the term “business relationship,” as follows:

“Business relationship” means an ownership or controlling interest, an affiliate or subsidiary relationship, a common parent, or any mutual interest in any limited partnership, limited liability partnership, limited liability company, or other entity or business association, including all wholly or partially owned subsidiaries, majority-owned subsidiaries, parent companies, or affiliates of such entities, business associations, or other enterprises, that exists for the purpose of making a profit.

When applying for a managed care plan contract via SMMC procurement, a plan is required to disclose all these business relationships. The AHCA may not select plans in the same region which have a business relationship with each other. Failure to disclose a business relationship can result in disqualification in the procurement.⁷⁹

Section 409.901(1), F.S., provides a definition of “affiliate,” which is:

“Affiliate” or “affiliated person” means any person who directly or indirectly manages, controls, or oversees the operation of a corporation or other business entity that is a Medicaid provider, regardless of whether such person is a partner, shareholder, owner, officer, director, agent, or employee of the entity.

Medicaid providers and managed care plans are required to report within 30 days any change of any principal, officer, director, agent, or affiliated person, and when ownership changes by five percent or more.⁸⁰ There is also a requirement that such persons must have a level 2 background check.⁸¹

The AHCA may deny participation in the Medicaid program to an applicant or revoke any current provider agreement or contract if an affiliated person, or owner of five percent or more (or any of the others previously described) has:

- Failed to pay any outstanding overpayments,
- Makes a false representation on an application,
- Fails to disclose a controlling interest or ownership interest,

⁷⁷ 42 C.F.R. § 455.104(c)(3)

⁷⁸ 42 C.F.R. § 455.104(f). This section likewise applies to providers in FFS and SMMC.

⁷⁹ Section 409.966(2), F.S.

⁸⁰ Section 409.907(2)(k), F.S.

⁸¹ Section 409.907(8)(a)2., F.S. However, if such persons are members of a unit of local government, or any business that derives more than 50 percent of its revenue from the sale of goods to the final consumer, and the business or its controlling parent is required to file a form 10-K or other similar statement with the Securities and Exchange Commission or has a net worth of \$50 million or more, they may be relieved of the obligation for background screening. *See*: s. 409.907(8)(c), F.S.

- Has been excluded , suspended, terminated, or involuntarily withdrawn from participation in the Florida Medicaid program, or any other governmental or private health insurance program, or
- Has been found by any licensing, certifying or professional board or agency to have violated the standards or condition of such licensure or certification.⁸²

Also, the AHCA may likewise suspend or terminate a provider agreement or contract if any of the following occurs to an affiliated person or five percent or greater owner, principal, officer, director, agent, managing employee, of a provider of services to the Medicaid program:

- He or she is terminated by any state Medicaid program or Medicare,⁸³ or
- He or she is convicted of a criminal offense under federal law or the law of any state relating to the practice of the provider’s profession, or a criminal offense listed under ss. 408.809(4), 409.907(10), or 435.04(2), F.S.⁸⁴

The AHCA must determine whether the entity participated or acquiesced in the reason such affiliated person, or five percent owner (or any of the others previously described), was terminated, suspended, or convicted. If the AHCA imposes any administrative sanction because of the foregoing actions of a principal, officer, director, agent, managing employee, affiliated person, or five percent owner, then it must notify the entity.⁸⁵

Pharmacy Benefits Under Various Forms of Health Insurance or Health Coverage

Various forms of health insurance or health coverage include pharmacy benefits. Section 626.8825(1)(u), F.S., provides a definition designed to capture such various plans or programs that provide coverage and make payment for pharmacy benefits. The term “pharmacy benefits plan or program” is defined under that section of statute as follows:

“Pharmacy benefits plan or program” means a plan or program that pays for, reimburses, covers the cost of, or provides access to discounts on pharmacist services provided by one or more pharmacies to covered persons who reside in, are employed by, or receive pharmacist services from this state. The term includes, but is not limited to, health maintenance organizations, health insurers, self-insured employer health plans, discount card programs, and government-funded health plans, including the Statewide Medicaid Managed Care program established pursuant to part IV of chapter 409 and the state group insurance program pursuant to part I of chapter 110. The term excludes such a plan or program under chapter 440.⁸⁶

⁸² Section 409.907(10), F.S.

⁸³ Section 409.907(14), F.S.

⁸⁴ Section 409.907(13), F.S.

⁸⁵ Section 409.908(24), F.S.

⁸⁶ Chapter 440, F.S., houses Florida’s workers’ compensation law.

Pharmacy Benefit Managers and the Prescription Drug Supply Chain

Health insurers, HMOs, or self-insured employers may contract with pharmacy benefit managers (PBMs) to manage their prescription drug benefits to reduce the overall costs of prescription drugs.⁸⁷ PBMs administer drug benefits and negotiate rebates with drug manufacturers, provide mail-order pharmacy services, create drug formularies, provide disease management, conduct drug utilization management, and adjudicate claims. The PBMs, or their affiliated group purchasing organization (GPO), may negotiate rebates with pharmaceutical manufacturers, generally for brand-name and specialty drugs, in exchange for placement on a health plan's formulary.⁸⁸

In recent years, the affordability of prescription drugs has gained national attention, resulting in PBMs and drug manufacturers coming under scrutiny as policymakers have attempted to understand their role in the drug supply chain. Many stakeholders (drug manufacturers, drug wholesalers, pharmacy services administrative organizations, pharmacies, PBMs, health plans, employers, and consumers) are involved with, and pay different prices for, prescription drugs as they move from the drug manufacturer to the ultimate consumer.

Once a prescription drug has been developed and approved for sale, drug manufacturers set their price. The prices that maximize manufacturers' revenues from brand-name drugs depend on factors such as exclusive sales rights for newly approved brand-name products, the prevalence of health insurance coverage for prescription drugs, and buyers' willingness to pay for brand-name drugs in various market segments.⁸⁹ Brand-name drugs often face competition from other drugs with similar clinical effects, which can put downward pressure on prices. The combination of exclusive sales rights and insurance coverage can give drug manufacturers considerable leverage in their price negotiations with purchasers, which may lead to higher prices.⁹⁰

It can be difficult to determine the final price of a prescription drug. The final price of a drug may include rebates and discounts to insurers, health maintenance organizations (HMOs), or PBMs or their GPOs. Market participants, such as drug wholesalers, may add their own mark-ups and fees, and drug manufacturers may offer direct consumer discounts, such as prescription drug coupons that can be redeemed when filling a particular prescription at a pharmacy.⁹¹

Independent community pharmacies represent about 35 percent of all retail pharmacies in the U.S.⁹² Many of the independent pharmacies contract with pharmacy services administrative organizations (PSAO) to interact on their behalf with other stakeholders, such as drug

⁸⁷ Commonwealth Fund, *Pharmacy Benefit Managers and Their Role in Drug Spending* (Apr. 22, 2019), available at: <https://www.commonwealthfund.org/publications/explainer/2019/apr/pharmacy-benefit-managers-and-their-role-drug-spending> (last visited Jan. 28, 2026).

⁸⁸ *Id.*

⁸⁹ Congressional Budget Office, *Alternative Approaches to Reducing Prescription Drug Prices*, Oct. 2024, available at: <https://www.cbo.gov/publication/60812> (last visited Jan. 25, 2026).

⁹⁰ *Id.*

⁹¹ Reynolds, Ian, et. al., *The Prescription Drug Landscape, Explored*, Mar. 2019, The Pew Charitable Trusts, available at: <https://www.pew.org/en/research-and-analysis/reports/2019/03/08/the-prescription-drug-landscape-explored> (last visited Feb. 13, 2026).

⁹² National Community Pharmacists Association, *NCPA Releases 2023 Digest Report*, Oct. 15, 2023, available at: <https://ncpa.org/newsroom/news-releases/2023/10/15/ncpa-releases-2023-digest-report> (last visited Jan. 23, 2026).

wholesalers and third-party payers like large private and public health plans and their PBMs.⁹³ The PSAOs develop networks of pharmacies, and negotiate on their behalf with third-party payers, such as PBM's, on the pharmacy's behalf.⁹⁴ A PSAO may also provide credentialing and compliance assistance, claims reconciliation, and provide support relating to PBM audits of pharmacy.⁹⁵

Compensation of PBMs

The PBMs receive compensation from health plans or employers for their services in a variety of ways. For example, a health plan may opt for an administrative fee contract, in which they pay the PBM directly for all of the services provided.⁹⁶ Some health plans may choose to use a spread pricing model in which the health plan pays the PBM a set price for each prescription filled, and the PBM retains the difference between the price paid by the health plan and the price paid to the pharmacy as a form of compensation.⁹⁷ In addition, PBMs may retain a portion of drug manufacturer rebates to offset the fees health plans would otherwise pay. PBMs may obtain significant rebates from manufacturers, and are reported to often pass on 90 to 95 percent of rebates to the plan sponsor.⁹⁸ An increasing number of PBMs that are using “pass-through” pricing at mail order and specialty.⁹⁹ In these instances, they will charge a dispensing fee, an administrative fee and sometimes shipping charges, all of which helps to offset the revenue lost by moving away from spread pricing.¹⁰⁰ Generally, a contract between a PBM and a health plan or an employer specifies the amount a plan or an employer will pay a PBM for brand name and generic drugs and specify certain savings guarantees.¹⁰¹

⁹³ General Accounting Office, *The Number, Role, and Ownership of Pharmacy Services Administrative Organizations* (GAO-13-176), Feb 28, 2013, available at: <https://www.gao.gov/products/GAO-13-176> (last visited Jan. 28, 2026).

⁹⁴ Pace, Scott, *The Role and Value of Pharmacy Services Administrative Organizations, 2022*, available at: https://content.naic.org/sites/default/files/call_materials/The%20Role%20and%20Value%20of%20Pharmacy%20Services%20Administrative%20July%202022.pdf (last visited Jan. 20, 2026).

⁹⁵ *Id.*

⁹⁶ Mercer, *Understanding the Debate over PBMs*, Aug. 1, 2024, available at: <https://www.mercer.com/en-us/insights/us-health-news/understanding-the-debate-over-pbms/> (last visited Feb. 5, 2026).

⁹⁷ *Id.*

⁹⁸ Avalere Health, *The Role of PBMs in the US Healthcare System*, June 2025, available at: https://advisory.avalerehealth.com/wp-content/uploads/2025/06/The-Role-of-PBMs-in-the-US-Healthcare-System_White-Paper.pdf (last visited Jan. 28, 2026).

⁹⁹ *Id.*

¹⁰⁰ *Id.*

¹⁰¹ Health Affairs, *Policy Options To Help Self-Insured Employers Improve PBM Contracting Efficiency*, May 29, 2019, available at: <https://www.healthaffairs.org/content/forefront/policy-options-help-self-insured-employers-improve-pbm-contracting-efficiency> (last visited Feb. 10, 2026).

Vertical Integration Relating to PBM Ownership¹⁰²

The “Big Three” PBMs – CVS Caremark, Express Scripts, and OptumRx – manage approximately 80 percent of prescription drug claims for approximately 270 million people.¹⁰³ Coupled with the next three largest PBMs – Humana Pharmacy Solutions, MedImpact, and Prime – they represent 94 percent of prescription drug claims in the U.S. (Collectively, these six PBMs are sometimes known as the “Big Six.”)

Vertical integration is the combination into one company of at least two stages of production normally performed by separate companies. The Big Six PBMs have become vertically integrated within entities that provide a broad range of services across the pharmaceutical supply chain and other segments of the health care sector, as illustrated in Figure 1.¹⁰⁴

The three largest PBMs are each affiliated with a health plan and a pharmacy, so the parent company owns or controls up to three stages or more of the drug supply chain. Some PBMs are also affiliated with health care providers, such as retail clinic services. Vertical integration may allow a company to combine operations between stages of production and pass the savings from smaller transaction costs to their customers. Various PBMs are now vertically integrated with upstream suppliers of goods and services, including drug private labelers¹⁰⁵ and provider groups. PBMs are also vertically integrated with midstream distributors, including retail, mail order, and specialty pharmacies.

Downstream, PBMs may be vertically integrated with large health insurers which, through their health plans and plan sponsor services, provide health coverage for hundreds of millions of Americans. Due to the high degree of consolidation and vertical integration, the dominant PBMs can often exercise significant control over which drugs are available, at what price, and which pharmacies patients can use to access their prescribed medications.¹⁰⁶

¹⁰² National Association of Insurance Commissioners, *A GUIDE TO UNDERSTANDING PHARMACY BENEFIT MANAGER AND ASSOCIATED STAKEHOLDER REGULATION*, Sep. 9, 2023, available at: https://content.naic.org/sites/default/files/PBM%252520White%252520Paper%252520Draft%252520Adopted%252520B%252520Committee%25252011-2-23_0.pdf (last visited Jan. 18, 2026).

¹⁰³ Kaiser Family Foundation, *What to Know about Pharmacy Benefit Managers and Federal Efforts at Regulation*, Dec. 18, 2025, available at: <https://www.kff.org/other-health/what-to-know-about-pharmacy-benefit-managers-pbms-and-federal-efforts-at-regulation/> (last visited Feb. 16, 2026).

¹⁰⁴ *Id.*

¹⁰⁵ Freyr Blog, *Private Labeling in Pharma: Challenges and Solutions*, Apr. 20, 2023, available at: <https://www.freyrsolutions.com/blog/private-labeling-in-pharma-challenges-and-solutions> (last visited Jan. 17, 2026).

¹⁰⁶ *Id.*

Figure 1. PBM Ownership and Vertical Integration

Parent/Owner	CVS Health Corporation	The Cigna Group	UnitedHealth Group Inc.	Humana Inc.	MedImpact Holdings Inc.	19 BlueCross BlueShield plans
Drug Private Labeler	Cordavis Limited	Quallent Pharmaceuticals	NUVAILA			
Health Care Provider	MinuteClinic, Signify Health	Evernorth Care Group	Optum Health	CenterWell		
Pharmacy Benefit Manager						
"PBM GPO"/ Rebate Aggregator	Zinc Health Services	Ascent Health Services	Emisar Pharma Services	Ascent (via contract)	Prescient Holdings Group LLC	Ascent (minority owner)
Pharmacy - Retail	CVS Pharmacy					
Pharmacy - Mail Order	CVS Caremark Mail Service Pharmacy	Express Scripts Pharmacy	Optum Rx Mail Service Pharmacy	CenterWell Pharmacy	Birdi, Inc.	Express Scripts Pharmacy (via contract)
Pharmacy - Specialty	CVS Specialty Pharmacy	Accredo	Optum Specialty Pharmacy	CenterWell Specialty Pharmacy	Specialty by Birdi	Accredo (via contract)
Health Insurer	Aetna	Cigna Healthcare	UnitedHealthcare	Humana		19 BlueCross BlueShield plans

PBM Payment of Affiliate Pharmacies¹⁰⁷

In 2022, a federal report found that commercial health plans paid affiliated pharmacies roughly 80 to 90 percent more than unaffiliated pharmacies for abiraterone acetate (generic Zytiga) and imatinib mesylate (generic Gleevec). Pharmacies affiliated with the Big Three PBMs were often paid 20 to 40 times National Average Drug Acquisition Cost (NADAC),¹⁰⁸ and significantly more than unaffiliated pharmacies, for the two case studies of specialty generic drugs for cancer treatment for both the commercial and Medicare Part D payer groups.¹⁰⁹ For example, commercial health plans reimbursed affiliated pharmacies for abiraterone acetate (generic Zytiga) in 2022 more than \$5,800 per month, on average—or approximately 25 times the \$229 acquisition cost reflected by NADAC. For the second drug, imatinib mesylate (generic Gleevec),

¹⁰⁷ Federal Trade Commission, Office of Policy Planning, *Pharmacy Benefit Managers: The Powerful Middlemen Inflating Drug Costs and Squeezing Main Street Pharmacies*, Interim Staff Report, July 2024, available at: https://www.ftc.gov/system/files/ftc_gov/pdf/pharmacy-benefit-managers-staff-report.pdf (last visited Jan. 20, 2026).

¹⁰⁸ The NADAC is an index of drug acquisition costs based on surveys of invoices voluntarily provided primarily by small, independent pharmacies. See *Retail Price Survey*, MEDICAID.GOV, Jan. 5, 2026, available at: <https://www.medicaid.gov/medicaid/prescription-drugs/retail-price-survey/index.html> (last visited Jan. 19, 2026).

¹⁰⁹ Federal Trade Commission, *supra* note 107 at p. 14. Gross reimbursement to a pharmacy is the sum of the amounts paid by the PBM, the patient, and any other payers (e.g., a secondary insurer), as applicable. NADAC is based on the maximum NADAC observed each year for the most commonly dispensed dose of the drug. NADAC was not always available for other doses of the drug. The acquisition costs for those drugs may be lower or higher than the NADAC for the most commonly dispensed dose.

commercial health plan reimbursements to affiliated pharmacies averaged roughly \$2,700 per month in 2022, more than 40 times higher than the NADAC acquisition cost of \$66.

Payments to affiliated pharmacies by a PBM-affiliated fully insured health plan represent internal transfers from the PBM's vertically integrated insurer to its pharmacies. These internal transfers may have implications for medical loss ratios (MLRs), which are regulated under the federal Affordable Care Act and represent the percentage of premium revenue that health plans are required to spend on clinical care and quality improvement initiatives (80 to 85 percent) rather than administrative expenses and contributions to plan profits.¹¹⁰

Industry experts have raised concerns that vertically integrated healthcare entities can game MLR requirements by shifting funds between affiliated entities. For example, if an affiliated insurer pays an inflated price for a specialty generic to its affiliated pharmacy, the higher payment is credited as spending on clinical care and helps the affiliated insurer satisfy its MLR obligations. At the same time, the payment is credited as revenue to the affiliated pharmacy. Because the pharmacy's revenue has no bearing on the affiliated insurer's MLR calculation, this transfer payment allows the vertically integrated PBM-insurer-pharmacy entity to retain revenue and profits while formally satisfying the MLR rule—but without providing the clinical care and quality improvements that the rule is meant to promote.

Private Label Drugs

Private labeling refers to the practice of a company manufacturing a product which is then sold under another company's brand name. Private labeling is a common practice used by companies to expand their product offerings without having to invest in the research and development required to create a new drug product. Essentially, the manufacturer produces the product and allows another company to attach its own label to it.

Biosimilar drugs¹¹¹ can provide lower cost options for federally approved brand name drugs that reduce the price per prescription, on average, by 40 percent.¹¹² For example, Humira, characterized as the world's best-selling drug, had an average gross cost of \$7,000 per month.¹¹³ In 2023, CVS Health launched Cordavis, an international subsidiary that coproduces biosimilars with manufacturers, such as Sandoz.¹¹⁴ Optum and ESI soon followed CVS Health by announcing partnerships with third-party biosimilar procurers and private-label manufacturers to

¹¹⁰ *Id.* at p. 31., noting MLR statutory requirement of 80 percent for individual and small group health plans and 85 percent for large group health plans. MLRs are regulated for commercial fully insured health plans.

¹¹¹ A biosimilar drug is highly similar and has no clinically meaningful differences when compared to the original FDA-approved biological product (reference product). Biosimilar drugs are made with the same types of living organism as the reference product. See U.S. Food and Drug Administration, *Overview of Biosimilar Products*, available at: <https://www.fda.gov/media/151058/download?attachment> (last visited Jan. 10, 2026).

¹¹² Sequoia Blog, Foreword, *How Biosimilars Can Significantly Reduce Pharmacy Costs for Employers*, Dec. 18, 2024, available at: <https://www.sequoia.com/2024/12/how-biosimilars-can-significantly-reduce-pharmacy-costs-for-employers/> (last visited Jan. 27, 2026). Many biosimilars lack interchangeability status, meaning the ability for the dispensing pharmacy to automatically substitute the biosimilar for the original, brand name product without additional approval from the prescribing provider.

¹¹³ *Id.*

¹¹⁴ Drug Channels, *When Payers Become Producers: Inside the PBM Private-Labeling Trend*, Aug. 16, 2024, available at: <https://www.drugchannels.net/2024/08/when-payers-become-producers-inside-pbm.html> (last visited Jan. 20, 2026).

coproduce and co-label their own biosimilars to prefer on their formularies market.¹¹⁵ In April 2024, Cigna Group's Evernorth Health Services announcing the production of a \$0 copay Humira biosimilar via its subsidiary Quallent Pharmaceuticals, a private-label distributor.¹¹⁶

For 2025, the Big Three PBMs shifted national formularies to favor their private-label biosimilars over Humira and its many biosimilar competitors.¹¹⁷ Nearly all marketed Humira biosimilars were excluded from the larger PBMs' 2025 formularies.¹¹⁸ For 2025, Humira (original flavor) has or will no longer be placed on PBMs' standard formularies, and most marketed biosimilars will be excluded from the 2025 formularies.¹¹⁹ Instead, each PBM's formulary will give plan sponsors the option of a high-list-price biosimilar, a lower-priced private label product, and a low-list-price unbranded biosimilar.¹²⁰

Due to the availability of multiple biosimilars in the market for Humira, there was an 80 percent cost savings per prescription for employer plans, even without rebates.¹²¹ The PBMs and manufacturing firms may share remaining revenues with contracted distributors, generating additional income back to the PBM. A product sold at an 80 percent discount of wholesale acquisition cost (WAC) discount leaves 20 percent left for revenue sharing with the PBM's distributor and biosimilar manufacturer.¹²² This new income stream to the PBM's parent can offset potential losses to rebate revenue.¹²³

The addition of a manufacturing subsidiary for a PBM is advantageous since it provides better cost control and supply chain dynamics, and allows the PBM to align an entire product distribution chain in their favor, excluding competitors and preferring their designated agents.¹²⁴ However, this may not always result in the lowest net cost drug product available for employer plans.¹²⁵

Recent Federal Enforcement Actions Against PBMs

On February 4, 2026, the Federal Trade Commission (FTC) announced a settlement with Express Scripts, Inc., and its affiliated entities (collectively known as ESI). The settlement requires ESI to adopt fundamental changes to its business practices that increase transparency, are expected to reduce insureds' out-of-pocket costs for drugs like insulin by up to \$7 billion over 10 years, and bring millions of dollars in new revenue to community pharmacies each year.

¹¹⁵ *Id.*

¹¹⁶ *Id.* at 34.

¹¹⁷ *Id.*

¹¹⁸ *Id.*

¹¹⁹ *Id.*

¹²⁰ *Id.*

¹²¹ Sequoia Blog, *supra* note 112 at p. 32.

¹²² BR&R Biosimilars Review and Report, *Employer Plans, Private-Label Biosimilars, Little Transparency*, Jan. 19, 2025, available at: <https://biosimilarsrr.com/2025/02/19/employer-plans-private-label-biosimilars-little-transparency/> (last visited Jan 18, 2026).

¹²³ *Id.*

¹²⁴ Mehr, Stanton R., *Will the emerging private-label market access channel help or hinder biosimilar market access?*, Aug. 2025, available at: <https://www.jmcp.org/doi/epdf/10.18553/jmcp.2025.31.8.824> (last visited Jan. 19, 2026).

¹²⁵ *Id.*

The FTC's settlement¹²⁶ resolves the FTC lawsuit^{127, 128} against ESI, which alleges that ESI artificially inflated the list price of insulin drugs by using anticompetitive and unfair rebating practices, and impaired patients' access to lower list price products, ultimately shifting the cost of high insulin list prices to vulnerable patients.

The FTC's enforcement action against ESI, as well as Caremark Rx and OptumRx, alleges that the PBMs created a system that artificially drove up the list prices of drugs by preferencing rebates. The complaint alleges that this system pushed insulin manufacturers, among others, to compete for preferred formulary coverage based on the size of rebates off the list price rather than net price, which ultimately benefitted the PBMs, including ESI, which keep a portion of the inflated rebates. According to the FTC's complaint, the inflated list prices hurt patients whose out-of-pocket payments like copayments and coinsurance are tied to the list price of the drug. ESI, under the FTC's proposed consent order, has agreed to:

- Stop preferring on its standard formularies high wholesale acquisition cost versions of a drug over identical low wholesale acquisition cost versions;
- Provide a standard offering to its plan sponsors that ensures that members' out-of-pocket expenses will be based on the drug's net cost, rather than its artificially inflated list price;
- Provide covered access to TrumpRx as part of its standard offering upon relevant legal and regulatory changes;
- Provide full access to its Patient Assurance Program's insulin benefits to all members when a plan sponsor adopts a formulary that includes an insulin product covered by the Patient Assurance Program unless the plan sponsor opts out in writing;
- Provide a standard offering to all plan sponsors that allows the plan sponsor to transition off rebate guarantees and spread pricing;
- Delink drug manufacturers' compensation to ESI from list prices as part of its standard offering;
- Increase transparency for plan sponsors, including with mandatory, drug-level reporting, providing data to permit compliance with the Transparency in Coverage regulations, and disclosing payments to brokers representing plan sponsors;
- Transition its standard offering to retail community pharmacies to a more transparent and fairer model based on the actual acquisition cost for a drug product plus a dispensing fee and additional compensation for non-dispensing services;
- Promote the standard offerings to plan sponsors and retail community pharmacies; and

¹²⁶ Federal Trade Commission, *DECISION AND ORDER AS TO RESPONDENTS EXPRESS SCRIPTS, INC., EVERNORTH HEALTH, INC., MEDCO HEALTH SERVICES, INC., AND ASCENT HEALTH SERVICES LLC*, available at: https://www.ftc.gov/system/files/ftc_gov/pdf/d09437caremarkproporder-esiresps.pdf (last visited Feb. 8, 2026).

¹²⁷ Federal Trade Commission, Press Release, Sept. 20, 2024, "FTC Sues Prescription Drug Middlemen for Artificially Inflating Insulin Drug Prices | Federal Trade Commission," available at: <https://www.ftc.gov/news-events/news/press-releases/2024/09/ftc-sues-prescription-drug-middlemen-artificially-inflating-insulin-drug-prices> (last viewed Feb. 4, 2026).

¹²⁸ The FTC's administrative complaint alleges that CVS Health's Caremark, Cigna's ESI, and United Health Group's Optum, and their respective GPOs, Zinc Health Services, Ascent Health Services, and Emisar Pharma Services, have abused their economic power by rigging pharmaceutical supply chain competition in their favor, forcing patients to pay more for life-saving medication. *See*:

https://www.ftc.gov/system/files/ftc_gov/pdf/612314.2024.11.26_part_3_administrative_complaint_-_revised_public_redacted_version.pdf (last visited Feb. 10, 2026).

- Reshore its group purchasing organization Ascent from Switzerland to the United States, which will bring back to the United States more than \$750 billion in purchasing activity over the duration of the order.

In a statement issued on September 20, 2024, the FTC’s Bureau of Competition stated that the PBMs are not the only potentially culpable actors – the Bureau also remains deeply troubled by the role drug manufacturers like Eli Lilly, Novo Nordisk, and Sanofi play in driving up list prices of life-saving medications like insulin.¹²⁹ Further, the statement indicated that all drug manufacturers should be on notice that their participation in the type of conduct challenged here raises serious concerns, and that the Bureau of Competition may recommend suing drug manufacturers in any future enforcement actions.

Florida Regulation of Pharmacy Benefit Managers

The Office of Insurance Regulation (OIR)¹³⁰ is responsible for the regulation of all activities of insurers and other risk-bearing entities, including licensure, rates, policy forms, market conduct, claims, solvency, administrative supervision, pursuant to the Florida Insurance Code (code).¹³¹ The OIR also regulates PBMs. A PBM operating in Florida must be registered with OIR, pursuant to s. 624.490, F.S., and hold a valid certificate of authority (COA) as an insurance administrator.¹³²

A PBM is a person or an entity doing business in this state which contracts to administer prescription drug benefits on behalf of a pharmacy benefits plan or program. The term includes, but is not limited to, a person or an entity that performs one or more of the following services on behalf of such plan or program:

- Pharmacy claims processing.
- Administration or management of a pharmacy discount card program.
- Managing pharmacy networks or pharmacy reimbursement.
- Paying or managing claims for pharmacist services provided to covered persons.
- Developing or managing a clinical formulary, including utilization management or quality assurance programs.
- Pharmacy rebate administration.
- Managing patient compliance, therapeutic intervention, or generic substitution programs.
- Administration or management of a mail-order pharmacy program.¹³³

¹²⁹ Federal Trade Commission, Statement of FTC Bureau of Competition Deputy Director Rahul Rao on Lawsuit Against PBMs and the Role of Drug Manufacturers in Distorting Competition in the U.S Drug Distribution System, available at: https://www.ftc.gov/system/files/ftc_gov/pdf/insulin-manufacturing-statement.pdf, Sept. 20, 2024 (last visited Feb. 8, 2026).

¹³⁰ The OIR is an office under the Financial Services Commission (commission), which is composed of the Governor, the Attorney General, the Chief Financial Officer, and the Commissioner of Agriculture. The commission is not subject to control, supervision, or direction by the Department of Financial Services in any manner, including purchasing, transactions involving real or personal property, personnel, or budgetary matters. *See* s. 20.121(3), F.S.

¹³¹ Section 20.121(3)(a)1., F.S.

¹³² Section 626.8805(1), F.S.

¹³³ Section 626.88(6), F.S.

Requirements for Contracts Between a PBM and a Pharmacy Benefits Plan or Program

A contract between PBM and a pharmacy benefits plan or program must include terms that ensure compliance with the requirements of s. 626.8825(2), F.S., and, except to the extent not allowed by law, must supersede any contractual terms to the contrary. These requirements include, but are not limited to, requiring a PBM to:

- Use a pass-through pricing model, which is a payment model used by a PBM in which the payments made by the pharmacy benefits plan to the PBM for the covered outpatient drugs are:
 - Equivalent to the payments the PBM makes to a dispensing pharmacy or provider for such drugs, including any contracted professional dispensing fee between the pharmacy benefit manager and its network of pharmacies. Such dispensing fee would be paid if the pharmacy benefits plan was making the payments directly.
 - Passed through in their entirety by the pharmacy benefits plan or program or by the PBM to the pharmacy or provider that dispenses the drugs, and the payments are made in a manner that is not offset by any reconciliation.
- Exclude terms that allow for the engagement in the practice of spread pricing unless the PBM passes along the entire amount of such difference to the pharmacy benefits plan. Spread pricing is the practice in which a PBM charges a pharmacy benefits plan or program a different amount for pharmacist services than the amount the pharmacy benefit manager reimburses a pharmacy for such pharmacist services.
- Pass 100 percent of all prescription drug manufacturer rebates received to the pharmacy benefits plan, if the contractual arrangement delegates the negotiation of rebates to the PBM, for the sole purpose of offsetting defined cost sharing and reducing premiums of covered persons. Any excess rebate revenue after the PBM and the pharmacy benefits plan have taken all actions required pursuant to this provision must be used for the sole purpose of offsetting copayments and deductibles of covered persons. This provision does not apply to contracts involving Medicaid managed care plans.
- Include network adequacy requirements that meet or exceed Medicare Part D program standards for convenient access to the network pharmacies and that:
 - Do not limit a network to solely include affiliated pharmacies;
 - Require a PBM to offer a provider contract to licensed pharmacies physically located on the physical site of providers that meet one or more of the following criteria:¹³⁴
 - Are within the geographic service area of the pharmacy benefits plan or program and that have been specifically designated as Medicaid essential providers by the AHCA;
 - Are designated as cancer centers of excellence regardless of the geographic service area of the pharmacy benefits plan or program;
 - Are organ transplant hospitals, regardless of the geographic service area of the pharmacy benefits plan or programs;
 - Are hospitals licensed as specialty children’s hospitals; or
 - Are regional perinatal intensive care centers, regardless of the geographic service area of the pharmacy benefits plan or program.

¹³⁴ Under s. 626.8825(2)(e)2., F.S., such provider contracts that a PBM must offer to licensed pharmacies physically located on the physical site of providers that meet one or more of the specified criteria “must be solely for the administration or dispensing of covered prescription drugs, including biological products, which are administered through infusions, intravenously injected, or inhaled during a surgical procedure or are covered parenteral drugs, as part of onsite outpatient care.”

- Not require a covered person to receive a prescription drug by U.S. mail, common carrier, local courier, third-party company or delivery service, or pharmacy direct delivery unless the prescription drug cannot be acquired at any retail pharmacy in the pharmacy benefit manager's network for the covered person's pharmacy benefits plan or program.
- Not requiring a covered person to receive pharmacist services from an affiliated pharmacy or an affiliated health care provider for the in-person administration of covered prescription drugs; and
- Not offering or implementing pharmacy networks that require a covered person, or provide to a covered person a promotional item or an incentive – defined as anything other than a reduced cost-sharing amount or enhanced quantity limit allowed under the benefit design for a covered drug – to use an affiliated pharmacy or an affiliated health care provider for the in-person administration of covered prescription drugs.

Requirements for Contracts Between a PBM and a Participating Pharmacy

A contract between PBM and a participating pharmacy must include terms that ensure compliance with the requirements of s. 626.8825(3), F.S., which include, but are not limited to:

- At the time of adjudication for electronic claims or the time of reimbursement for nonelectronic claims, the PBM must provide the pharmacy with a remittance, including such detailed information as is necessary for the pharmacy or pharmacist (pharmacy) to identify the reimbursement schedule for the specific network applicable to the claim and which is the basis used by the PBM to calculate the amount of reimbursement paid.
- A prohibition of financial clawbacks, reconciliation offsets, or offsets to adjudicated claims. A PBM may not charge, withhold, or recoup direct or indirect remuneration fees, dispensing fees, brand name or generic effective rate adjustments through reconciliation, or any other monetary charge, withholding, or recoupments as related to discounts, multiple network reconciliation offsets, adjudication transaction fees, and any other instance when a fee may be recouped from a pharmacy. This prohibition does not apply to:
 - Any incentive payments provided by the PBM to a network pharmacy for meeting or exceeding predefined quality measures, recoupment due to an erroneous claim, fraud, waste, or abuse; a claim adjudicated in error; a maximum allowable cost appeal pricing adjustment; or an adjustment made as part of a pharmacy audit.
 - Any recoupment that is returned to the state for programs in ch. 409, F.S., or the state group insurance program.
- Unless otherwise prohibited by law, a PBM may not prohibit a pharmacy from:
 - Offering mail or delivery services on an opt-in basis at the sole discretion of the covered person.
 - Mailing or delivering a prescription drug to a covered person upon request.
 - Charging a shipping or handling fee to a covered person requesting a prescription drug be mailed or delivered if the pharmacy discloses to the covered person before the mailing or delivery the amount of the fee that will be charged and that the fee may not be reimbursable by the covered person's pharmacy benefits plan or program.
- The PBM must provide a reasonable administrative appeal procedure to allow a pharmacy to challenge the maximum allowable cost (MAC) pricing information and the reimbursement made under MAC for a specific drug as being below the acquisition cost available to the challenging pharmacy.

- The pharmacy must be given at least 30 business days after an MAC update or after an adjudication for an electronic claim or reimbursement for a nonelectronic claim to file the administrative appeal. The PBM must respond to the administrative appeal within 30 business days after receipt of the appeal.
- If the appeal is upheld, the PBM must:
 - Update the MAC information to at least the acquisition cost available to the pharmacy;
 - Permit the pharmacy to reverse and rebill the claim in question;
 - Provide to the pharmacy or pharmacist the national drug code on which the increase or change is based; and
 - Make the increase or change effective for each similarly situated pharmacy or pharmacist who is subject to the applicable MAC pricing information.
- If the appeal is denied, the PBM must provide to the pharmacy or pharmacist the national drug code and the name of the national or regional pharmaceutical wholesalers operating in this state which have the drug currently in stock at a price below the MAC pricing information.
- Every 90 days, a PBM must report to the office the total number of appeals received and denied in the preceding 90-day period, with an explanation or reason for each denial, for each specific drug for which an appeal was submitted.

Prohibited Acts by a PBM

Pursuant to s. 626.8827, F.S., a PBM may not engage in the following acts:

- Prohibit, restrict, or penalize in any way a pharmacy from disclosing to any person any information that the pharmacy deems appropriate, including information regarding any of the following:
 - The nature of treatment, risks, or alternatives.
 - The availability of alternate treatment, consultations, or tests.
 - The decision of utilization reviewers or similar persons to authorize or deny pharmacist services.
 - The process used to authorize or deny pharmacist services or benefits.
 - Information on financial incentives and structures used by the pharmacy benefits plan or program.
 - Information that may reduce the costs of pharmacist services.
 - Whether the cost-sharing obligation exceeds the retail price for a covered prescription drug and the availability of a more affordable alternative drug.
- Communicate at the point-of-sale, or require, a cost-sharing obligation for the covered person in an amount that exceeds the lesser of the applicable cost-sharing amount under the applicable pharmacy benefits plan or program; or the usual and customary price, as defined in s. 626.8825, F.S., of the pharmacist services.
- Fail to comply with the requirements in s. 624.491, F.S., relating to pharmacy audits. or s. 626.8825, F.S., relating to PBM transparency and accountability provisions.

OIR Examinations and Investigations of PBMs

The OIR must examine the business and affairs of each PBM at least biennially. The scope of the examination is to determine the PBM's compliance with all provisions of part VII of ch. 626, F.S., and must include a detailed review of the PBM's compliance with

ss. 626.8825 and 626.8827, F.S. In addition to any other enforcement authority available to the OIR, the OIR must impose an administrative fine of \$5,000 for each violation of ss. 626.8825 or 626.8827, F.S.

State Group Insurance Program

Pursuant to s. 110.123, F.S., the Department of Management Services (DMS), through the Division of State Group Insurance (DSGI), administers the State Group Insurance Program under a cafeteria plan consistent with s. 125 Internal Revenue Code. To administer the program, DSGI contracts with third party administrators for self-insured health plans, a fully insured HMO, and a PBM for the state employees' Self-Insured Prescription Drug Program (PDP) pursuant to s. 110.12315, F.S. The program currently provides health and pharmacy benefits to over 170,000 state employees, retirees, and their dependents. The current PBM for the state employees' prescription drug plan is OptumRx.¹³⁵ Under current law, there is no statutory minimum for the professional dispensing fee that a PBM must pay to a participating pharmacy. These fees are currently determined through contractual negotiations between the PBM and the pharmacies in its network, and between the PBM and DMS.¹³⁶

III. Effect of Proposed Changes:

Section 1 of the bill takes effect upon the bill becoming a law and amends s. 1.01, F.S., to create a definition for the term "Joint Legislative Committee on Medicaid Oversight" to specify a committee designated by joint rule of the Legislature, by the President of the Senate or the Speaker of the House of Representatives, or by agreement between the President of the Senate and the Speaker of the House of Representatives.

Section 2 takes effect upon the bill becoming a law and creates s. 11.405, F.S., to establish the Joint Legislative Committee on Medicaid Oversight to ensure that the state Medicaid program is operating in accordance with the Legislature's intent and to promote transparency and efficiency in government spending.

The bill requires that the committee be composed of five members of the Senate appointed by the President of the Senate and five members of the House of Representatives appointed by the Speaker of the House of Representatives, with each member serving a two-year term. The chair and vice chair must be appointed for one-year terms, with the appointments alternating between the President of the Senate and the Speaker of the House of Representatives. The chair and vice chair may not be members of the same house of the Legislature, and if both the chair and the vice chair are absent at any meeting, the members present must elect a temporary chair by a majority vote.

The bill requires that members serve without compensation, but authorizes reimbursement for per diem and travel expenses pursuant to s. 112.061, F.S. The bill authorizes the chair to establish subcommittees as needed to fulfill committee duties. The bill also requires the

¹³⁵ Department of Management Services, Division of State Group Insurance, available at: https://www.mybenefits.myflorida.com/myhealth/prescription_drug_plan (last visited Feb. 8, 2026).

¹³⁶ *Id.*

committee to convene at least twice a year, and as often as necessary to conduct its business. Meetings may be held through teleconference or other electronic means.

The bill requires the committee to evaluate all aspects of the state Medicaid program related to program financing, quality of care and health outcomes, administrative functions, and operational functions to ensure the program is providing transparency in the provision of health care plans and providers, ensuring access to quality health care services to Medicaid recipients, and providing stability to the state's budget through a health care delivery system designed to contain costs.

The bill requires the committee to identify and recommend policies that limit Medicaid spending growth while improving health care outcomes for Medicaid recipients. In developing its recommendations, the committee must do the following:

- Evaluate legislation for its long-term impact on the state Medicaid program.
- Review data submitted to the AHCA by Medicaid managed care plans pursuant to statutory and contract requirements, including, but not limited to, timeliness of provider credentialing, timely payment of claims, rate of claim denials, prior authorization for services, and consumer complaints.
- Review the Medicaid managed care plans' encounter data, financials, and audits and the data used to calculate the plans' achieved savings rebates and medical loss ratios.
- Review data related to health outcomes of Medicaid recipients, including, but not limited to, Healthcare Effectiveness Data and Information Set measures for each Medicaid managed care plan, each Medicaid managed care plan's performance improvement projects, and outcome data related to all quality goals included in the Medicaid managed care organization contracts to improve quality for recipients.
- Identify any areas for improvement in statute and rule relating to the state Medicaid program.
- Develop a plan of action for the future of the state Medicaid program.

The bill authorizes the committee to submit periodic reports, including recommendations, to the Legislature on issues related to the state Medicaid program and any affiliated programs.

The bill requires the Auditor General and the AHCA to enter into and maintain a data sharing agreement by July 1, 2026, to ensure the committee has full access to all data needed to fulfill its responsibilities. The Auditor General must assist the committee in its work by providing credentialed professional staff or consulting services, including, but not limited to, an actuary not associated with the state Medicaid program or any Medicaid managed care organization who currently has a contract with the state.

The bill requires the committee to be given access to any relevant record, paper, or document in possession of a state agency, any political subdivision of the state, or any entity engaged in business or under contract with a state agency during the course of its official duties. The committee may compel the attendance and testimony of any state official or employee before the committee or secure any evidence as provided in s. 11.143, F.S. The bill provides that the committee shall also have any other powers conferred on it by joint rules of the Senate and the House of Representatives, and any joint rules of the Senate and the House of Representatives applicable to joint legislative committees apply to the proceedings of the committee.

The bill requires the AHCA to notify the committee of any change to the Medicaid managed care capitation rates and to appear before the committee to provide a report detailing the managed care capitation rates and administrative costs built into the capitation rates before implementation of any change to the capitation rates. The report must include the AHCA's historical and projected Medicaid program expenditure and utilization trend rates by Medicaid program and service category for the rate year, an explanation of how the trend rates were calculated, and the policy decisions that were included in setting the capitation rates.

If the AHCA or any division within the AHCA is required by law to report to the Legislature or to any legislative committee or subcommittee on matters relating to the state Medicaid program, the bill requires the AHCA to submit a copy of the report to the committee.

Section 3 amends SMMC law in s. 409.962, F.S., to provide the following definitions:

“Affiliate,” including the terms “affiliated with” and “affiliation,” means a person, as construed in s. 1.01(3), F.S.,¹³⁷ who:

- Directly or indirectly, through one or more intermediaries, controls, is controlled by, or is under common control with a specified entity or person, including parent and subsidiary entities; or
- Is deemed a “related party” according to the standards adopted by the Financial Accounting Standards Board.

“Control,” including the terms “controlling,” “controlled by,” and “under common control with,” means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership or voting securities, by contract other than a commercial contract for goods or nonmanagement services, or otherwise, unless the power is the result of an official position with or corporate office held by the person.

This definition of “control” applies under the bill regardless of whether such power is affirmative or negative or whether such power is actually used. Control is presumed to exist, but is not limited to, when any affiliate or person, as construed in s. 1.01(3), F.S.:¹³⁸

- Directly or indirectly owns, controls, holds the power to vote, or holds proxies representing 10 percent or more of any class of the voting securities of any other person.
- Shares common ownership with any person, has an investor or is a holder of an ownership interest in any person, exercises control in any manner over the election of a majority of the directors or of individuals exercising similar functions of any person, has the power to exercise controlling influence over the management of any person, or serves as a working majority of the board of directors, managers, or the officers of a person, who is:
 - A provider or a member of a provider group or group practice as defined in s. 456.053, F.S., under the managed care plan; or
 - A person responsible for providing any pharmacy services, pharmaceuticals, diagnostics, care coordination, care delivery, health care services, medical equipment, administrative services, or financial services under the managed care plan.

¹³⁷ Section 1.01(3), F.S., provides that the word “person” includes individuals, children, firms, associations, joint adventures, partnerships, estates, trusts, business trusts, syndicates, fiduciaries, corporations, and all other groups or combinations.

¹³⁸ *Id.*

“Market rate” means “the price that a willing buyer will pay and a willing seller will accept in an arm’s-length transaction which is beneficial to both parties.”

Section 4 amends s. 409.967, F.S., as to matters involving Medicaid managed care plan accountability.

Encounter Data Reporting and Analysis

The bill requires Medicaid managed care plans to provide encounter data on encounters for which payment was denied and encounters for which a provider was reimbursed by the plan on a capitated basis.

Under the bill, the AHCA’s analysis of encounter data must be used to identify possible cases of overspending on administrative costs, payments by plans in excess of market rates, and potential managed care plan fraud, waste, and abuse. And, the bill requires the analysis to be used in SMMC managed care plan capitation rate-setting.

Third-Party Administrators

The bill requires that a contract between the AHCA and a Medicaid managed care plan must require that any third party administrative entity contracted by the plan must adhere to all pertinent requirements of the Medicaid program placed on the plan under the plan’s contract with the AHCA.

Achieved Savings Rebates

Payments by a Medicaid managed care plan to affiliated entities in excess of market rates are excluded as an allowable expense under the bill when the AHCA calculates a plan’s ASR. (See Section 5, below, for further revisions to the ASR statute.)

Medical Loss Ratios

The bill provides that if required by federal regulations, the AHCA must calculate MLRs for all plans contracted under the SMMC program, including managed medical assistance, long-term care managed care, and the pilot program for individuals with developmental disabilities. The bill requires MLRs to be calculated for a managed care plan separately for each SMMC component in which the plan participates and for the plan’s overall participation in SMMC. The AHCA must calculate such MLRs quarterly and annually and report to the Governor and the Legislature no later than six months after the end of each such period.

The bill also corrects the current reference in s. 409.967(4)(a), F.S., to certain federal MLR regulations so that federal regulations found in 42 C.F.R. part 438 are referenced relating to federal MLR requirements for Medicaid managed care plans.

The bill deletes current law’s provisions designed to allow managed care plans to donate funds to graduate medical education programs or indigent care and have those dollar amounts count as medical expenses in the MLR calculations. Those provisions were not approved by CMS in Florida’s SMMC waiver.

Affiliated Entities and Related Parties; Managed Care Plan Capitations

The AHCA is directed under the bill to ensure oversight of affiliated entities and related parties paid by managed care plans, including, but not limited to, examining financial records and self-referral data of any managed care plan providing services within SMMC which uses affiliated entities and related parties. The AHCA is also directed under the bill to consider data examined under such requirement and the findings of the annual assessment required under s. 409.9675(4), F.S., (created under Section 6, below) when developing SMMC managed care plan capitation rates.

Section 5 amends s. 409.967(3), F.S., effective January 1, 2027, to revise the profit-sharing percentages for the ASR. Under the bill, the ASR will be calculated by determining pretax income as a percentage of revenues and applying the following income sharing ratios:

- One hundred percent of income up to and including three percent of revenue (as opposed to five percent as in current law) will be retained by the plan.
- Thirty percent (as opposed to 50 percent as in current law) of income above that three percent mark and up to ten percent will be retained by the plan with the other 70 percent refunded to the state and adjusted for the federal match percentage.
- One hundred percent of income above 10 percent of revenue must be refunded to the state and adjusted for the federal match percentage, which is the same as current law.

Section 6 creates s. 409.9675, F.S., concerning affiliated entities and controlling interest reporting by Medicaid managed care plans. Each managed care plan is required under the bill to report to the AHCA and the OIR the following:

- Any person controlled or affiliated with the managed care plan; and
- Any person who has an ownership interest of ten percent or greater in an affiliate or controlled entity.

The disclosure obligation concerns direct and indirect relationships. The list of affiliated or controlled entities includes any provider, group practice, pharmacy service, pharmaceutical, diagnostics, care coordination, care delivery, health care services, medical equipment, administrative or financial services to the managed care entity. The reporting is to commence March 31, 2027 and continue each year thereafter.

The contents of such annual report must contain the following information, as to any affiliations reported:

- Percentage of ownership or control of any person or entity who has any business transaction with the managed care plan in the aggregate of \$25,000 or more for the preceding twelve months. The identification of such business transaction must include the specific contracts involved.
- Any significant business transaction between the managed care plan and affiliated entity, during the preceding twelve months.

If there is a change in the reported data, such change must be reported to the AHCA and the OIR within 60 days of occurrence under the bill.

Affiliation information is to be assessed and publicly reported annually by the AHCA commencing December 31, 2026. The report is to include an assessment as to how affiliate payments impact the medical benefits and administrative cost for the ASR. The initial assessment is to use years 2021, 2022, and 2023 as baseline years. The assessment report must include information which shows the amount of affiliated entity payments within the MLR, how payments for affiliated entities compare to nonaffiliated entities, and payment amounts for value-based or alternative payment arrangements.

Section 7 amends s. 626.8825, F.S., relating to PBM transparency and accountability. The bill defines the term, “affiliated manufacturer,” to mean a prescription drug manufacturer permitted under part I of ch. 499, F.S., or a private label distributor as defined in 21 C.F.R. s. 207.1 which directly or indirectly through one or more intermediaries:

- Has an investment or ownership interest in a pharmacy benefit manager holding a certificate of authority issued under this part;
- Shares common ownership with a pharmacy benefit manager holding a certificate of authority issued under this part; or
- Has an investor or a holder of an ownership interest which is a pharmacy benefit manager holding a certificate of authority issued under this part.

The bill adds a definition of “covered prescription drug” to mean “any drug or biologic included in a pharmacy benefit manager’s formulary which is paid for as a pharmacy benefit under the plan at any of the plan’s network pharmacies.”

The bill excludes organizations that participate in the Program of All-Inclusive Care for Elderly (PACE) from the current-law definition “pharmacy benefits plan or program.”

The bill amends elements that are required to be included in a contract that a PBM must offer to licensed pharmacies physically located on the physical site of providers that meet one or more of five specified criteria,¹³⁹ as follows:

- The bill revises provisions relating to the types of “covered prescription drugs” that are included in such a PBM contract and the settings that are included for the administration of the drugs under such contracts.
- Under current law, such contracts must be solely for the “administration or dispensing” of covered prescription drugs. The bill changes that verbiage to “administration *and* dispensing.”
- Under current law, the “covered prescription drugs” referenced above specifically include “biological products, which are administered through infusions, intravenously injected, or inhaled during a surgical procedure or are covered parenteral drugs, as part of onsite outpatient care.” The bill deletes those specified elements altogether.
- Current law provides that the administration of certain prescription drugs must be covered under the offered contract as part of “onsite outpatient care.” The bill changes that latter term to “outpatient care.”

The bill revises requirements that a PBM may impose on specialty network participation, relating to drug safety, by removing references to provider coordination, clinical care, and monitoring

¹³⁹ The five criteria are listed in s. 626.8825(2)(e)2.a. through e., F.S.

since they are required to meet drug safety standards related to meeting FDA limited distribution requirements for dispensing drugs.

The bill also clarifies that a PBM may not offset or recoup any remuneration fees, dispensing fees, brand name or generic effective rate adjustments, recoupments or other adjustments from a pharmacy if such action would reduce the amount paid to the pharmacy.

The bill revises the administrative appeal process for contesting the maximum allowable cost (MAC) pricing information and the reimbursement made for a specific drug by allowing a pharmacy or pharmacist the option to submit an electronic spreadsheet containing a consolidated administrative appeal representing multiple adjudicated claims that share the same drug and day supply, and have a date of service occurring within the same calendar month.

The bill revises the deadline for PBMs to submit quarterly reports to Office of Insurance Regulation (OIR) relating to MAC appeals to provide the deadlines are March 1 for the preceding year's fourth quarter; May 15 for each year's first quarter; August 15 for each year's second quarter; and November 15 for each year's third quarter. Currently such reports are due every 90 days for the preceding 90 days.

Section 8 amends s. 626.8827, F.S., relating to PBM prohibited practices, to provide that a breach of contractual terms required under s. 626.8825, F.S., is a prohibited practice.

The bill prohibits a PBM from restricting a pharmacy from declining to dispense a drug if the reimbursement rate for the drug is less than the actual acquisition cost to the pharmacy. The bill also prohibits a PBM from reimbursing a pharmacy less than it reimburses an affiliate pharmacy.

Lastly, the bill prohibits a PBM from maintaining an ownership interest, investment interest, or common ownership with an affiliated manufacturer, or share any investor or holder of an ownership interest with an affiliated manufacturer.

Section 9 contain a technical amendment to conform a statutory reference in s. 627.42392, F.S., to changes made elsewhere in the bill.

Section 10 provides an effective date of July 1, 2026, except for sections 1 and 2 of the bill, which are effective upon the bill becoming a law, and section 5, which takes effect January 1, 2027.

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:

Impairment of Contracts

Both the U.S. and Florida Constitutions prohibit laws that substantially impair existing contractual obligations. Florida courts apply a three-part test examining whether the law: (1) substantially impairs a contractual relationship; (2) serves a significant and legitimate public purpose; and (3) employs means reasonably necessary to achieve that purpose.

CS/SB 1760's mandate prohibiting PBM affiliations with manufacturers would materially alter the financial and structural terms of existing multi-year contracts between DMS and PBM vendors. If applied to contracts executed before July 1, 2026, these provisions are likely to constitute a "substantial impairment," since they increase mandatory payouts and restrict corporate structure mid contract. The Florida Supreme Court held in *Dewberry v. Auto-Owners Ins. Co.*, that legislation diminishing the value of an existing contract, such as by increasing required payments may violate the Contracts Clause. Absent a clear prospective application, these provisions face an elevated risk of being found unconstitutional as applied to existing state contracts.

Equal Protection and Structural Divestiture

CS/SB 1760's prohibition on PBMs owning or investing in "affiliated manufacturers" targets a specific vertical integration model and may be challenged under the Equal Protection Clause. Similar prohibitions are being attempted in Arkansas and are being challenged as a "Bill of Attainder" because they allegedly targeted three specific national PBM's for "punishment "forced divestiture" without trial.¹⁴⁰ If Florida cannot demonstrate that manufacturer affiliation uniquely causes public harm, distinct from other forms of vertical integration such as PBM pharmacy or PBM insurer relationships; the provision may be vulnerable to claims that it is arbitrary and unconstitutional.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

¹⁴⁰ On July 28, 2025, Judge Brian Miller of the U.S. District Court for the Eastern District of Arkansas granted a preliminary injunction preventing the law from taking effect because it likely violates the Commerce Clause of the U.S. Constitution, and is likely preempted by TRICARE. *Express Scripts Inc et al v. Richmond et al*, No. 4:2025cv00520 - Document 73 (E.D. Ark. 2025), available at: <https://law.justia.com/cases/federal/district-courts/arkansas/aredce/4:2025cv00520/147864/73/> (last visited Feb. 10, 2026).

B. Private Sector Impact:

Medicaid Managed Care Plans

The AHCA reports that if the revisions to ASR profit-sharing percentages in section 5 of the bill had been in effect in 2024 (the most recent calendar year for which ASRs have been finalized), Medicaid managed care plans would have been required to return approximately \$128.3 million more in profit to the state for that year, in addition to the \$51.3 million that was returned for 2024 under current law.¹⁴¹ The overall impact of such an outcome on plan solvency, if that portion of the bill were to take effect prospectively, is not known.

Medicaid managed care plans may also be negatively impacted by the bill's requirements for payments made by the plans in excess of "market rates" to be considered in the capitation rate-setting process and to be excluded from ASR calculations.

Health Insurers, HMOs, Pharmacies, and Consumers of Health Coverage

Section 8 of the bill also allows a pharmacy to refuse to fill a prescription if the reimbursement is less than the acquisition cost of the drug, regardless of other contractual terms involved in such reimbursement. This may result in network adequacy issues for health insurers and managed care plans, particularly in rural and medically underserved communities, where independent pharmacies can be the sole provider of medication counseling and management, as well as the main source for immunizations and rescue medications like EpiPens for allergic reactions.¹⁴²

C. Government Sector Impact:

As mentioned under "Private Sector Impact," the AHCA has provided the following estimate of additional rebate dollars the state would collect as a result of the changes to the Medicaid ASR percentages under the bill. An AHCA analysis of 2024 data indicates that, in addition to the \$51.3 million of profit that was returned to Florida Medicaid for that calendar year, an additional amount of approximately \$128.3 million of managed care plan profit would also have been returned by the plans, in the aggregate, if the bill's ASR revisions had been in effect in 2024.¹⁴³ The federal share of those additional refunds would have been returned to the federal government, consistent with the federal Medicaid match percentage.

VI. Technical Deficiencies:

On lines 733-736, the bill creates a new definition in s. 626.8825, F.S., of "covered prescription drug" to mean "any drug or biologic included in a pharmacy benefit manager's formulary which is paid for as a pharmacy benefit under *the plan* at any of *the plan's* network pharmacies." (Emphasis added.) The definition's reference to "the plan" is unclear. There is no definition of "plan" in that section of statute, but there *is* a definition of "pharmacy benefits plan or program"

¹⁴¹ Agency for Health Care Administration, *SB 1760 Legislative Bill Analysis*, (Jan. 13, 2026), (on file with the Senate Committee on Health Policy).

¹⁴² Federal Trade Commission, Office of Policy Planning, *supra* note 107.

¹⁴³ Agency for Health Care Administration, *supra* note 141.

that is referenced 30 times in that section. The word “plan,” apart from its inclusion or implied inclusion in “pharmacy benefits plan or program” or some other defined term, does not appear in that section of statute at all. If the definition of “covered prescription drug” intends to refer to “pharmacy benefits plan or program” instead of “plan,” the bill should be amended to that effect.

VII. Related Issues:

The bill’s revisions to PBM statutes may be preempted relating to Medicare Part D plans and their PBMs under the federal “standards” clause, found in 42 U.S.C. § 1395w-26(b)(3), to the extent the bill seeks to regulate pharmacy reimbursement methodologies, or network parity already governed by CMS for such plans.

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 1.01, 409.962, 409.967, 626.8825, and 626.8827.

This bill creates the following sections of the Florida Statutes: 11.405 and 409.9675.

IX. Additional Information:

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

CS by Health Policy on February 11, 2026:

The CS:

- Makes two sections of the bill that create the Joint Legislative Committee on Medicaid Oversight effective upon the bill becoming law instead of July 1, 2026.
- Provides a definition of “market rate” relating to payments made by Medicaid managed care plans.
- Makes the bill’s revisions to Medicaid’s ASR percentages effective January 1, 2027, instead of July 1, 2026.
- Revises the underlying bill’s definition of “affiliated manufacturer” to include a “private label distributor” as defined in 21 C.F.R. s. 207.1 and deletes from the definition an “entity which contracts with a prescription drug maker for promotion and marketing of prescription drugs.”
- Excludes a PACE organization from the current-law definition of “pharmacy benefits plan or program.”
- Includes a definition of “covered prescription drug.”
- Amends elements that are required to be included in a contract that a PBM must offer to licensed pharmacies physically located on the physical site of specified providers, by revising provisions relating to the types of “covered prescription drugs” that are included in such a PBM contract and the settings that are included for the administration of the drugs under such contracts.
- Removes the underlying bill’s revisions relating to a pharmacy’s participation in a PBM specialty network, thereby maintaining current law.

- Removes the underlying bill's requirement for PBMs to pay pharmacies or pharmacists a minimum dispensing fee of \$10.24 with an annual adjustment for the consumer price index for medical care.

B. Amendments:

None.

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



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LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
02/12/2026	.	
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	.	
	.	

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

Senate Amendment (with title amendment)

Delete everything after the enacting clause
and insert:

Section 1. Effective upon this act becoming a law,
subsection (20) is added to section 1.01, Florida Statutes, to
read:

1.01 Definitions.—In construing these statutes and each and
every word, phrase, or part hereof, where the context will
permit:



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11 (20) The term "Joint Legislative Committee on Medicaid
12 Oversight" means a committee or committees designated by joint
13 rule of the Legislature, by the President of the Senate or the
14 Speaker of the House of Representatives, or by agreement between
15 the President of the Senate and the Speaker of the House of
16 Representatives.

17 Section 2. Effective upon this act becoming a law, section
18 11.405, Florida Statutes, is created to read:

19 11.405 Joint Legislative Committee on Medicaid Oversight.—
20 The Joint Legislative Committee on Medicaid Oversight is created
21 to ensure that the state Medicaid program is operating in
22 accordance with the Legislature's intent and to promote
23 transparency and efficiency in government spending.

24 (1) MEMBERSHIP; SUBCOMMITTEES; MEETINGS.—

25 (a) The committee shall be composed of five members of the
26 Senate appointed by the President of the Senate and five members
27 of the House of Representatives appointed by the Speaker of the
28 House of Representatives, with each member serving a 2-year
29 term. The chair and vice chair shall each be appointed for 1-
30 year terms, with the appointments alternating between the
31 President of the Senate and the Speaker of the House of
32 Representatives. The chair and vice chair may not be members of
33 the same house of the Legislature. If both the chair and vice
34 chair are absent at any meeting, the members present must elect
35 a temporary chair by a majority vote.

36 (b) Members shall serve without compensation but may be
37 reimbursed for per diem and travel expenses pursuant to s.
38 112.061.

39 (c) The chair may establish subcommittees as needed to



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40 fulfill the committee's duties.

41 (d) The committee shall convene at least twice a year, and
42 as often as necessary to conduct its business as required under
43 this section. Meetings may be held through teleconference or
44 other electronic means.

45 (2) COMMITTEE DUTIES.—

46 (a) The committee shall evaluate all aspects of the state
47 Medicaid program related to program financing, quality of care
48 and health outcomes, administrative functions, and operational
49 functions to ensure that the program is providing transparency
50 in the provision of health care plans and providers, ensuring
51 Medicaid recipients have access to quality health care services
52 and providing stability to the state's budget through a health
53 care delivery system designed to contain costs.

54 (b) The committee shall identify and recommend policies
55 that limit Medicaid spending growth while improving health care
56 outcomes for Medicaid recipients. In developing its
57 recommendations, the committee shall do all of the following:

58 1. Evaluate legislation for its long-term impact on the
59 state Medicaid program.

60 2. Review data submitted to the Agency for Health Care
61 Administration by the Medicaid managed care plans pursuant to
62 statutory and contract requirements, including, but not limited
63 to, timeliness of provider credentialing, timely payment of
64 claims, rate of claim denials, prior authorizations for
65 services, and consumer complaints.

66 3. Review the Medicaid managed care plans' encounter data,
67 financial data, and audits and the data used to calculate the
68 plans' achieved savings rebates and medical loss ratios.



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69 4. Review data related to health outcomes of Medicaid
70 recipients, including, but not limited to, Healthcare
71 Effectiveness Data and Information Set measures developed by the
72 National Committee for Quality Assurance, for each Medicaid
73 managed care plan, each Medicaid managed care plan's performance
74 improvement projects, and outcome data related to all quality
75 goals included in the Medicaid managed care organization
76 contracts to improve quality for recipients.

77 5. Identify any areas for improvement in statute and rule
78 relating to the state Medicaid program.

79 6. Develop a plan of action for the future of the state
80 Medicaid program.

81 (c) The committee may submit periodic reports, including
82 recommendations, to the Legislature on issues related to the
83 state Medicaid program and any affiliated programs.

84 (3) COOPERATION.—

85 (a) The Auditor General and the Agency for Health Care
86 Administration shall enter into and maintain a data sharing
87 agreement by July 1, 2026, to ensure the committee has full
88 access to all data needed to fulfill its responsibilities.

89 (b) The Auditor General shall assist the committee in its
90 work by providing credentialed professional staff or consulting
91 services, including, but not limited to, an actuary not
92 associated with the state Medicaid program or any Medicaid
93 managed care organization who currently has a contract with the
94 state.

95 (c) The committee, in the course of its official duties,
96 must be given access to any relevant record, paper, or document
97 in possession of a state agency, any political subdivision of



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98 the state, or any entity engaged in business or under contract
99 with a state agency, and may compel the attendance and testimony
100 of any state official or employee before the committee or secure
101 any evidence as provided in s. 11.143. The committee may also
102 have any other powers conferred on it by joint rules of the
103 Senate and the House of Representatives, and any joint rules of
104 the Senate and the House of Representatives applicable to joint
105 legislative committees apply to the proceedings of the committee
106 under this section.

107 (4) AGENCY REPORTS.—

108 (a) Before implementing any change to the Medicaid managed
109 care capitation rates, the Agency for Health Care Administration
110 shall notify the committee of the change and appear before the
111 committee to provide a report detailing the managed care
112 capitation rates and administrative costs built into the
113 capitation rates. The report must include the agency's
114 historical and projected Medicaid program expenditure and
115 utilization trend rates by Medicaid program and service category
116 for the rate year, an explanation of how the trend rates were
117 calculated, and the policy decisions that were included in
118 setting the capitation rates.

119 (b) If the Agency for Health Care Administration or any
120 division within the agency is required by law to report to the
121 Legislature or to any legislative committee or subcommittee on
122 matters relating to the state Medicaid program, the agency must
123 also submit a copy of the report to the committee.

124 Section 3. Present subsections (2) through (5), (6) through
125 (10), and (11) through (18) of section 409.962, Florida
126 Statutes, are redesignated as subsections (3) through (6), (8)



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127 through (12), and (14) through (21), respectively, and new
128 subsections (2), (7), and (13) are added to that section, to
129 read:

130 409.962 Definitions.—As used in this part, except as
131 otherwise specifically provided, the term:

132 (2) "Affiliate," including the terms "affiliated with" and
133 "affiliation," means a person, as construed in s. 1.01(3), who:

134 (a) Directly or indirectly, through one or more
135 intermediaries, controls, is controlled by, or is under common
136 control with a specified entity or person, including parent and
137 subsidiary entities; or

138 (b) Is deemed a "related party" according to the standards
139 adopted by the Financial Accounting Standards Board.

140 (7) "Control," including the terms "controlling,"
141 "controlled by," and "under common control with," means the
142 possession, direct or indirect, of the power to direct or cause
143 the direction of the management and policies of a person,
144 whether through the ownership or voting securities, by contract
145 other than a commercial contract for goods or nonmanagement
146 services, or otherwise, unless the power is the result of an
147 official position with or corporate office held by the person.

148 This definition applies regardless of whether such power is
149 affirmative or negative or whether such power is actually used.
150 Control is presumed to exist, but is not limited to, when any
151 affiliate or person, as construed in s. 1.01(3):

152 (a) Directly or indirectly owns, controls, holds the power
153 to vote, or holds proxies representing 10 percent or more of any
154 class of the voting securities of any other person.

155 (b) Shares common ownership with any person; has an



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156 investor or is a holder of an ownership interest in any person;
157 exercises control in any manner over the election of a majority
158 of the directors or of individuals exercising similar functions
159 of any person; has the power to exercise controlling influence
160 over the management of any person; or serves as a working
161 majority of the board of directors, the managers, or the
162 officers of a person, who is:

163 1. A provider or a member of a provider group or group
164 practice as defined in s. 456.053(3) under the managed care
165 plan; or

166 2. A person responsible for providing any pharmacy
167 services, pharmaceuticals, diagnostics, care coordination, care
168 delivery, health care services, medical equipment,
169 administrative services, or financial services under the managed
170 care plan.

171 (13) "Market rate" means the price that a willing buyer
172 will pay and a willing seller will accept in an arm's-length
173 transaction which is beneficial to both parties.

174 Section 4. Subsections (1) and (2), paragraph (h) of
175 subsection (3), and subsection (4) of section 409.967, Florida
176 Statutes, are amended, and subsection (5) is added to that
177 section, to read:

178 409.967 Managed care plan accountability.—

179 (1) CONTRACT PROCUREMENT PROCESS.—Beginning with the
180 contract procurement process initiated during the 2023 calendar
181 year, the agency shall establish a 6-year contract with each
182 managed care plan selected through the procurement process
183 described in s. 409.966. A plan contract may not be renewed;
184 however, the agency may extend the term of a plan contract to



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185 cover any delays during the transition to a new plan. The agency
186 shall extend until December 31, 2024, the term of existing plan
187 contracts awarded pursuant to the invitation to negotiate
188 published in July 2017.

189 (2) CONTRACT REQUIREMENTS.—The agency shall establish such
190 contract requirements as are necessary for the operation of the
191 statewide managed care program. In addition to any other
192 provisions the agency may deem necessary, the contract must
193 require:

194 (a) *Physician compensation.*—Managed care plans are expected
195 to coordinate care, manage chronic disease, and prevent the need
196 for more costly services. Effective care management should
197 enable plans to redirect available resources and increase
198 compensation for physicians. Plans achieve this performance
199 standard when physician payment rates equal or exceed Medicare
200 rates for similar services. The agency may impose fines or other
201 sanctions on a plan that fails to meet this performance standard
202 after 2 years of continuous operation.

203 (b) *Emergency services.*—Managed care plans shall pay for
204 services required by ss. 395.1041 and 401.45 and rendered by a
205 noncontracted provider. The plans must comply with s. 641.3155.
206 Reimbursement for services under this paragraph is the lesser
207 of:

- 208 1. The provider's charges;
- 209 2. The usual and customary provider charges for similar
210 services in the community where the services were provided;
- 211 3. The charge mutually agreed to by the entity and the
212 provider within 60 days after submittal of the claim; or
- 213 4. The Medicaid rate, which, for the purposes of this



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214 paragraph, means the amount the provider would collect from the
215 agency on a fee-for-service basis, less any amounts for the
216 indirect costs of medical education and the direct costs of
217 graduate medical education that are otherwise included in the
218 agency's fee-for-service payment, as required under 42 U.S.C. s.
219 1396u-2(b)(2)(D). For the purpose of establishing the amounts
220 specified in this subparagraph, the agency shall publish on its
221 website annually, or more frequently as needed, the applicable
222 fee-for-service fee schedules and their effective dates, less
223 any amounts for indirect costs of medical education and direct
224 costs of graduate medical education that are otherwise included
225 in the agency's fee-for-service payments.

226 (c) *Access.*—

227 1. The agency shall establish specific standards for the
228 number, type, and regional distribution of providers in managed
229 care plan networks to ensure access to care for both adults and
230 children. Each plan must maintain a regionwide network of
231 providers in sufficient numbers to meet the access standards for
232 specific medical services for all recipients enrolled in the
233 plan. The exclusive use of mail-order pharmacies may not be
234 sufficient to meet network access standards. Consistent with the
235 standards established by the agency, provider networks may
236 include providers located outside the region. Each plan shall
237 establish and maintain an accurate and complete electronic
238 database of contracted providers, including information about
239 licensure or registration, locations and hours of operation,
240 specialty credentials and other certifications, specific
241 performance indicators, and such other information as the agency
242 deems necessary. The database must be available online to both



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243 the agency and the public and have the capability to compare the
244 availability of providers to network adequacy standards and to
245 accept and display feedback from each provider's patients. Each
246 plan shall submit quarterly reports to the agency identifying
247 the number of enrollees assigned to each primary care provider.
248 The agency shall conduct, or contract for, systematic and
249 continuous testing of the provider network databases maintained
250 by each plan to confirm accuracy, confirm that behavioral health
251 providers are accepting enrollees, and confirm that enrollees
252 have access to behavioral health services.

253 2. Each managed care plan must publish any prescribed drug
254 formulary or preferred drug list on the plan's website in a
255 manner that is accessible to and searchable by enrollees and
256 providers. The plan must update the list within 24 hours after
257 making a change. Each plan must ensure that the prior
258 authorization process for prescribed drugs is readily accessible
259 to health care providers, including posting appropriate contact
260 information on its website and providing timely responses to
261 providers. For Medicaid recipients diagnosed with hemophilia who
262 have been prescribed anti-hemophilic-factor replacement
263 products, the agency shall provide for those products and
264 hemophilia overlay services through the agency's hemophilia
265 disease management program.

266 3. Managed care plans, and their fiscal agents or
267 intermediaries, must accept prior authorization requests for any
268 service electronically.

269 4. Managed care plans serving children in the care and
270 custody of the Department of Children and Families must maintain
271 complete medical, dental, and behavioral health encounter



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272 information and participate in making such information available
273 to the department or the applicable contracted community-based
274 care lead agency for use in providing comprehensive and
275 coordinated case management. The agency and the department shall
276 establish an interagency agreement to provide guidance for the
277 format, confidentiality, recipient, scope, and method of
278 information to be made available and the deadlines for
279 submission of the data. The scope of information available to
280 the department shall be the data that managed care plans are
281 required to submit to the agency. The agency shall determine the
282 plan's compliance with standards for access to medical, dental,
283 and behavioral health services; the use of medications; and
284 follow-up ~~followup~~ on all medically necessary services
285 recommended as a result of early and periodic screening,
286 diagnosis, and treatment.

287 (d) *Quality care.*—Managed care plans shall provide, or
288 contract for the provision of, care coordination to facilitate
289 the appropriate delivery of behavioral health care services in
290 the least restrictive setting with treatment and recovery
291 capabilities that address the needs of the patient. Services
292 shall be provided in a manner that integrates behavioral health
293 services and primary care. Plans shall be required to achieve
294 specific behavioral health outcome standards, established by the
295 agency in consultation with the department.

296 (e) *Encounter data.*—The agency shall maintain and operate a
297 Medicaid Encounter Data System to collect, process, store, and
298 report on covered services provided to all Medicaid recipients
299 enrolled in prepaid plans.

300 1. Each prepaid plan must comply with the agency's



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301 reporting requirements for the Medicaid Encounter Data System.
302 Prepaid plans must submit encounter data, including data on
303 encounters for which payment was denied and encounters for which
304 a health care provider was reimbursed by the plan on a capitated
305 basis, electronically in a format that complies with the Health
306 Insurance Portability and Accountability Act provisions for
307 electronic claims and in accordance with deadlines established
308 by the agency. Prepaid plans must certify that the data reported
309 is accurate and complete.

310 2. The agency is responsible for validating the data
311 submitted by the plans. The agency shall develop methods and
312 protocols for ongoing analysis of the encounter data that
313 adjusts for differences in characteristics of prepaid plan
314 enrollees to allow comparison of service utilization among plans
315 and against expected levels of use. The analysis shall be used
316 to identify possible cases of overspending on administrative
317 costs, payments by plans in excess of market rates, systemic
318 underutilization or denials of claims and inappropriate service
319 utilization such as higher-than-expected emergency department
320 encounters, and potential managed care plan fraud, waste, and
321 abuse. The analysis shall provide periodic feedback to the plans
322 and enable the agency to establish corrective action plans when
323 necessary. One of the focus areas for the analysis shall be the
324 use of prescription drugs. The analysis shall be used in managed
325 care plan capitation rate-setting processes provided under this
326 part.

327 3. The agency shall make encounter data available to those
328 plans accepting enrollees who are assigned to them from other
329 plans leaving a region.



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330 4. The agency shall annually produce a report entitled
331 "Analysis of Potentially Preventable Health Care Events of
332 Florida Medicaid Enrollees." The report must include, but need
333 not be limited to, an analysis of the potentially preventable
334 hospital emergency department visits, hospital admissions, and
335 hospital readmissions that occurred during the previous state
336 fiscal year which may have been prevented with better access to
337 primary care, improved medication management, or better
338 coordination of care, reported by age, eligibility group,
339 managed care plan, and region, including conditions contributing
340 to each potentially preventable event or category of potentially
341 preventable events. The agency may include any other data or
342 analysis parameters to augment the report which it deems
343 pertinent to the analysis. The report must demonstrate trends
344 using applicable historical data. The agency shall submit the
345 report to the Governor, the President of the Senate, and the
346 Speaker of the House of Representatives by October 1, 2024, and
347 each October 1 thereafter. The agency may contract with a third-
348 party vendor to produce the report required under this
349 subparagraph.

350 (f) *Continuous improvement.*—The agency shall establish
351 specific performance standards and expected milestones or
352 timelines for improving performance over the term of the
353 contract.

354 1. Each managed care plan shall establish an internal
355 health care quality improvement system, including enrollee
356 satisfaction and disenrollment surveys. The quality improvement
357 system must include incentives and disincentives for network
358 providers.



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359 2. Each managed care plan must collect and report the
360 Healthcare Effectiveness Data and Information Set (HEDIS)
361 measures, the federal Core Set of Children's Health Care Quality
362 measures, and the federal Core Set of Adult Health Care Quality
363 Measures, as specified by the agency. Each plan must collect and
364 report the Adult Core Set behavioral health measures beginning
365 with data reports for the 2025 calendar year. Each plan must
366 stratify reported measures by age, sex, race, ethnicity, primary
367 language, and whether the enrollee received a Social Security
368 Administration determination of disability for purposes of
369 Supplemental Security Income beginning with data reports for the
370 2026 calendar year. A plan's performance on these measures must
371 be published on the plan's website in a manner that allows
372 recipients to reliably compare the performance of plans. The
373 agency shall use the measures as a tool to monitor plan
374 performance.

375 3. Each managed care plan must be accredited by the
376 National Committee for Quality Assurance, the Joint Commission,
377 or another nationally recognized accrediting body, or have
378 initiated the accreditation process, within 1 year after the
379 contract is executed. For any plan not accredited within 18
380 months after executing the contract, the agency shall suspend
381 automatic assignment under ss. 409.977 and 409.984.

382 (g) *Program integrity.*—Each managed care plan shall
383 establish program integrity functions and activities to reduce
384 the incidence of fraud and abuse, including, at a minimum:

385 1. A provider credentialing system and ongoing provider
386 monitoring, including maintenance of written provider
387 credentialing policies and procedures which comply with federal



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388 and agency guidelines;

389 2. An effective prepayment and postpayment review process
390 including, but not limited to, data analysis, system editing,
391 and auditing of network providers;

392 3. Procedures for reporting instances of fraud and abuse
393 pursuant to chapter 641;

394 4. Administrative and management arrangements or
395 procedures, including a mandatory compliance plan, designed to
396 prevent fraud and abuse; and

397 5. Designation of a program integrity compliance officer.

398 (h) *Grievance resolution.*—Consistent with federal law, each
399 managed care plan shall establish and the agency shall approve
400 an internal process for reviewing and responding to grievances
401 from enrollees. Each plan shall submit quarterly reports on the
402 number, description, and outcome of grievances filed by
403 enrollees.

404 (i) *Penalties.*—

405 1. *Withdrawal and enrollment reduction.*—Managed care plans
406 that reduce enrollment levels or leave a region before the end
407 of the contract term must reimburse the agency for the cost of
408 enrollment changes and other transition activities. If more than
409 one plan leaves a region at the same time, costs must be shared
410 by the departing plans proportionate to their enrollments. In
411 addition to the payment of costs, departing provider services
412 networks must pay a per-enrollee penalty of up to 3 months'
413 payment and continue to provide services to the enrollee for 90
414 days or until the enrollee is enrolled in another plan,
415 whichever occurs first. In addition to payment of costs, all
416 other departing plans must pay a penalty of 25 percent of that



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417 portion of the minimum surplus maintained pursuant to s.
418 641.225(1) which is attributable to the provision of coverage to
419 Medicaid enrollees. Plans shall provide at least 180 days'
420 notice to the agency before withdrawing from a region. If a
421 managed care plan leaves a region before the end of the contract
422 term, the agency shall terminate all contracts with that plan in
423 other regions pursuant to the termination procedures in
424 subparagraph 3.

425 2. Encounter data.—If a plan fails to comply with the
426 encounter data reporting requirements of this section for 30
427 days, the agency must assess a fine of \$5,000 per day for each
428 day of noncompliance beginning on the 31st day. On the 31st day,
429 the agency must notify the plan that the agency will initiate
430 contract termination procedures on the 90th day unless the plan
431 comes into compliance before that date.

432 3. Termination.—If the agency terminates more than one
433 regional contract with the same managed care plan due to
434 noncompliance with the requirements of this section, the agency
435 shall terminate all the regional contracts held by that plan.
436 When terminating multiple contracts, the agency must develop a
437 plan to provide for the transition of enrollees to other plans,
438 and phase in the terminations over a time period sufficient to
439 ensure a smooth transition.

440 (j) *Prompt payment.*—Managed care plans shall comply with
441 ss. 641.315, 641.3155, and 641.513.

442 (k) *Electronic claims.*—Managed care plans, and their fiscal
443 agents or intermediaries, shall accept electronic claims in
444 compliance with federal standards.

445 (l) *Fair payment.*—Provider service networks must ensure



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446 that no entity licensed under chapter 395 with a controlling
447 interest in the network charges a Medicaid managed care plan
448 more than the amount paid to that provider by the provider
449 service network for the same service.

450 (m) *Itemized payment.*—Any claims payment to a provider by a
451 managed care plan, or by a fiscal agent or intermediary of the
452 plan, must be accompanied by an itemized accounting of the
453 individual claims included in the payment including, but not
454 limited to, the enrollee's name, the date of service, the
455 procedure code, the amount of reimbursement, and the
456 identification of the plan on whose behalf the payment is made.

457 (n) *Provider dispute resolution.*—Disputes between a plan
458 and a provider may be resolved as described in s. 408.7057.

459 (o) *Transparency.*—Managed care plans shall comply with ss.
460 627.6385(3) and 641.54(7).

461 (p) *Third-party administrators.*—The agency's contract with
462 a managed care plan must require that any third-party
463 administrative entity contracted by the plan adheres to all
464 pertinent requirements of the Medicaid program placed on the
465 plan under the plan's contract with the agency.

466 (3) ACHIEVED SAVINGS REBATE.—

467 (h) The following may not be included as allowable expenses
468 in calculating income for determining the achieved savings
469 rebate:

470 1. Payment of achieved savings rebates.

471 2. Any financial incentive payments made to the plan
472 outside of the capitation rate.

473 3. Any financial disincentive payments levied by the state
474 or Federal Government.



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475 4. Expenses associated with any lobbying or political
476 activities.

477 5. The cash value or equivalent cash value of bonuses of
478 any type paid or awarded to the plan's executive staff, other
479 than base salary.

480 6. Reserves and reserve accounts.

481 7. Administrative costs, including, but not limited to,
482 reinsurance expenses, interest payments, depreciation expenses,
483 bad debt expenses, and outstanding claims expenses in excess of
484 actuarially sound maximum amounts set by the agency.

485 8. Payments to affiliates as defined in s. 409.962 in
486 excess of market rates.

487
488 The agency shall consider these and other factors in developing
489 contracts that establish shared savings arrangements.

490 (4) MEDICAL LOSS RATIOS ~~RATIO~~.—

491 (a) If required by federal regulations or as a condition of
492 a waiver, the agency must ~~may~~ calculate a medical loss ratios
493 ratio for all managed care plans contracted with the agency
494 under this part. The calculations must ~~calculation shall~~ use
495 uniform financial data collected from all plans and shall be
496 computed for each plan on a statewide basis. If a plan
497 participates in the managed medical assistance program, the
498 long-term care managed care program, or the pilot program for
499 individuals with developmental disabilities, the agency must
500 calculate medical loss ratios for the plan's participation in
501 each program separately and, if the plan participates in more
502 than one of these programs, for the plan's overall participation
503 in statewide Medicaid managed care. Medical loss ratios must be



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504 ~~calculated and The method for calculating the medical loss ratio~~
505 ~~shall meet the following criteria:~~

506 ~~(a) Except as provided in paragraphs (b) and (c),~~
507 ~~expenditures must shall be classified in a manner consistent~~
508 ~~with 42 C.F.R. part 438 ~~45 C.F.R. part 158.~~~~

509 ~~(b) The agency shall report medical loss ratios quarterly~~
510 ~~and annually for each managed care plan contracted with the~~
511 ~~agency under this part to the Governor, the President of the~~
512 ~~Senate, and the Speaker of the House of Representatives no later~~
513 ~~than 6 months after the end of each such period ~~Funds provided~~~~
514 ~~~~by plans to graduate medical education institutions to~~~~
515 ~~~~underwrite the costs of residency positions shall be classified~~~~
516 ~~~~as medical expenditures, provided the funding is sufficient to~~~~
517 ~~~~sustain the positions for the number of years necessary to~~~~
518 ~~~~complete the residency requirements and the residency positions~~~~
519 ~~~~funded by the plans are active providers of care to Medicaid and~~~~
520 ~~~~uninsured patients.~~~~

521 ~~(c) Before final determination of the medical loss ratio~~
522 ~~for any period, a plan may contribute to a designated state~~
523 ~~trust fund for the purpose of supporting Medicaid and indigent~~
524 ~~care and have the contribution counted as a medical expenditure~~
525 ~~for the period. Funds contributed for this purpose shall be~~
526 ~~deposited into the Grants and Donations Trust Fund.~~

527 ~~(5) AFFILIATED ENTITIES AND RELATED PARTIES.~~

528 ~~(a) The agency shall ensure oversight of affiliated~~
529 ~~entities and related parties paid by managed care plans under~~
530 ~~this part, including, but not limited to, examining financial~~
531 ~~records and self-referral data of any managed care plan~~
532 ~~providing services within the statewide managed care program~~



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533 which uses affiliated entities and related parties.

534 (b) The agency shall consider data examined under paragraph
535 (a) and the findings of the annual assessment required under s.
536 409.9675(4) when developing managed care plan capitation rates
537 under this part.

538 Section 5. Effective January 1, 2027, paragraph (f) of
539 subsection (3) of section 409.967, Florida Statutes, is amended,
540 and paragraph (g) of that subsection is republished, to read:

541 409.967 Managed care plan accountability.—

542 (3) ACHIEVED SAVINGS REBATE.—

543 (f) Achieved savings rebates validated by the certified
544 public accountant are due within 30 days after the report is
545 submitted. Except as provided in paragraph (h), the achieved
546 savings rebate is established by determining pretax income as a
547 percentage of revenues and applying the following income sharing
548 ratios:

549 1. One hundred percent of income up to and including 3 ~~5~~
550 percent of revenue shall be retained by the plan.

551 2. Thirty ~~Fifty~~ percent of income above 3 ~~5~~ percent and up
552 to 10 percent shall be retained by the plan, and the other 70 ~~50~~
553 percent shall be refunded to the state and adjusted for the
554 Federal Medical Assistance Percentages. The state share shall be
555 transferred to the General Revenue Fund, unallocated, and the
556 federal share shall be transferred to the Medical Care Trust
557 Fund, unallocated.

558 3. One hundred percent of income above 10 percent of
559 revenue shall be refunded to the state and adjusted for the
560 Federal Medical Assistance Percentages. The state share shall be
561 transferred to the General Revenue Fund, unallocated, and the



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562 federal share shall be transferred to the Medical Care Trust
563 Fund, unallocated.

564 (g) A plan that exceeds agency-defined quality measures in
565 the reporting period may retain an additional 1 percent of
566 revenue. For the purpose of this paragraph, the quality measures
567 must include plan performance for preventing or managing
568 complex, chronic conditions that are associated with an elevated
569 likelihood of requiring high-cost medical treatments.

570 Section 6. Section 409.9675, Florida Statutes, is created
571 to read:

572 409.9675 Affiliated entities and controlling interests;
573 reports required.-

574 (1) Each managed care plan contracted by the agency under
575 this part shall report all of the following by March 31, 2027,
576 for the prior calendar year, and annually thereafter, to the
577 agency and the Office of Insurance Regulation in a manner
578 prescribed by the agency:

579 (a) Any person controlled by or affiliated with the managed
580 care plan, including, but not limited to, any provider, provider
581 group, group practice defined in s. 456.053(3), or person
582 responsible for providing any pharmacy services,
583 pharmaceuticals, diagnostics, care coordination, care delivery,
584 health care services, medical equipment, administrative
585 services, or financial services for, to, or on behalf of the
586 managed care plan.

587 (b) Any affiliation of any kind or nature with any person
588 which has, either directly or indirectly through one or more
589 intermediaries, an investment or ownership interest representing
590 10 percent or more, shares common ownership with, or has an



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591 investor or a holder of an ownership interest representing 10
592 percent or more with any person providing pharmacy services,
593 diagnostics, care coordination, care delivery, health care
594 services, medical equipment, administrative services, or
595 financial services for, to, or on behalf of the managed care
596 plan.

597 (2) For any affiliation reported by a managed care plan
598 under subsection (1), the report must include all of the
599 following:

600 (a) The percentage of ownership or control of any person or
601 affiliate with whom the managed care plan has had business
602 transactions totaling in the aggregate more than \$25,000 during
603 the prior 12-month period in the annual achieved savings rebate
604 financial reporting required under s. 409.967(3) and
605 identification of the specific contract or contracts involved in
606 such business transactions.

607 (b) Any significant business transactions between the
608 managed care plan and any affiliated person during the 12-month
609 period in the annual achieved savings rebate financial reporting
610 required under s. 409.967(3).

611 (3) Each managed care plan shall report any change in
612 information required by subsection (1) to the agency and the
613 Office of Insurance Regulation in writing within 60 days after
614 the change occurs.

615 (4) By December 31, 2026, and annually thereafter, the
616 agency shall calculate, analyze, and publicly report on the
617 agency's website an assessment of affiliated entity payment
618 transactions in the Medicaid program for medical benefit and
619 administrative costs as reported for purposes of the achieved



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620 savings rebate. The baseline assessment, at a minimum, must
621 include achieved savings rebate transactions for the years 2021,
622 2022, and 2023; the amount and associated percentage of
623 affiliated entity payments within the medical loss ratio; and
624 the payment deviation percentages and associated amounts at the
625 Healthcare Common Procedure Coding System level for affiliated
626 entities as compared to nonaffiliated entities. The assessment
627 must also compare payment amounts for value-based or alternative
628 payment arrangements.

629 Section 7. Present paragraphs (b), (c), and (d), and (e)
630 through (x) of subsection (1) of section 626.8825, Florida
631 Statutes, are redesignated as paragraphs (c), (d), and (e), and
632 (g) through (z), respectively, new paragraphs (b) and (f) are
633 added to that subsection, and present paragraph (u) of
634 subsection (1), paragraphs (e) and (g) of subsection (2), and
635 paragraphs (c) and (h) of subsection (3) of that section are
636 amended, to read:

637 626.8825 Pharmacy benefit manager transparency and
638 accountability.—

639 (1) DEFINITIONS.—As used in this section, the term:

640 (b) “Affiliated manufacturer” means a prescription drug
641 manufacturer permitted under chapter 499 or a private label
642 distributor as defined in 21 C.F.R. s. 207.1 which directly or
643 indirectly through one or more intermediaries:

644 1. Has an investment or ownership interest in a pharmacy
645 benefit manager holding a certificate of authority issued under
646 this part;

647 2. Shares common ownership with a pharmacy benefit manager
648 holding a certificate of authority issued under this part; or



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649 3. Has an investor or a holder of an ownership interest
650 which is a pharmacy benefit manager holding a certificate of
651 authority issued under this part.

652 (f) "Covered prescription drug" means any drug or biologic
653 included in a pharmacy benefit manager's formulary which is paid
654 for as a pharmacy benefit under the plan at any of the plan's
655 network pharmacies.

656 (w) ~~(u)~~ "Pharmacy benefits plan or program" means a plan or
657 program that pays for, reimburses, covers the cost of, or
658 provides access to discounts on pharmacist services provided by
659 one or more pharmacies to covered persons who reside in, are
660 employed by, or receive pharmacist services from this state.

661 1. The term includes, but is not limited to, health
662 maintenance organizations, health insurers, self-insured
663 employer health plans, discount card programs, and government-
664 funded health plans, including the Statewide Medicaid Managed
665 Care program established pursuant to part IV of chapter 409 and
666 the state group insurance program pursuant to part I of chapter
667 110.

668 2. The term excludes such a plan or program under s. 430.84
669 or chapter 440.

670 (2) CONTRACTS BETWEEN A PHARMACY BENEFIT MANAGER AND A
671 PHARMACY BENEFITS PLAN OR PROGRAM.—In addition to any other
672 requirements in the Florida Insurance Code, all contractual
673 arrangements executed, amended, adjusted, or renewed on or after
674 July 1, 2023, which are applicable to pharmacy benefits covered
675 on or after January 1, 2024, between a pharmacy benefit manager
676 and a pharmacy benefits plan or program must include, in
677 substantial form, terms that ensure compliance with all of the



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678 following requirements and that, except to the extent not
679 allowed by law, shall supersede any contractual terms to the
680 contrary:

681 (e) Include network adequacy requirements that meet or
682 exceed Medicare Part D program standards for convenient access
683 to the network pharmacies set forth in 42 C.F.R. s.
684 423.120(a)(1) and that:

685 1. Do not limit a network to solely include affiliated
686 pharmacies;

687 2. Require a pharmacy benefit manager to offer a provider
688 contract to licensed pharmacies physically located on the
689 physical site of providers that are:

690 a. Within the pharmacy benefits plan's or program's
691 geographic service area and that have been specifically
692 designated as essential providers by the Agency for Health Care
693 Administration pursuant to s. 409.975(1)(a);

694 b. Designated as cancer centers of excellence under s.
695 381.925, regardless of the pharmacy benefits plan's or program's
696 geographic service area;

697 c. Organ transplant hospitals, regardless of the pharmacy
698 benefits plan's or program's geographic service area;

699 d. Hospitals licensed as specialty children's hospitals as
700 defined in s. 395.002; or

701 e. Regional perinatal intensive care centers as defined in
702 s. 383.16(2), regardless of the pharmacy benefits plan's or
703 program's geographic service area.

704

705 Such provider contracts must be solely for the administration
706 and ~~or~~ dispensing of covered prescription drugs, ~~including~~



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707 ~~biological products, which are administered through infusions,~~
708 ~~intravenously injected, or inhaled during a surgical procedure~~
709 ~~or are covered parenteral drugs,~~ as part of onsite outpatient
710 care;

711 3. Do not require a covered person to receive a
712 prescription drug by United States mail, common carrier, local
713 courier, third-party company or delivery service, or pharmacy
714 direct delivery unless the prescription drug cannot be acquired
715 at any retail pharmacy in the pharmacy benefit manager's network
716 for the covered person's pharmacy benefits plan or program. This
717 subparagraph does not prohibit a pharmacy benefit manager from
718 operating mail order or delivery programs on an opt-in basis at
719 the sole discretion of a covered person, provided that the
720 covered person is not penalized through the imposition of any
721 additional retail cost-sharing obligations or a lower allowed-
722 quantity limit for choosing not to select the mail order or
723 delivery programs;

724 4. For the in-person administration of covered prescription
725 drugs, prohibit requiring a covered person to receive pharmacist
726 services from an affiliated pharmacy or an affiliated health
727 care provider; and

728 5. Prohibit offering or implementing pharmacy networks that
729 require or provide a promotional item or an incentive, defined
730 as anything other than a reduced cost-sharing amount or enhanced
731 quantity limit allowed under the benefit design for a covered
732 drug, to a covered person to use an affiliated pharmacy or an
733 affiliated health care provider for the in-person administration
734 of covered prescription drugs; or advertising, marketing, or
735 promoting an affiliated pharmacy to covered persons. Subject to



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736 the foregoing, a pharmacy benefit manager may include an
737 affiliated pharmacy in communications to covered persons
738 regarding network pharmacies and prices, provided that the
739 pharmacy benefit manager includes information, such as links to
740 all nonaffiliated network pharmacies, in such communications and
741 that the information provided is accurate and of equal
742 prominence. This subparagraph may not be construed to prohibit a
743 pharmacy benefit manager from entering into an agreement with an
744 affiliated pharmacy to provide pharmacist services to covered
745 persons.

746 (g) Prohibit a pharmacy benefit manager from instituting a
747 network that requires a pharmacy to meet accreditation standards
748 inconsistent with or more stringent than applicable federal and
749 state requirements for licensure and operation as a pharmacy in
750 this state. However, a pharmacy benefit manager may specify
751 additional specialty networks that require enhanced standards
752 related to the safety and competency necessary to meet the
753 United States Food and Drug Administration's limited
754 distribution requirements for dispensing any drug that, on a
755 drug-by-drug basis, requires extraordinary special handling,
756 ~~provider coordination, or clinical care or monitoring~~ when such
757 extraordinary requirements cannot be met by a retail pharmacy.
758 For purposes of this paragraph, drugs requiring extraordinary
759 special handling are limited to drugs that are subject to a risk
760 evaluation and mitigation strategy approved by the United States
761 Food and Drug Administration and that:

- 762 1. Require special certification of a health care provider
763 to prescribe, receive, dispense, or administer; or
- 764 2. Require special handling due to the molecular complexity



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765 or cytotoxic properties of the biologic or biosimilar product or
766 drug.

767

768 For participation in a specialty network, a pharmacy benefit
769 manager may not require a pharmacy to meet requirements for
770 participation beyond those necessary to demonstrate the
771 pharmacy's ability to dispense the drug in accordance with the
772 United States Food and Drug Administration's approved
773 manufacturer labeling.

774 (3) CONTRACTS BETWEEN A PHARMACY BENEFIT MANAGER AND A
775 PARTICIPATING PHARMACY.—In addition to other requirements in the
776 Florida Insurance Code, a participation contract executed,
777 amended, adjusted, or renewed on or after July 1, 2023, that
778 applies to pharmacist services on or after January 1, 2024,
779 between a pharmacy benefit manager and one or more pharmacies or
780 pharmacists, must include, in substantial form, terms that
781 ensure compliance with all of the following requirements, and
782 that, except to the extent not allowed by law, shall supersede
783 any contractual terms in the participation contract to the
784 contrary:

785 (c) A prohibition of financial clawbacks, reconciliation
786 offsets, or offsets to adjudicated claims. A pharmacy benefit
787 manager may not charge, withhold, offset, or recoup any direct
788 or indirect remuneration fees, dispensing fees, brand name or
789 generic effective rate adjustments through reconciliation, or
790 any other monetary charge, withholding, or recoupments as
791 related to discounts, multiple network reconciliation offsets,
792 adjudication transaction fees, and any other instance when an
793 amount ~~a fee~~ may be recouped from a pharmacy if such action



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794 would result in a reduction in the amount paid to the pharmacy
795 or pharmacist. This prohibition does not apply to:

796 1. Any incentive payments provided by the pharmacy benefit
797 manager to a network pharmacy for meeting or exceeding
798 predefined quality measures, such as Healthcare Effectiveness
799 Data and Information Set measures; recoupment due to an
800 erroneous claim, fraud, waste, or abuse; a claim adjudicated in
801 error; a maximum allowable cost appeal pricing adjustment; or an
802 adjustment made as part of a pharmacy audit pursuant to s.
803 624.491.

804 2. Any recoupment that is returned to the state for
805 programs in chapter 409 or the state group insurance program in
806 s. 110.123.

807 (h) The pharmacy benefit manager shall provide a reasonable
808 administrative appeal procedure to allow a pharmacy or
809 pharmacist to challenge the maximum allowable cost pricing
810 information and the reimbursement made under the maximum
811 allowable cost as defined in s. 627.64741 for a specific drug as
812 being below the acquisition cost available to the challenging
813 pharmacy or pharmacist.

814 1. The administrative appeal procedure must include a
815 telephone number and e-mail address, or a website, for the
816 purpose of submitting the administrative appeal. The appeal may
817 be submitted by the pharmacy or an agent of the pharmacy
818 directly to the pharmacy benefit manager or through a pharmacy
819 service administration organization. The administrative appeal
820 process must allow a pharmacy or pharmacist the option to submit
821 an electronic spreadsheet or similar electronic document
822 containing a consolidated administrative appeal representing



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823 multiple adjudicated claims that share the same drug and day
824 supply and have a date of service occurring within the same
825 calendar month. The pharmacy or pharmacist must be given at
826 least 30 business days after a maximum allowable cost update or
827 after an adjudication for an electronic claim or reimbursement
828 for a nonelectronic claim to file the administrative appeal.

829 2. The pharmacy benefit manager must respond to the
830 administrative appeal within 30 business days after receipt of
831 the appeal.

832 3. If the appeal is upheld, the pharmacy benefit manager
833 must:

834 a. Update the maximum allowable cost pricing information to
835 at least the acquisition cost available to the pharmacy;

836 b. Permit the pharmacy or pharmacist to reverse and rebill
837 the claim in question;

838 c. Provide to the pharmacy or pharmacist the national drug
839 code on which the increase or change is based; and

840 d. Make the increase or change effective for each similarly
841 situated pharmacy or pharmacist who is subject to the applicable
842 maximum allowable cost pricing information.

843 4. If the appeal is denied, the pharmacy benefit manager
844 must provide to the pharmacy or pharmacist the national drug
845 code and the name of the national or regional pharmaceutical
846 wholesalers operating in this state which have the drug
847 currently in stock at a price below the maximum allowable cost
848 pricing information.

849 5. Beginning August 15, 2026 ~~Every 90 days,~~ a pharmacy
850 benefit manager shall report to the office the total number of
851 appeals received and denied in the preceding quarter ~~90-day~~



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852 ~~period~~, with an explanation or reason for each denial, for each
853 specific drug for which an appeal was submitted pursuant to this
854 paragraph. The deadlines for each filing are March 1 for the
855 preceding year's fourth quarter; May 15 for each year's first
856 quarter; August 15 for each year's second quarter; and November
857 15 for each year's third quarter.

858 Section 8. Subsection (7) of section 626.8827, Florida
859 Statutes, is amended, and subsections (8), (9), and (10) are
860 added to that section, to read:

861 626.8827 Pharmacy benefit manager prohibited practices.—In
862 addition to other prohibitions in this part, a pharmacy benefit
863 manager may not do any of the following:

864 (7) Fail to comply with the requirements in s. 624.491 or
865 s. 626.8825, or breach contractual terms required under s.
866 626.8825.

867 (8) Prohibit or restrict a pharmacy from declining to
868 dispense a drug if the reimbursement rate for the drug is less
869 than the actual acquisition cost to the pharmacy.

870 (9) Reimburse a pharmacy less than it reimburses an
871 affiliate pharmacy.

872 (10) Maintain an ownership interest, investment interest,
873 or common ownership with an affiliated manufacturer, or share
874 any investor or holder of an ownership interest with an
875 affiliated manufacturer.

876 Section 9. Subsection (1) of section 627.42392, Florida
877 Statutes, is amended to read:

878 627.42392 Prior authorization.—

879 (1) As used in this section, the term "health insurer"
880 means an authorized insurer offering health insurance as defined



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881 in s. 624.603, a managed care plan as defined in s. 409.962 ~~s.~~
882 ~~409.962(10)~~, or a health maintenance organization as defined in
883 s. 641.19(12).

884 Section 10. Except as otherwise provided in this act and
885 except for this section, which shall take effect upon this act
886 becoming a law, this act shall take effect July 1, 2026.

887
888 ===== T I T L E A M E N D M E N T =====

889 And the title is amended as follows:

890 Delete everything before the enacting clause
891 and insert:

892 A bill to be entitled
893 An act relating to health care coverage; amending s.
894 1.01, F.S.; defining the term "Joint Legislative
895 Committee on Medicaid Oversight"; creating s. 11.405,
896 F.S.; establishing the Joint Legislative Committee on
897 Medicaid Oversight for specified purposes; providing
898 for membership, subcommittees, and meetings of the
899 committee; specifying duties of the committee;
900 authorizing the committee to submit periodic reports
901 to the Legislature; requiring the Auditor General and
902 the Agency for Health Care Administration to enter
903 into and maintain a data sharing agreement for a
904 certain purpose by a specified date; requiring the
905 Auditor General to assist the committee by providing
906 certain staff or consulting services; requiring that
907 state agencies, political subdivisions of the state,
908 and entities contracted with state agencies give the
909 committee access to certain records, papers, and



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910 documents; authorizing the committee to compel
911 testimony and evidence according to specified
912 provisions; providing for additional powers of the
913 committee; providing that certain joint rules of the
914 Legislature apply to the proceedings of the committee;
915 requiring the agency to notify the committee of
916 certain changes and provide a report containing
917 specified information to the committee; requiring the
918 agency to submit a copy of certain reports to the
919 committee; amending s. 409.962, F.S.; defining terms;
920 amending s. 409.967, F.S.; revising encounter data
921 reporting requirements for prepaid Medicaid plans;
922 requiring the agency's analysis of such encounter data
923 to include identification of specified occurrences;
924 requiring the agency to use such analysis in setting
925 managed care plan capitation rates; requiring that
926 managed care plan contracts require any third-party
927 administrative entity contracted with the plan to
928 adhere to specified requirements; specifying
929 additional types of payments which may not be included
930 in calculating income for purposes of the achieved
931 savings rebate; requiring, rather than authorizing,
932 the agency to calculate the medical loss ratio for all
933 managed care plans under certain circumstances;
934 revising requirements for the calculation of medical
935 loss ratios; requiring the agency to report medical
936 loss ratios quarterly and annually for each managed
937 care plan to the Governor and the Legislature within a
938 specified timeframe; requiring the agency to ensure



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939 oversight of affiliated entities and related parties
940 paid by managed care plans; requiring the agency to
941 examine specified records and data related to such
942 entities and parties; requiring the agency to consider
943 certain data and findings when developing managed care
944 plan capitation rates; revising the income sharing
945 ratios used to calculate the achieved savings rebate
946 beginning on a specified date; creating s. 409.9675,
947 F.S.; requiring managed care plans to report to the
948 agency and the Office of Insurance Regulation the
949 existence of and specified details relating to certain
950 affiliations by a specified date and annually
951 thereafter; requiring managed care plans to report any
952 change in such information to the agency and the
953 office in writing within a specified timeframe;
954 requiring the agency to calculate, analyze, and
955 publicly report on the agency's website an assessment
956 of affiliated entity payment transactions in the
957 Medicaid program and certain administrative costs by a
958 specified date and annually thereafter; providing
959 requirements for the assessment; amending s. 626.8825,
960 F.S.; defining the terms "affiliated manufacturer" and
961 "covered prescription drug"; revising the definition
962 of the term "pharmacy benefits plan or program";
963 revising requirements for contracts between a pharmacy
964 benefit manager and a pharmacy benefits plan or
965 program and a participating pharmacy; revising the
966 frequency of and deadlines for certain reports
967 pharmacy benefit managers are required to submit to



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968 the office beginning on a specified date; amending s.
969 626.8827, F.S.; revising and specifying additional
970 practices pharmacy benefit managers are prohibited
971 from engaging in; amending s. 627.42392, F.S.;
972 conforming a cross-reference; providing effective
973 dates.

By Senator Brodeur

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1 A bill to be entitled
2 An act relating to health care coverage; amending s.
3 1.01, F.S.; defining the term "Joint Legislative
4 Committee on Medicaid Oversight"; creating s. 11.405,
5 F.S.; establishing the Joint Legislative Committee on
6 Medicaid Oversight for specified purposes; providing
7 for membership, subcommittees, and meetings of the
8 committee; specifying duties of the committee;
9 requiring the Auditor General and the Agency for
10 Health Care Administration to enter into a data
11 sharing agreement by a specified date; requiring the
12 Auditor General to assist the committee; requiring
13 that the committee be given access to certain records,
14 papers, and documents; authorizing the committee to
15 compel testimony and evidence according to specified
16 provisions; providing for additional powers of the
17 committee; providing that certain joint rules of the
18 Legislature apply to the proceedings of the committee;
19 requiring the agency to notify the committee of
20 certain changes and provide a report of specified
21 information to the committee; requiring the agency to
22 submit a copy of certain reports to the committee;
23 amending s. 409.962, F.S.; defining the terms
24 "affiliate" and "control"; amending s. 409.967, F.S.;
25 revising encounter data reporting requirements for
26 prepaid Medicaid plans; requiring the agency's
27 analysis of such encounter data to include
28 identification of specified occurrences; requiring the
29 agency to use such analysis in setting managed care

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30 plan capitation rates; requiring that managed care
31 plan contracts require any third-party administrative
32 entity contracted with the plan to adhere to specified
33 requirements; revising the income sharing ratios used
34 to calculate the achieved savings rebate; specifying
35 additional types of payments which may not be included
36 in calculating income for purposes of the achieved
37 savings rebate; requiring, rather than authorizing,
38 the agency to calculate the medical loss ratio for all
39 managed care plans under certain circumstances;
40 revising requirements for the calculation of medical
41 loss ratios; requiring the agency to report medical
42 loss ratios quarterly and annually for each managed
43 care plan to the Governor and the Legislature within a
44 specified timeframe; requiring the agency to ensure
45 oversight of affiliated entities and related parties
46 paid by managed care plans; requiring the agency to
47 examine specified records and data related to such
48 entities and parties; requiring the agency to consider
49 certain data and findings when developing managed care
50 plan capitation rates; creating s. 409.9675, F.S.;
51 requiring managed care plans to report to the agency
52 and the Office of Insurance Regulation the existence
53 of and specified details relating to certain
54 affiliations by a specified date and annually
55 thereafter; requiring managed care plans to report any
56 change in such information to the agency and the
57 office in writing within a specified timeframe;
58 requiring the agency to calculate, analyze, and

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59 publicly report on the agency's website an assessment
60 of affiliated entity payment transactions in the
61 Medicaid program and certain administrative costs by a
62 specified date and annually thereafter; providing
63 requirements for the assessment; amending s. 626.8825,
64 F.S.; defining the term "affiliated manufacturer";
65 revising requirements for contracts between a pharmacy
66 benefit manager and a pharmacy benefits plan or
67 program and a participating pharmacy; revising the
68 frequency of and deadlines for certain reports
69 pharmacy benefit managers are required to submit to
70 the office; amending s. 626.8827, F.S.; revising and
71 specifying additional practices pharmacy benefit
72 managers are prohibited from engaging in; providing an
73 effective date.

74

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

76

77 Section 1. Subsection (20) is added to section 1.01,
78 Florida Statutes, to read:

79 1.01 Definitions.—In construing these statutes and each and
80 every word, phrase, or part hereof, where the context will
81 permit:

82 (20) The term "Joint Legislative Committee on Medicaid
83 Oversight" means a committee or committees designated by joint
84 rule of the Legislature, by the President of the Senate or the
85 Speaker of the House of Representatives, or by agreement between
86 the President of the Senate and the Speaker of the House of
87 Representatives.

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88 Section 2. Section 11.405, Florida Statutes, is created to
89 read:

90 11.405 Joint Legislative Committee on Medicaid Oversight.-
91 The Joint Legislative Committee on Medicaid Oversight is created
92 to ensure that the state Medicaid program is operating in
93 accordance with the Legislature's intent and to promote
94 transparency and efficiency in government spending.

95 (1) MEMBERSHIP; SUBCOMMITTEES; MEETINGS.-

96 (a) The committee shall be composed of five members of the
97 Senate appointed by the President of the Senate and five members
98 of the House of Representatives appointed by the Speaker of the
99 House of Representatives, with each member serving a 2-year
100 term. The chair and vice chair shall be appointed for 1-year
101 terms, with the appointments alternating between the President
102 of the Senate and the Speaker of the House of Representatives.
103 The chair and vice chair may not be members of the same house of
104 the Legislature. If both the chair and vice chair are absent at
105 any meeting, the members present must elect a temporary chair by
106 a majority vote.

107 (b) Members shall serve without compensation but may be
108 reimbursed for per diem and travel expenses pursuant to s.
109 112.061.

110 (c) The chair may establish subcommittees as needed to
111 fulfill the committee's duties.

112 (d) The committee shall convene at least twice a year, and
113 as often as necessary to conduct its business as required under
114 this section. Meetings may be held through teleconference or
115 other electronic means.

116 (2) COMMITTEE DUTIES.-

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117 (a) The committee shall evaluate all aspects of the state
118 Medicaid program related to program financing, quality of care
119 and health outcomes, administrative functions, and operational
120 functions to ensure that the program is providing transparency
121 in the provision of health care plans and providers, ensuring
122 Medicaid recipients have access to quality health care services,
123 and providing stability to the state's budget through a health
124 care delivery system designed to contain costs.

125 (b) The committee shall identify and recommend policies
126 that limit Medicaid spending growth while improving health care
127 outcomes for Medicaid recipients. In developing its
128 recommendations, the committee shall do all of the following:

129 1. Evaluate legislation for its long-term impact on the
130 state Medicaid program.

131 2. Review data submitted to the agency by the Medicaid
132 managed care plans pursuant to statutory and contract
133 requirements, including, but not limited to, timeliness of
134 provider credentialing, timely payment of claims, rate of claim
135 denials, prior authorizations for services, and consumer
136 complaints.

137 3. Review the Medicaid managed care plans' encounter data,
138 financial data, and audits and the data used to calculate the
139 plans' achieved savings rebates and medical loss ratios.

140 4. Review data related to health outcomes of Medicaid
141 recipients, including, but not limited to, Health Effectiveness
142 Data and Information Set measures developed by the National
143 Committee for Quality Assurance for each Medicaid managed care
144 plan, each Medicaid managed care plan's performance improvement
145 projects, and outcome data related to all quality goals included

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146 in the Medicaid managed care organization contracts to improve
147 quality for recipients.

148 5. Identify any areas for improvement in statute and rule
149 relating to the state Medicaid program.

150 6. Develop a plan of action for the future of the state
151 Medicaid program.

152 (c) The committee may submit periodic reports, including
153 recommendations, to the Legislature on issues related to the
154 state Medicaid program and any affiliated programs.

155 (3) COOPERATION.—

156 (a) The Auditor General and the Agency for Health Care
157 Administration shall enter into and maintain a data sharing
158 agreement by July 1, 2026, to ensure the committee has full
159 access to all data needed to fulfill its responsibilities.

160 (b) The Auditor General shall assist the committee in its
161 work by providing credentialed professional staff or consulting
162 services, including, but not limited to, an actuary not
163 associated with the state Medicaid program or any Medicaid
164 managed care organization who currently has a contract with the
165 state.

166 (c) The committee, in the course of its official duties,
167 must be given access to any relevant record, paper, or document
168 in possession of a state agency, any political subdivision of
169 the state, or any entity engaged in business or under contract
170 with a state agency, and may compel the attendance and testimony
171 of any state official or employee before the committee or secure
172 any evidence as provided in s. 11.143. The committee shall also
173 have any other powers conferred on it by joint rules of the
174 Senate and the House of Representatives, and any joint rules of

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175 the Senate and the House of Representatives applicable to joint
176 legislative committees apply to the proceedings of the committee
177 under this section.

178 (4) AGENCY REPORTS.—

179 (a) Before implementing any change to the Medicaid managed
180 care capitation rates, the Agency for Health Care Administration
181 shall notify the committee of the change and appear before the
182 committee to provide a report detailing the managed care
183 capitation rates and administrative costs built into the
184 capitation rates. The report must include the agency's
185 historical and projected Medicaid program expenditure and
186 utilization trend rates by Medicaid program and service category
187 for the rate year, an explanation of how the trend rates were
188 calculated, and the policy decisions that were included in
189 setting the capitation rates.

190 (b) If the Agency for Health Care Administration or any
191 division within the agency is required by law to report to the
192 Legislature or to any legislative committee or subcommittee on
193 matters relating to the state Medicaid program, the agency must
194 also submit a copy of the report to the committee.

195 Section 3. Present subsections (2) through (5) and (6)
196 through (18) of section 409.962, Florida Statutes, are
197 redesignated as subsections (3) through (6) and (8) through
198 (20), respectively, and new subsections (2) and (7) are added to
199 that section, to read:

200 409.962 Definitions.—As used in this part, except as
201 otherwise specifically provided, the term:

202 (2) "Affiliate," including the terms "affiliated with" and
203 "affiliation," means a person, as construed in s. 1.01(3), who:

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204 (a) Directly or indirectly, through one or more
205 intermediaries, controls, is controlled by, or is under common
206 control with a specified entity or person, including parent and
207 subsidiary entities; or

208 (b) Is deemed a "related party" according to the standards
209 adopted by the Financial Accounting Standards Board.

210 (7) "Control," including the terms "controlling,"
211 "controlled by," and "under common control with," means the
212 possession, direct or indirect, of the power to direct or cause
213 the direction of the management and policies of a person,
214 whether through the ownership or voting securities, by contract
215 other than a commercial contract for goods or nonmanagement
216 services, or otherwise, unless the power is the result of an
217 official position with or corporate office held by the person.
218 This definition applies regardless of whether such power is
219 affirmative or negative or whether such power is actually used.
220 Control is presumed to exist, but is not limited to, when any
221 affiliate or person, as construed in s. 1.01(3):

222 (a) Directly or indirectly owns, controls, holds the power
223 to vote, or holds proxies representing 10 percent or more of any
224 class of the voting securities of any other person.

225 (b) Shares common ownership with any person, has an
226 investor or is a holder of an ownership interest in any person,
227 exercises control in any manner over the election of a majority
228 of the directors or of individuals exercising similar functions
229 of any person, has the power to exercise controlling influence
230 over the management of any person, or serves as a working
231 majority of the board of directors, managers, or the officers of
232 a person, who is:

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233 1. A provider or a member of a provider group or group
234 practice as defined in s. 456.053 under the managed care plan;
235 or

236 2. A person responsible for providing any pharmacy
237 services, pharmaceuticals, diagnostics, care coordination, care
238 delivery, health care services, medical equipment,
239 administrative services, or financial services under the managed
240 care plan.

241 Section 4. Subsections (1) and (2), paragraphs (f), (g),
242 and (h) of subsection (3), and subsection (4) of section
243 409.967, Florida Statutes, are amended, and subsection (5) is
244 added to that section, to read:

245 409.967 Managed care plan accountability.—

246 (1) CONTRACT PROCUREMENT PROCESS.—Beginning with the
247 contract procurement process initiated during the 2023 calendar
248 year, the agency shall establish a 6-year contract with each
249 managed care plan selected through the procurement process
250 described in s. 409.966. A plan contract may not be renewed;
251 however, the agency may extend the term of a plan contract to
252 cover any delays during the transition to a new plan. The agency
253 shall extend until December 31, 2024, the term of existing plan
254 contracts awarded pursuant to the invitation to negotiate
255 published in July 2017.

256 (2) CONTRACT REQUIREMENTS.—The agency shall establish such
257 contract requirements as are necessary for the operation of the
258 statewide managed care program. In addition to any other
259 provisions the agency may deem necessary, the contract must
260 require:

261 (a) *Physician compensation.*—Managed care plans are expected

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262 to coordinate care, manage chronic disease, and prevent the need
263 for more costly services. Effective care management should
264 enable plans to redirect available resources and increase
265 compensation for physicians. Plans achieve this performance
266 standard when physician payment rates equal or exceed Medicare
267 rates for similar services. The agency may impose fines or other
268 sanctions on a plan that fails to meet this performance standard
269 after 2 years of continuous operation.

270 (b) *Emergency services.*—Managed care plans shall pay for
271 services required by ss. 395.1041 and 401.45 and rendered by a
272 noncontracted provider. The plans must comply with s. 641.3155.
273 Reimbursement for services under this paragraph is the lesser
274 of:

- 275 1. The provider's charges;
- 276 2. The usual and customary provider charges for similar
277 services in the community where the services were provided;
- 278 3. The charge mutually agreed to by the entity and the
279 provider within 60 days after submittal of the claim; or
- 280 4. The Medicaid rate, which, for the purposes of this
281 paragraph, means the amount the provider would collect from the
282 agency on a fee-for-service basis, less any amounts for the
283 indirect costs of medical education and the direct costs of
284 graduate medical education that are otherwise included in the
285 agency's fee-for-service payment, as required under 42 U.S.C. s.
286 1396u-2(b)(2)(D). For the purpose of establishing the amounts
287 specified in this subparagraph, the agency shall publish on its
288 website annually, or more frequently as needed, the applicable
289 fee-for-service fee schedules and their effective dates, less
290 any amounts for indirect costs of medical education and direct

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291 costs of graduate medical education that are otherwise included
292 in the agency's fee-for-service payments.

293 (c) Access.—

294 1. The agency shall establish specific standards for the
295 number, type, and regional distribution of providers in managed
296 care plan networks to ensure access to care for both adults and
297 children. Each plan must maintain a regionwide network of
298 providers in sufficient numbers to meet the access standards for
299 specific medical services for all recipients enrolled in the
300 plan. The exclusive use of mail-order pharmacies may not be
301 sufficient to meet network access standards. Consistent with the
302 standards established by the agency, provider networks may
303 include providers located outside the region. Each plan shall
304 establish and maintain an accurate and complete electronic
305 database of contracted providers, including information about
306 licensure or registration, locations and hours of operation,
307 specialty credentials and other certifications, specific
308 performance indicators, and such other information as the agency
309 deems necessary. The database must be available online to both
310 the agency and the public and have the capability to compare the
311 availability of providers to network adequacy standards and to
312 accept and display feedback from each provider's patients. Each
313 plan shall submit quarterly reports to the agency identifying
314 the number of enrollees assigned to each primary care provider.
315 The agency shall conduct, or contract for, systematic and
316 continuous testing of the provider network databases maintained
317 by each plan to confirm accuracy, confirm that behavioral health
318 providers are accepting enrollees, and confirm that enrollees
319 have access to behavioral health services.

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320 2. Each managed care plan must publish any prescribed drug
321 formulary or preferred drug list on the plan's website in a
322 manner that is accessible to and searchable by enrollees and
323 providers. The plan must update the list within 24 hours after
324 making a change. Each plan must ensure that the prior
325 authorization process for prescribed drugs is readily accessible
326 to health care providers, including posting appropriate contact
327 information on its website and providing timely responses to
328 providers. For Medicaid recipients diagnosed with hemophilia who
329 have been prescribed anti-hemophilic-factor replacement
330 products, the agency shall provide for those products and
331 hemophilia overlay services through the agency's hemophilia
332 disease management program.

333 3. Managed care plans, and their fiscal agents or
334 intermediaries, must accept prior authorization requests for any
335 service electronically.

336 4. Managed care plans serving children in the care and
337 custody of the Department of Children and Families must maintain
338 complete medical, dental, and behavioral health encounter
339 information and participate in making such information available
340 to the department or the applicable contracted community-based
341 care lead agency for use in providing comprehensive and
342 coordinated case management. The agency and the department shall
343 establish an interagency agreement to provide guidance for the
344 format, confidentiality, recipient, scope, and method of
345 information to be made available and the deadlines for
346 submission of the data. The scope of information available to
347 the department shall be the data that managed care plans are
348 required to submit to the agency. The agency shall determine the

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349 plan's compliance with standards for access to medical, dental,
350 and behavioral health services; the use of medications; and
351 ~~follow-up~~ ~~followup~~ on all medically necessary services
352 recommended as a result of early and periodic screening,
353 diagnosis, and treatment.

354 (d) *Quality care.*—Managed care plans shall provide, or
355 contract for the provision of, care coordination to facilitate
356 the appropriate delivery of behavioral health care services in
357 the least restrictive setting with treatment and recovery
358 capabilities that address the needs of the patient. Services
359 shall be provided in a manner that integrates behavioral health
360 services and primary care. Plans shall be required to achieve
361 specific behavioral health outcome standards, established by the
362 agency in consultation with the department.

363 (e) *Encounter data.*—The agency shall maintain and operate a
364 Medicaid Encounter Data System to collect, process, store, and
365 report on covered services provided to all Medicaid recipients
366 enrolled in prepaid plans.

367 1. Each prepaid plan must comply with the agency's
368 reporting requirements for the Medicaid Encounter Data System.
369 Prepaid plans must submit encounter data, including data on
370 encounters for which payment was denied and encounters for which
371 a health care provider was reimbursed by the plan on a capitated
372 basis, electronically in a format that complies with the Health
373 Insurance Portability and Accountability Act provisions for
374 electronic claims and in accordance with deadlines established
375 by the agency. Prepaid plans must certify that the data reported
376 is accurate and complete.

377 2. The agency is responsible for validating the data

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378 submitted by the plans. The agency shall develop methods and
379 protocols for ongoing analysis of the encounter data that
380 adjusts for differences in characteristics of prepaid plan
381 enrollees to allow comparison of service utilization among plans
382 and against expected levels of use. The analysis shall be used
383 to identify possible cases of overspending on administrative
384 costs, payments by plans in excess of market rates, systemic
385 underutilization or denials of claims and inappropriate service
386 utilization such as higher-than-expected emergency department
387 encounters, and potential managed care plan fraud, waste, and
388 abuse. The analysis shall provide periodic feedback to the plans
389 and enable the agency to establish corrective action plans when
390 necessary. One of the focus areas for the analysis shall be the
391 use of prescription drugs. The analysis shall be used in managed
392 care plan capitation rate-setting processes provided under this
393 part.

394 3. The agency shall make encounter data available to those
395 plans accepting enrollees who are assigned to them from other
396 plans leaving a region.

397 4. The agency shall annually produce a report entitled
398 "Analysis of Potentially Preventable Health Care Events of
399 Florida Medicaid Enrollees." The report must include, but need
400 not be limited to, an analysis of the potentially preventable
401 hospital emergency department visits, hospital admissions, and
402 hospital readmissions that occurred during the previous state
403 fiscal year which may have been prevented with better access to
404 primary care, improved medication management, or better
405 coordination of care, reported by age, eligibility group,
406 managed care plan, and region, including conditions contributing

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407 to each potentially preventable event or category of potentially
408 preventable events. The agency may include any other data or
409 analysis parameters to augment the report which it deems
410 pertinent to the analysis. The report must demonstrate trends
411 using applicable historical data. The agency shall submit the
412 report to the Governor, the President of the Senate, and the
413 Speaker of the House of Representatives by October 1, 2024, and
414 each October 1 thereafter. The agency may contract with a third-
415 party vendor to produce the report required under this
416 subparagraph.

417 (f) *Continuous improvement.*—The agency shall establish
418 specific performance standards and expected milestones or
419 timelines for improving performance over the term of the
420 contract.

421 1. Each managed care plan shall establish an internal
422 health care quality improvement system, including enrollee
423 satisfaction and disenrollment surveys. The quality improvement
424 system must include incentives and disincentives for network
425 providers.

426 2. Each managed care plan must collect and report the
427 Healthcare Effectiveness Data and Information Set (HEDIS)
428 measures, the federal Core Set of Children's Health Care Quality
429 measures, and the federal Core Set of Adult Health Care Quality
430 Measures, as specified by the agency. Each plan must collect and
431 report the Adult Core Set behavioral health measures beginning
432 with data reports for the 2025 calendar year. Each plan must
433 stratify reported measures by age, sex, race, ethnicity, primary
434 language, and whether the enrollee received a Social Security
435 Administration determination of disability for purposes of

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436 Supplemental Security Income beginning with data reports for the
437 2026 calendar year. A plan's performance on these measures must
438 be published on the plan's website in a manner that allows
439 recipients to reliably compare the performance of plans. The
440 agency shall use the measures as a tool to monitor plan
441 performance.

442 3. Each managed care plan must be accredited by the
443 National Committee for Quality Assurance, the Joint Commission,
444 or another nationally recognized accrediting body, or have
445 initiated the accreditation process, within 1 year after the
446 contract is executed. For any plan not accredited within 18
447 months after executing the contract, the agency shall suspend
448 automatic assignment under ss. 409.977 and 409.984.

449 (g) *Program integrity.*—Each managed care plan shall
450 establish program integrity functions and activities to reduce
451 the incidence of fraud and abuse, including, at a minimum:

452 1. A provider credentialing system and ongoing provider
453 monitoring, including maintenance of written provider
454 credentialing policies and procedures which comply with federal
455 and agency guidelines;

456 2. An effective prepayment and postpayment review process
457 including, but not limited to, data analysis, system editing,
458 and auditing of network providers;

459 3. Procedures for reporting instances of fraud and abuse
460 pursuant to chapter 641;

461 4. Administrative and management arrangements or
462 procedures, including a mandatory compliance plan, designed to
463 prevent fraud and abuse; and

464 5. Designation of a program integrity compliance officer.

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465 (h) *Grievance resolution.*—Consistent with federal law, each
466 managed care plan shall establish and the agency shall approve
467 an internal process for reviewing and responding to grievances
468 from enrollees. Each plan shall submit quarterly reports on the
469 number, description, and outcome of grievances filed by
470 enrollees.

471 (i) *Penalties.*—

472 1. *Withdrawal and enrollment reduction.*—Managed care plans
473 that reduce enrollment levels or leave a region before the end
474 of the contract term must reimburse the agency for the cost of
475 enrollment changes and other transition activities. If more than
476 one plan leaves a region at the same time, costs must be shared
477 by the departing plans proportionate to their enrollments. In
478 addition to the payment of costs, departing provider services
479 networks must pay a per-enrollee penalty of up to 3 months'
480 payment and continue to provide services to the enrollee for 90
481 days or until the enrollee is enrolled in another plan,
482 whichever occurs first. In addition to payment of costs, all
483 other departing plans must pay a penalty of 25 percent of that
484 portion of the minimum surplus maintained pursuant to s.

485 641.225(1) which is attributable to the provision of coverage to
486 Medicaid enrollees. Plans shall provide at least 180 days'
487 notice to the agency before withdrawing from a region. If a
488 managed care plan leaves a region before the end of the contract
489 term, the agency shall terminate all contracts with that plan in
490 other regions pursuant to the termination procedures in
491 subparagraph 3.

492 2. *Encounter data.*—If a plan fails to comply with the
493 encounter data reporting requirements of this section for 30

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494 days, the agency must assess a fine of \$5,000 per day for each
495 day of noncompliance beginning on the 31st day. On the 31st day,
496 the agency must notify the plan that the agency will initiate
497 contract termination procedures on the 90th day unless the plan
498 comes into compliance before that date.

499 3. Termination.—If the agency terminates more than one
500 regional contract with the same managed care plan due to
501 noncompliance with the requirements of this section, the agency
502 shall terminate all the regional contracts held by that plan.
503 When terminating multiple contracts, the agency must develop a
504 plan to provide for the transition of enrollees to other plans,
505 and phase in the terminations over a time period sufficient to
506 ensure a smooth transition.

507 (j) *Prompt payment*.—Managed care plans shall comply with
508 ss. 641.315, 641.3155, and 641.513.

509 (k) *Electronic claims*.—Managed care plans, and their fiscal
510 agents or intermediaries, shall accept electronic claims in
511 compliance with federal standards.

512 (l) *Fair payment*.—Provider service networks must ensure
513 that no entity licensed under chapter 395 with a controlling
514 interest in the network charges a Medicaid managed care plan
515 more than the amount paid to that provider by the provider
516 service network for the same service.

517 (m) *Itemized payment*.—Any claims payment to a provider by a
518 managed care plan, or by a fiscal agent or intermediary of the
519 plan, must be accompanied by an itemized accounting of the
520 individual claims included in the payment including, but not
521 limited to, the enrollee's name, the date of service, the
522 procedure code, the amount of reimbursement, and the

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523 identification of the plan on whose behalf the payment is made.

524 (n) *Provider dispute resolution.*—Disputes between a plan
525 and a provider may be resolved as described in s. 408.7057.

526 (o) *Transparency.*—Managed care plans shall comply with ss.
527 627.6385(3) and 641.54(7).

528 (p) *Third-party administrators.*—The agency's contract with
529 a managed care plan must require that any third-party
530 administrative entity contracted by the plan adheres to all
531 pertinent requirements of the Medicaid program placed on the
532 plan under the plan's contract with the agency.

533 (3) ACHIEVED SAVINGS REBATE.—

534 (f) Achieved savings rebates validated by the certified
535 public accountant are due within 30 days after the report is
536 submitted. Except as provided in paragraph (h), the achieved
537 savings rebate is established by determining pretax income as a
538 percentage of revenues and applying the following income sharing
539 ratios:

540 1. One hundred percent of income up to and including 3 ~~5~~
541 percent of revenue shall be retained by the plan.

542 2. Thirty ~~Fifty~~ percent of income above 3 ~~5~~ percent and up
543 to 10 percent shall be retained by the plan, and the other 70 ~~50~~
544 percent shall be refunded to the state and adjusted for the
545 Federal Medical Assistance Percentages. The state share shall be
546 transferred to the General Revenue Fund, unallocated, and the
547 federal share shall be transferred to the Medical Care Trust
548 Fund, unallocated.

549 3. One hundred percent of income above 10 percent of
550 revenue shall be refunded to the state and adjusted for the
551 Federal Medical Assistance Percentages. The state share shall be

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552 transferred to the General Revenue Fund, unallocated, and the
553 federal share shall be transferred to the Medical Care Trust
554 Fund, unallocated.

555 (g) A plan that exceeds agency-defined quality measures in
556 the reporting period may retain an additional 1 percent of
557 revenue. For the purpose of this paragraph, the quality measures
558 must include plan performance for preventing or managing
559 complex, chronic conditions that are associated with an elevated
560 likelihood of requiring high-cost medical treatments.

561 (h) The following may not be included as allowable expenses
562 in calculating income for determining the achieved savings
563 rebate:

564 1. Payment of achieved savings rebates.

565 2. Any financial incentive payments made to the plan
566 outside of the capitation rate.

567 3. Any financial disincentive payments levied by the state
568 or Federal Government.

569 4. Expenses associated with any lobbying or political
570 activities.

571 5. The cash value or equivalent cash value of bonuses of
572 any type paid or awarded to the plan's executive staff, other
573 than base salary.

574 6. Reserves and reserve accounts.

575 7. Administrative costs, including, but not limited to,
576 reinsurance expenses, interest payments, depreciation expenses,
577 bad debt expenses, and outstanding claims expenses in excess of
578 actuarially sound maximum amounts set by the agency.

579 8. Payments to affiliated entities as defined in s. 409.962
580 in excess of market rates.

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581

582 The agency shall consider these and other factors in developing
583 contracts that establish shared savings arrangements.

584 (4) MEDICAL LOSS RATIOS ~~RATIO~~.—

585 (a) If required by federal regulations or as a condition of
586 a waiver, the agency must may calculate a medical loss ratios
587 ratio for all managed care plans contracted with the agency
588 under this part. The calculations must calculation shall use
589 uniform financial data collected from all plans and shall be
590 computed for each plan on a statewide basis. If a plan
591 participates in the managed medical assistance program, the
592 long-term care managed care program, or the pilot program for
593 individuals with developmental disabilities, the agency must
594 calculate medical loss ratios for the plan's participation in
595 each program separately and, if the plan participates in more
596 than one of these programs, for the plan's overall participation
597 in statewide Medicaid managed care. The method for calculating
598 the medical loss ratio shall meet the following criteria:

599 ~~(a) Except as provided in paragraphs (b) and (c), Medical~~
600 loss ratios must be calculated and expenditures must shall be
601 classified in a manner consistent with 42 C.F.R. part 438 45
602 C.F.R. part 158.

603 (b) The agency shall report medical loss ratios quarterly
604 and annually for each managed care plan contracted with the
605 agency under this part to the Governor, the President of the
606 Senate, and the Speaker of the House of Representatives no later
607 than 6 months after the end of each such period Funds provided
608 by plans to graduate medical education institutions to
609 underwrite the costs of residency positions shall be classified

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610 ~~as medical expenditures, provided the funding is sufficient to~~
 611 ~~sustain the positions for the number of years necessary to~~
 612 ~~complete the residency requirements and the residency positions~~
 613 ~~funded by the plans are active providers of care to Medicaid and~~
 614 ~~uninsured patients.~~

615 ~~(c) Before final determination of the medical loss ratio~~
 616 ~~for any period, a plan may contribute to a designated state~~
 617 ~~trust fund for the purpose of supporting Medicaid and indigent~~
 618 ~~care and have the contribution counted as a medical expenditure~~
 619 ~~for the period. Funds contributed for this purpose shall be~~
 620 ~~deposited into the Grants and Donations Trust Fund.~~

621 (5) AFFILIATED ENTITIES AND RELATED PARTIES.—

622 (a) The agency shall ensure oversight of affiliated
 623 entities and related parties paid by managed care plans under
 624 this part, including, but not limited to, examining financial
 625 records and self-referral data of any managed care plan
 626 providing services within the statewide managed care program
 627 which uses affiliated entities and related parties.

628 (b) The agency shall consider data examined under paragraph
 629 (a) and the findings of the annual assessment required under s.
 630 409.9675(4) when developing managed care plan capitation rates
 631 under this part.

632 Section 5. Section 409.9675, Florida Statutes, is created
 633 to read:

634 409.9675 Affiliated entities and controlling interests;
 635 reports required.—

636 (1) Each managed care plan contracted by the agency under
 637 this part shall report all of the following by March 31, 2027,
 638 for the prior calendar year, and annually thereafter, to the

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639 agency and the Office of Insurance Regulation in the manner
640 prescribed by the agency:

641 (a) Any person controlled by or affiliated with the managed
642 care plan, including, but not limited to, any provider, provider
643 group, group practice defined in s. 456.053(3), or person
644 responsible for providing any pharmacy services,
645 pharmaceuticals, diagnostics, care coordination, care delivery,
646 health care services, medical equipment, administrative
647 services, or financial services for, to, or on behalf of the
648 managed care plan.

649 (b) Any affiliation of any kind or nature with any person
650 which has, either directly or indirectly through one or more
651 intermediaries, an investment or ownership interest representing
652 10 percent or more, shares common ownership with, or has an
653 investor or a holder of an ownership interest representing 10
654 percent or more with any person providing pharmacy services,
655 diagnostics, care coordination, care delivery, health care
656 services, medical equipment, administrative services, or
657 financial services for, to, or on behalf of the managed care
658 plan.

659 (2) For any affiliation reported by a managed care plan
660 under subsection (1), the report must include all of the
661 following:

662 (a) The percentage of ownership or control of any person or
663 affiliate with whom the managed care plan has had business
664 transactions totaling in the aggregate more than \$25,000 during
665 the prior 12-month period in the annual achieved savings rebate
666 financial reporting required under s. 409.967(3) and
667 identification of the specific contract or contracts involved in

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668 such business transactions.

669 (b) Any significant business transactions between the
670 managed care plan and any affiliated person during the 12-month
671 period in the annual achieved savings rebate financial reporting
672 required under s. 409.967(3).

673 (3) Each managed care plan shall report any change in
674 information required by subsection (1) to the agency and the
675 Office of Insurance Regulation in writing within 60 days after
676 the change occurs.

677 (4) By December 31, 2026, and annually thereafter, the
678 agency shall calculate, analyze, and publicly report on the
679 agency's website an assessment of affiliated entity payment
680 transactions in the Medicaid program for medical benefit and
681 administrative costs as reported for purposes of the achieved
682 savings rebate. The baseline assessment, at a minimum, must
683 include achieved savings rebate transactions for the years 2021,
684 2022, and 2023; the amount and associated percentage of
685 affiliated entity payments within the medical loss ratio; and
686 the payment deviation percentages and associated amounts at the
687 Healthcare Common Procedure Coding System level for affiliated
688 entities as compared to nonaffiliated entities. The assessment
689 must also compare payment amounts for value-based or alternative
690 payment arrangements.

691 Section 6. Present paragraphs (b) through (x) of subsection
692 (1) of section 626.8825, Florida Statutes, are redesignated as
693 paragraphs (c) through (y), respectively, a new paragraph (b) is
694 added to that subsection, and paragraph (g) of subsection (2)
695 and paragraphs (c) and (h) of subsection (3) of that section are
696 amended, to read:

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697 626.8825 Pharmacy benefit manager transparency and
698 accountability.—

699 (1) DEFINITIONS.—As used in this section, the term:

700 (b) "Affiliated manufacturer" means a prescription drug
701 manufacturer permitted under part I of chapter 499, or an entity
702 that contracts with a prescription drug manufacturer or
703 nonresident prescription drug manufacturer permitted under part
704 I of chapter 499 or an affiliate thereof for the promotion and
705 marketing of prescription drugs, which prescription drug
706 manufacturer or contracting entity directly or indirectly
707 through one or more intermediaries:

708 1. Has an investment or ownership interest in a pharmacy
709 benefit manager holding a certificate of authority issued under
710 this part;

711 2. Shares common ownership with a pharmacy benefit manager
712 holding a certificate of authority issued under this part; or

713 3. Has an investor or a holder of an ownership interest
714 which is a pharmacy benefit manager holding a certificate of
715 authority issued under this part.

716 (2) CONTRACTS BETWEEN A PHARMACY BENEFIT MANAGER AND A
717 PHARMACY BENEFITS PLAN OR PROGRAM.—In addition to any other
718 requirements in the Florida Insurance Code, all contractual
719 arrangements executed, amended, adjusted, or renewed on or after
720 July 1, 2023, which are applicable to pharmacy benefits covered
721 on or after January 1, 2024, between a pharmacy benefit manager
722 and a pharmacy benefits plan or program must include, in
723 substantial form, terms that ensure compliance with all of the
724 following requirements and that, except to the extent not
725 allowed by law, shall supersede any contractual terms to the

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726 contrary:

727 (g) Prohibit a pharmacy benefit manager from instituting a
728 network that requires a pharmacy to meet accreditation standards
729 inconsistent with or more stringent than applicable federal and
730 state requirements for licensure and operation as a pharmacy in
731 this state. However, a pharmacy benefit manager may specify
732 additional specialty networks that require enhanced standards
733 related to the safety and competency necessary to meet the
734 United States Food and Drug Administration's limited
735 distribution requirements for dispensing any drug that, on a
736 drug-by-drug basis, requires extraordinary special handling,
737 ~~provider coordination, or clinical care or monitoring~~ when such
738 extraordinary requirements cannot be met by a retail pharmacy.
739 For purposes of this paragraph, drugs requiring extraordinary
740 special handling are limited to drugs that are subject to a risk
741 evaluation and mitigation strategy approved by the United States
742 Food and Drug Administration and that:

743 1. Require special certification of a health care provider
744 to prescribe, receive, dispense, or administer; or

745 2. Require special handling due to the molecular complexity
746 or cytotoxic properties of the biologic or biosimilar product or
747 drug.

748
749 For participation in a specialty network, a pharmacy benefit
750 manager may not deny ~~require~~ a pharmacy ~~to meet requirements for~~
751 participation if the pharmacy can ~~beyond those necessary to~~
752 demonstrate the pharmacy's ability to dispense the drug in
753 accordance with the United States Food and Drug Administration's
754 approved manufacturer labeling.

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755 (3) CONTRACTS BETWEEN A PHARMACY BENEFIT MANAGER AND A
756 PARTICIPATING PHARMACY.—In addition to other requirements in the
757 Florida Insurance Code, a participation contract executed,
758 amended, adjusted, or renewed on or after July 1, 2023, that
759 applies to pharmacist services on or after January 1, 2024,
760 between a pharmacy benefit manager and one or more pharmacies or
761 pharmacists, must include, in substantial form, terms that
762 ensure compliance with all of the following requirements, and
763 that, except to the extent not allowed by law, shall supersede
764 any contractual terms in the participation contract to the
765 contrary:

766 (c) A prohibition of financial clawbacks, reconciliation
767 offsets, or offsets to adjudicated claims. A pharmacy benefit
768 manager may not charge, withhold, offset, or recoup any direct
769 or indirect remuneration fees, dispensing fees, brand name or
770 generic effective rate adjustments through reconciliation, or
771 any other monetary charge, withholding, or recoupments as
772 related to discounts, multiple network reconciliation offsets,
773 adjudication transaction fees, and any other instance when an
774 amount ~~a fee~~ may be recouped from a pharmacy if such action
775 would result in a reduction in the amount paid to the pharmacy
776 or pharmacist. This prohibition does not apply to:

777 1. Any incentive payments provided by the pharmacy benefit
778 manager to a network pharmacy for meeting or exceeding
779 predefined quality measures, such as Healthcare Effectiveness
780 Data and Information Set measures; recoupment due to an
781 erroneous claim, fraud, waste, or abuse; a claim adjudicated in
782 error; a maximum allowable cost appeal pricing adjustment; or an
783 adjustment made as part of a pharmacy audit pursuant to s.

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784 624.491.

785 2. Any recoupment that is returned to the state for
786 programs in chapter 409 or the state group insurance program in
787 s. 110.123.

788 (h) The pharmacy benefit manager shall provide a reasonable
789 administrative appeal procedure to allow a pharmacy or
790 pharmacist to challenge the maximum allowable cost pricing
791 information and the reimbursement made under the maximum
792 allowable cost as defined in s. 627.64741 for a specific drug as
793 being below the acquisition cost available to the challenging
794 pharmacy or pharmacist.

795 1. The administrative appeal procedure must include a
796 telephone number and e-mail address, or a website, for the
797 purpose of submitting the administrative appeal. The appeal may
798 be submitted by the pharmacy or an agent of the pharmacy
799 directly to the pharmacy benefit manager or through a pharmacy
800 service administration organization. The administrative appeal
801 process must allow a pharmacy or pharmacist the option to submit
802 an electronic spreadsheet or similar electronic document
803 containing a consolidated administrative appeal representing
804 multiple adjudicated claims that share the same drug and day
805 supply and have a date of service occurring within the same
806 calendar month. The pharmacy or pharmacist must be given at
807 least 30 business days after a maximum allowable cost update or
808 after an adjudication for an electronic claim or reimbursement
809 for a nonelectronic claim to file the administrative appeal.

810 2. The pharmacy benefit manager must respond to the
811 administrative appeal within 30 business days after receipt of
812 the appeal.

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- 813 3. If the appeal is upheld, the pharmacy benefit manager
814 must:
- 815 a. Update the maximum allowable cost pricing information to
816 at least the acquisition cost available to the pharmacy;
- 817 b. Permit the pharmacy or pharmacist to reverse and rebill
818 the claim in question;
- 819 c. Provide to the pharmacy or pharmacist the national drug
820 code on which the increase or change is based; and
- 821 d. Make the increase or change effective for each similarly
822 situated pharmacy or pharmacist who is subject to the applicable
823 maximum allowable cost pricing information.
- 824 4. If the appeal is denied, the pharmacy benefit manager
825 must provide to the pharmacy or pharmacist the national drug
826 code and the name of the national or regional pharmaceutical
827 wholesalers operating in this state which have the drug
828 currently in stock at a price below the maximum allowable cost
829 pricing information.
- 830 5. Beginning August 15, 2026 ~~Every 90 days~~, a pharmacy
831 benefit manager shall report to the office the total number of
832 appeals received and denied in the preceding quarter ~~90-day~~
833 ~~period~~, with an explanation or reason for each denial, for each
834 specific drug for which an appeal was submitted pursuant to this
835 paragraph. The deadlines for each filing are March 1 for the
836 preceding year's 4th quarter; May 15 for each year's first
837 quarter; August 15 for each year's second quarter; and November
838 15 for each year's third quarter.
- 839 Section 7. Subsection (7) of section 626.8827, Florida
840 Statutes, is amended, and subsections (8) through (11) are added
841 to that section, to read:

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842 626.8827 Pharmacy benefit manager prohibited practices.—In
843 addition to other prohibitions in this part, a pharmacy benefit
844 manager may not do any of the following:

845 (7) Fail to comply with the requirements in s. 624.491 or
846 s. 626.8825, or breach contractual terms required under s.
847 626.8825.

848 (8) Prohibit or restrict a pharmacy from declining to
849 dispense a drug if the reimbursement rate for the drug is less
850 than the actual acquisition cost to the pharmacy.

851 (9) Fail to reimburse a pharmacy or pharmacist a minimum
852 dispensing fee. The minimum dispensing fee must be an amount no
853 less than \$10.24. The minimum dispensing fee set forth in this
854 subsection automatically adjusts every January 1 in an amount
855 equal to the average percentage change in the Consumer Price
856 Index for medical care for all urban consumers over the
857 immediately preceding 12-month period. The office may revise the
858 minimum dispensing fee upon reasonably determining that the
859 current minimum dispensing fee provides excessive or inadequate
860 payments to pharmacies when compared with such payments made in
861 other states, provided that any adjustment by the office does
862 not result in a dispensing fee less than the current Florida
863 Medicaid dispensing fee for covered outpatient prescription
864 drugs.

865 (10) Reimburse a pharmacy less than it reimburses an
866 affiliate pharmacy.

867 (11) Maintain an ownership interest, investment interest,
868 or common ownership with an affiliated manufacturer, or share
869 any investor or holder of an ownership interest with an
870 affiliated manufacturer.

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871

Section 8. This act shall take effect July 1, 2026.



The Florida Senate

Committee Agenda Request

To: Senator Colleen Burton, Chair
Committee on Health Policy

Subject: Committee Agenda Request

Date: January 20, 2026

I respectfully request that **Senate Bill #1760**, relating to Health Care Coverage, be placed on the:

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

A handwritten signature in black ink that reads "Jason Brodeur".

Senator Jason Brodeur
Florida Senate, District 10

Feb 19

APPEARANCE RECORD

Deliver both copies of this form to
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2/11/26

Meeting Date

1760

Bill Number or Topic

Health Policy

Committee

620456

Amendment Barcode (if applicable)

Name Michael Contenz

Phone 305-542-4761

Address _____
Street

Email michael@theFlyerGroup.com

City

State

Zip

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

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

PCMA

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

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

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The Florida Senate

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SB1760

Bill Number or Topic

↳ PCS

Amendment Barcode (if applicable)

2-11-2020

Meeting Date

Health Policy

Committee

Name

Joy Ryan

Phone

850-425-4000

Address

Street

Email

joy@meenanlawfirm.com

City

State

Zip

Speaking:

For

~~AM~~

Against

Information

OR

Waive Speaking:

In Support

Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

AHIP

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

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

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February 11, 2026

The Florida Senate
APPEARANCE RECORD

1760

Meeting Date

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Bill Number or Topic

Health Policy

Committee

Amendment Barcode (if applicable)

Name **Barney Bishop**

Phone **8505109922**

Address **1454 Vieux Carre Drive**

Email **Barney@BarneyBishop.com**

Street

Tallahassee

FL

32308

City

State

Zip

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

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

Small Business Pharmacies

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

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

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2/11/20
Meeting Date
HP

The Florida Senate
APPEARANCE RECORD

SB 1760

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Bill Number or Topic

Committee

Amendment Barcode (if applicable)

Name DAVID MICA Phone _____

Address _____ Email _____
Street

City State Zip

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

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

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

FL Hospital Association

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

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2/11/2026

Meeting Date

Health Policy

Committee

The Florida Senate

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SB 1760

Bill Number or Topic

Amendment Barcode (if applicable)

Name Lucille Accetta, Sr. Vice President, CVS Health

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Address 1 CVS Drive

Email lucille.accetta@cvshealth.com

Street

Woonsocket

RI

02895

City

State

Zip

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

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

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

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

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S-001 (08/10/2021)

The Florida Senate

APPEARANCE RECORD

SB1760

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2/11/26 Meeting Date

Health policy Committee

Bill Number or Topic

Amendment Barcode (if applicable)

Name Lauren Gallo

Phone 850.322.1828

Address 2201 S Monroe Street Street

Email

Tallahassee FL City State Zip

Speaking: [] For [] Against [] Information OR Waive Speaking: [X] In Support [] Against

PLEASE CHECK ONE OF THE FOLLOWING:

[] I am appearing without compensation or sponsorship.

[X] I am a registered lobbyist, representing:

Big Bend cares

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

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

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02/11/26

Meeting Date

The Florida Senate APPEARANCE RECORD

1760

Bill Number or Topic

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Committee

Amendment Barcode (if applicable)

Name

Kelly Mallette

Phone

(850) 224 3427

Address

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Email

kelly@rlbookpa.com

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Tallahassee FL 32301

City

State

Zip

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

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

Florida Pharmacy Association

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

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

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

S-001 (08/10/2021)

The Florida Senate

APPEARANCE RECORD

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

2/11/26

Meeting Date

1760

Bill Number or Topic

Health Policy
Committee

Amendment Barcode (if applicable)

Name Adam Potts

Phone 850 841-1726

Address 113 E. College Ave
Street

Email adam@libertypartnersfl.com

Tallahassee FL 32301
City State Zip

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

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:
Florida Assisted Living Association

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

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

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S-001 (08/10/2021)

CourtSmart Tag Report

Room: KB 412

Case No.:

Type:

Caption: Senate Committee on Health Policy

Judge:

Started: 2/11/2026 3:05:32 PM

Ends: 2/11/2026 5:35:15 PM

Length: 02:29:44

3:05:52 PM the Committee on Health Policy will come to order
3:06:41 PM roll call - quorum present
3:07:03 PM tab 9 - SB 1414 by Sen. Polsky
3:08:33 PM amendment 202186 taken up
3:09:12 PM amendment is adopted - on bill as amended
3:09:21 PM sponsor waives close
3:09:59 PM CS/SB 1414 reported favorably
3:10:28 PM group of appointees will be taken up en bloc (tabs 2-7)
3:10:51 PM Sen. Massullo moves to take up appointees en bloc
3:11:10 PM recommended favorably
3:11:41 PM tab 1 - Sec'y Shevaun Harris of AHCA sworn in as witness
3:22:28 PM Sen. Davis in questions
3:25:30 PM Sen. Harrell in questions
3:29:59 PM Sen. Berman recognized for questions
3:37:44 PM Sen. Osgood recognized in questions
3:40:11 PM appearance cards
3:40:15 PM Lisa Jensen, representing LeadingAge Southeast, waives in support
3:40:18 PM Justin Senior, representing Safety Net Hosp. Alliance of Fla., waives in support
3:40:21 PM Jill Pucket, representing Floridians for Recovery, waives in support
3:40:26 PM Rosemary Latham w/ Assn. of Nurse Practitioners waives in support
3:40:31 PM Victoria Zepp, representing both Family Support Services & CMA Consulting, waives in support
3:40:47 PM Thomas Parker, representing Fla. Health Care Assn., waives in support
3:41:04 PM President Gaetz recognized in debate
3:42:00 PM Sen. Harrell recognized in debate
3:42:43 PM Sen. Massullo in debate
3:43:23 PM President Passidomo in debate
3:44:13 PM Sen. Berman recognized in debate
3:45:17 PM Sec'y Harris closes
3:46:50 PM Pres. Gaetz moves to recommend Sec'y Harris as AHCA agency head
3:47:11 PM Confirmation of Sec'y Harris is recommended
3:47:31 PM tab 10 - SB 186 by Sen. Garcia
3:47:57 PM amendment barcode 333962 is explained by the sponsor
3:48:12 PM amendment adopted - back on bill as amended
3:50:27 PM no questions on bill
3:50:28 PM appearance cards
3:50:33 PM Monica Rodriguez, representing Epilepsy Alliance of Fla., waives in support
3:51:25 PM Steve Schale w/ the Epilepsy Alliance of Fla. waives in support
3:51:52 PM sponsor closes on bill - roll call
3:52:09 PM CS/SB 186 reported favorably
3:52:18 PM tab 11 - SB 902 by Sen. Garcia
3:52:45 PM amendment 820828 taken up first
3:53:30 PM Joe Anne Hart, representing Fla. Dental Assn., waives in support of the amendment
3:53:55 PM amendment barcode 674674 explained
3:55:20 PM Jennifer Lang waives for
3:55:39 PM Denise Bellville, representing Home Care Assn. of Fla., waives in support
3:55:52 PM Monica Rodriguez waives in support of amend.
3:56:07 PM Amendment adopted - back on bill as amended
3:56:24 PM JP Bell, LAD for DoH, waives in support
3:56:29 PM Melissa Jordan w/ DoH, waives for info
3:56:37 PM Heather Pazanski waives in support
3:56:44 PM Barney Bishop, representing Fla. Smart Justice Alliance, waives in support
3:56:49 PM Brianna McLeod waives in support

3:56:56 PM Jeff Sharkey, representing Medical Marijuana Bsns. Assn. of Fla., waives in support
3:57:03 PM Melissa Villar, representing NORML Tallahassee, waives in support
3:57:45 PM Jodi James, representing Fla. Cannabis Action Network, speaks against
3:59:10 PM Sen. Osgood has questions for Ms. James
4:01:27 PM sponsor closes on bill
4:03:03 PM CS/SB 902 reported favorably
4:03:20 PM tab 12 - SB 196 by Sen. Sharief
4:04:51 PM amendment barcode 514292 taken up
4:05:31 PM amendment adopted - back on bill as amended
4:05:45 PM no questions - on to appearance cards
4:06:03 PM Lillian Pollitz speaks in favor
4:07:54 PM Elizabeth Drury waives against
4:07:57 PM Christian Pfadenhauer waives in support
4:08:00 PM Maggie Layman waives in support
4:08:04 PM Mary Ann Cordray waives in support
4:08:05 PM Janet Chairin waives in support
4:08:07 PM Sophia Schwartz waives in support
4:08:12 PM Nastasia Perez waives in support
4:08:15 PM Ariana Lipprello waives in support
4:08:17 PM Laura Rodriguez waives in support
4:08:19 PM Kathy Gentile waives in support
4:08:21 PM Zachary Meyer waives in support
4:08:22 PM Paige Horton waives in support
4:08:27 PM Anna Jones waives in support
4:08:29 PM Lauren Ronson waives in support
4:08:30 PM Brandi Cook waives in support
4:08:34 PM Louell While waives in support
4:08:36 PM Elly Kennedy waives in support
4:08:39 PM Amelia Zehnder waives in support
4:08:45 PM Amanda Just waives in support
4:08:49 PM Eme Gallagher waives in support
4:08:56 PM Sen. Berman in debate
4:09:51 PM sponsor closes
4:11:08 PM CS/SB 196 reported favorably
4:11:26 PM tab 8 - SB 688 by Rodriguez
4:11:31 PM sponsor explains bill
4:12:49 PM Sen. Massullo in questions
4:16:16 PM Stacy Skinner speaking in favor
4:18:17 PM Dr. Ramona Shires waives in support
4:18:26 PM Roberta Renault waives in support
4:19:18 PM Todd Robinson w/ FNPA speaks in favor
4:19:35 PM question from Sen. Massullo for Mr. Robinson
4:20:30 PM James Munro waives in support
4:20:48 PM Susan Farris speaks in favor
4:22:58 PM Jarrod Fowler, representing the Fla. Medical Assn., waives against
4:23:02 PM Daniel Martinez, representing Americans for Prosperity, waives in support
4:23:08 PM Maddie Garvia waives in support
4:23:12 PM Jason Winn, representing Fla. Osteopathic Medic. Assn., waives against
4:23:21 PM Scott Wiseman waives in support
4:23:41 PM Sen. Davis recognized in debate
4:25:45 PM Sen. Massullo recognized
4:27:15 PM Chair Burton in debate
4:29:05 PM sponsor closes
4:30:06 PM SB 688 reported favorably
4:30:36 PM tab 13 - SB 1574 by Sen. Bracy Davis
4:31:22 PM sponsor explains bill
4:32:13 PM appearance cards
4:32:37 PM Allison Beacham speaks in favor
4:35:52 PM Michael Beacham speaks in favor
4:39:11 PM Vanessa Brice w/ Fla. Justice Assn. waives in support
4:39:17 PM Brandi Cook waives in support
4:39:38 PM sponsor closes on bill

4:40:06 PM SB 1574 reported favorably
4:40:33 PM tab 14 - SB 878 by Sen. Yarborough
4:42:12 PM Doug Russell, representing Quest Diagnostics Lab, waives in support
4:42:32 PM Geo. Levesque, representing Lab. Corp. of Amer., waives in support
4:42:41 PM sponsor closes on bill
4:43:06 PM SB 878 reported favorably
4:43:19 PM tab 15 - SB 1092 by Sen. Massullo
4:44:01 PM sponsor explains bill
4:44:50 PM Sen. Osgood recognized in questions
4:46:35 PM amendment barcode 455614 taken up
4:47:57 PM Dr. John Goggin, DPM, speaks in favor of amendment
4:49:23 PM Chris Hansen, representing Fla. Podiatric Medic. Assn., waives in support of the amendment
4:49:31 PM amendment adopted - on bill as amended
4:49:46 PM Sen. Davis recognized in debate
4:50:38 PM roll call
4:51:00 PM CS/SB 1092 reported favorably
4:51:29 PM tab 16 - SB 1032 by Sen. Calatayud
4:51:58 PM Strike All amendment barcode 956808 taken up
4:53:18 PM Strike All adopted - back on bill as amended
4:53:46 PM Sen. Davis recognized in questions
4:58:28 PM Sen. Davis recognized in questions
4:58:37 PM Melissa Villar, representing NORML Tallahassee, waives in support
4:58:40 PM Barney Bishop, representing Fla. Smart Justice Alliance, waives in support
4:58:42 PM Jeff Sharkey, representing Medic. Marijuana Bsns. Assn. of Fla., waives in support
4:58:45 PM Jodi James, representing Fla. Cannibis Action Network, speaks in favor
4:59:16 PM recognized
4:59:47 PM Patricia Farley waives in support
4:59:56 PM Anna Jones waives against
5:00:24 PM Sen. Harrell in debate
5:01:09 PM sponsor waives close
5:01:33 PM CS/SB 1032 reported favorably
5:02:04 PM tab 19 - SB 1760 by Brodeur
5:02:32 PM Strike All amendment barcode 620456 explained
5:05:02 PM Sen. Harrell in questions on Strike All
5:09:17 PM Sen. Davis in questions
5:11:20 PM Michael Cantens, representing the PCMA, speaks against the Strike All
5:12:52 PM Joy Ryan, representing AHIP, waives against
5:13:21 PM amendment adopted - back on bill as amended
5:14:04 PM Barney Bishop, representing Small Bsns. Pharmacies, speaks for
5:16:24 PM David Mica, representing Fla. Hospital Assn., waives in support
5:16:55 PM Lucille Accetta, Sr. VP of CVS Health, speaks with information
5:19:48 PM Sen. Osgood has questions of Ms. Accetta
5:21:04 PM President Gaetz in questions of Ms. Accetta
5:22:07 PM Lauren Gallo, representing Big Bend Cares, waives in support
5:22:13 PM Kelly Mallette, representing Fla. Pharmacy Assn., waives in support
5:22:27 PM Adam Potts, representing Fla. Assisted Living Assn., waives in support
5:22:50 PM Sen. Harrell in debate on amended bill
5:23:58 PM Sen. Massullo in debate
5:24:18 PM President Gaetz in debate
5:26:49 PM sponsor closes on bill
5:29:23 PM CS/SB 1760 reported favorably
5:29:28 PM meeting time extended per Rule 2.10(2)
5:29:37 PM tab 17 - SB 1684 by Sen. Calatayud
5:30:30 PM Lauren Hartmann, representing USF, waives in support
5:30:43 PM SB 1684 reported favorably
5:30:55 PM tab 18 - SB 1686 by Sen. Calatayud
5:31:30 PM amendment barcode 438984 taken up
5:31:55 PM amendment adopted - back on bill as amended
5:32:12 PM sponsor waives close
5:32:34 PM CS/SB 1686 reported favorably
5:32:37 PM motions made for Votes After
5:32:53 PM Sen. Trumbull - Vote After affirmative, tab 15

5:32:59 PM Sen. Gaetz - Vote After affirmative, tab 9
5:33:09 PM Sen. Harrell - Vote After affirmative, tabs 9 - 14
5:33:25 PM Sen. Calatayud - Vote After affirmative, tab 9
5:33:32 PM motions adopted
5:35:08 PM Sen. Harrell moves to adjourn